

Investing in the Future

s New Jersey's most comprehensive academic health system, RWJBarnabas Health serves more than 3 million patients each year. You depend on us for the highest quality of care, and you count on us to keep pace with your evolving needs. That's why, as indicated by our many national awards, we never stop moving forward, as you'll see in this issue.

For example, in New Brunswick, we recently broke ground on the state's first freestanding cancer hospital, which will feature a comprehensive range of patient services as well as advanced research laboratories. Earlier this year, we debuted Braven Advantage, a new Medicare Advantage plan that offers unprecedented choice for New Jersey residents.

And, in keeping with our robust commitment to improve the health of our communities, we're supporting the creation of soccer fields in urban settings. These fields are transforming neighborhoods and lives as they provide new opportunities for children and adults alike to be healthy and active.

At Monmouth Medical Center Southern Campus, we are extending our reach into the community with a convenient new primary care hub at Aldrich Plaza in Howell, located directly across the hall from our Jacqueline M. Wilentz Breast Center, which offers the very latest comprehensive breast imaging services. A strong relationship with your primary care physician will not only help you reach your wellness goals, but guide you to improved health. We are committed to providing a comprehensive care delivery system in Monmouth and Ocean counties, offering residents access to the vast resources of RWJBarnabas Health.

Whatever the future brings for New Jersey, you can count on RWJBarnabas Health to be there for your healthcare needs, both inside and outside the hospital walls.

Yours in good health,





ERIC CARNEY PRESIDENT AND CHIEF EXECUTIVE OFFICER MONMOUTH MEDICAL CENTER SOUTHERN CAMPUS AND MONMOUTH MEDICAL CENTER





HEALTH NEWS



A QUALITY PROGRAM of the AMERICAN COLLEGE OF SURGEONS

A PRESTIGIOUS **CANCER ACCREDITATION**

The Commission on Cancer (CoC), a quality program of the American

College of Surgeons (ACS), has granted Three-Year Accreditation to the cancer program at Monmouth Medical Center Southern Campus (MMCSC). To earn voluntary CoC accreditation, a cancer program must meet 34 CoC quality care standards, be evaluated every three years and maintain levels of excellence in the delivery of comprehensive patient-centered care.

As a CoC-accredited cancer center, MMCSC approaches cancer as a complex group of diseases requiring consultation among surgeons, medical and radiation oncologists, diagnostic radiologists, pathologists and other cancer specialists—a multidisciplinary partnership that improves patient care.

The CoC Accreditation Program provides the framework for MMCSC to improve through programs focused on the full spectrum of patient care, including prevention, early diagnosis, staging, optimal treatment, rehabilitation, lifelong follow-up and end-of-life care. Patients also have access to information on clinical trials and new treatments, genetic counseling and patient-centered services, including psychosocial support, a patient navigation process and a survivorship care plan.



MMCSC GAINS SCREENING DESIGNATION

The American College of Radiology (ACR) has designated Monmouth Medical Center Southern Campus (MMCSC) as an ACR-Designated Lung Cancer Screening Center.

The designation indicates that MMCSC is a top-quality provider of safe, effective diagnostic imaging for individuals at high risk for lung cancer and demonstrates a commitment to providing highquality screening care and patient safety.

Monmouth **Medical Center** Southern Campus



600 River Ave., Lakewood, NJ 08701 732.363.1900 | rwjbh.org/MonmouthSouth

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umerous healthcare institutions across New Jersey provide cancer care. But only one-Rutgers Cancer Institute of New Jersey has achieved the prestigious designation of a Comprehensive Cancer Center by the National Cancer Institute (NCI).

That's significant for patients at every RWJBarnabas Health (RWJBH) hospital, including Monmouth Medical Center (MMC) and Monmouth Medical Center Southern Campus (MMCSC). RWJBH, together with Rutgers Cancer Institute,



H. RICHARD ALEXANDER. JR., MD. FACS

provides closeto-home access to advanced cancer care including clinical trials, many of which are not available elsewhere.

"Being a Comprehensive

Cancer Center is the highest and most rigorous designation that can be achieved and awarded by the National Cancer Institute," says H. Richard Alexander, Jr., MD, FACS, Chief Surgical Officer and Chief, Surgical Oncology, Rutgers Cancer Institute. "It indicates that Rutgers Cancer Institute meets a number of significant expectations around the depth and breadth of our cancer programs that will result in the best possible outcomes for the populations we serve."

Those high expectations carry to MMC, MMCSC and other RWJBH hospitals where the partnership with Rutgers Cancer Institute allows facilities easy access to providers both in person and through technologyenabled remote consultations that extend the reach of care. "Our ability to deliver easier and more efficient access to quality care closer to where

people live reduces the amount of unnecessary or long travel that patients and loved ones have to undergo and elevates standards of care locally," says Dr. Alexander, who also is Regional Director of Surgery for Monmouth Medical Center, a role with broad responsibility for strategic planning and coordination of surgical services at MMC and other RWJBH facilities.

What does designation as a Comprehensive Cancer Center mean to you? Dr. Alexander points to several key benefits.

HIGH-LEVEL PHYSICIAN **EXPERTISE**

To be designated a Comprehensive Cancer Center, the NCI requires the highest level of achievement in several areas: laboratory research, clinical research, population science research, cancer prevention and



MMC AND MMCSC RECEIVE ADDITIONAL CANCER CREDENTIALS

Monmouth Medical Center and Monmouth Medical Center Southern Campus also have the distinction of being accredited by the American College of Surgeons Commission on Cancer (ACoS CoC) with designations as, respectively, an Academic Comprehensive Cancer Program and a Community Cancer Program. With both accreditations, ACoS CoC recognizes the cancer care programs for their commitment to providing comprehensive high-quality and multidisciplinary patient-centered care.

"The Leon Hess Cancer Center at Monmouth Medical Center and the cancer program at Monmouth Medical Center Southern Campus stand at the forefront of providing the most extensive array of highly advanced cancer services, delivered by multidisciplinary teams of specialists in caring and supportive environments," says Seth Cohen, MD, Regional Director of Oncology Services for the Southern Region and principal investigator for several oncology clinical trials. "For decades, MMC's and MMCSC's leadership in oncology services has been broadened through the ongoing expansion of state-of-the-art programs and technologies offered in all areas of cancer prevention, detection and treatment."

For example, both hospitals maintain cancer registries that track and analyze data on all types of cancer such as detailed information on cancer incidence, treatments and outcomes. Such thorough analysis is crucial to providing outstanding care.

> The hospitals feature comprehensive multidisciplinary medical services led by teams that include medical, surgical and radiation oncologists. They, in consultation with each patient's primary care physician and each hospital's Cancer Care Management Team, work to create the most appropriate and effective plan of treatment. "Bringing a host of specialists and a vast array of services under one roof makes care more convenient, efficient and effective for patients," Dr. Cohen says.

RWJBarnabas Health, Monmouth **Medical Center and Monmouth Medical Center Southern Campus,** 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.

cancer care. Physicians who provide high levels of excellence in these areas are by definition among the best in their fields.

RESEARCH "It's an expectation for NCI designation that providers are leaders in the field with respect to clinical research studies and programs that develop new therapies and ways to diagnose cancer,"

CUTTING-EDGE

ADVANCED TREATMENTS

Dr. Alexander says.

"With advanced diagnostic capabilities, we can now understand genetic alterations present in individuals' tumors, and this can allow us to identify novel treatments that might not typically be considered based on more standard or traditional

diagnostic testing," Dr. Alexander says. Examples of novel treatments include immunotherapies in which immune system cells are genetically engineered to recognize proteins in specific cancer cells and boost an immune response that attacks the malignancy. "Some of these novel approaches are only available at an NCI-Designated Comprehensive Cancer Center that has the necessary resources, expertise and equipment," Dr. Alexander says.

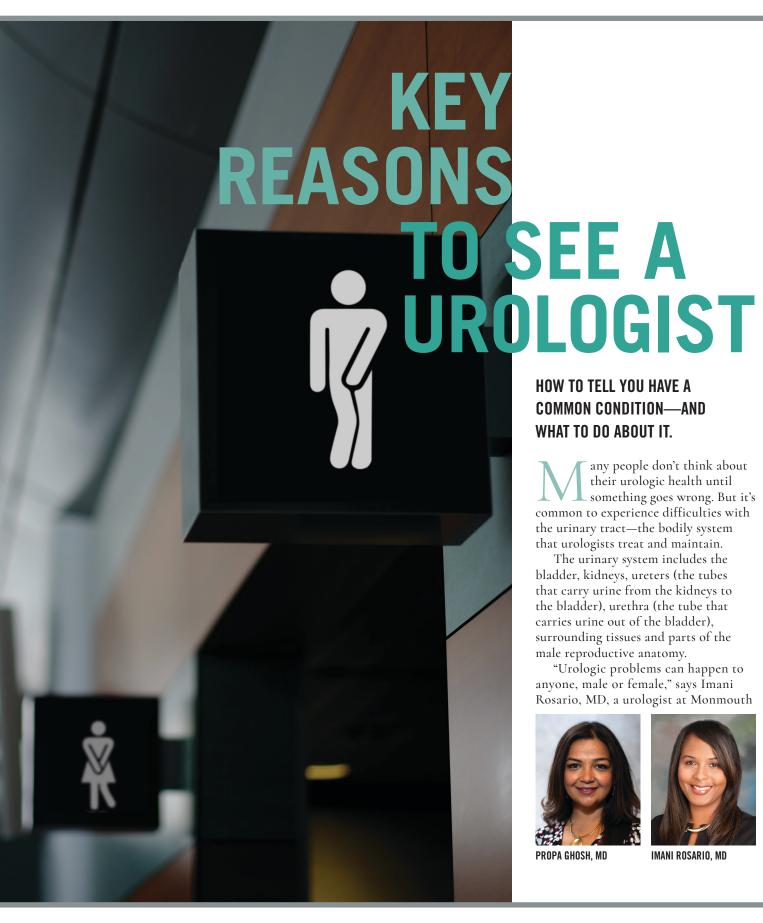
ACCESS TO CLINICAL TRIALS WHEN **APPROPRIATE**

"Almost all cancer treatments were developed through the clinical trials process, which is an important way to continue discovering better and more effective therapies," Dr. Alexander says. "For many patients, the ability

to participate in a clinical trial is empowering because they understand that clinical trial enrollment not only has the potential to help them but will contribute to new knowledge that may help many others after them."

MULTIDISCIPLINARY CARE AND SUPPORT

"A Comprehensive Cancer Center designation from the NCI means your care will be developed by a multidisciplinary tumor board in which all the expertise that can be brought to bear will be available to you in a timely and comprehensive fashion," Dr. Alexander says. "What's more, we employ a small army of nurse navigators who help patients coordinate multidisciplinary care through various points in their cancer journey in the most efficient way to deliver the best possible outcomes."



HOW TO TELL YOU HAVE A COMMON CONDITION—AND WHAT TO DO ABOUT IT.

any people don't think about their urologic health until something goes wrong. But it's common to experience difficulties with the urinary tract—the bodily system that urologists treat and maintain.

The urinary system includes the bladder, kidneys, ureters (the tubes that carry urine from the kidneys to the bladder), urethra (the tube that carries urine out of the bladder), surrounding tissues and parts of the male reproductive anatomy.

"Urologic problems can happen to anyone, male or female," says Imani Rosario, MD, a urologist at Monmouth



PROPA GHOSH, MD



IMANI ROSARIO, MD

Medical Center Southern Campus (MMCSC). "Proper functioning of the urinary tract and related systems is vital to good health, so it can be important to consult a urologist with specialized expertise if you experience difficulties."

"Don't let embarrassment be a barrier to care," advises MMCSC urologist Propa Ghosh, MD. "Some people feel that talking about certain problems is undignified, but all parts of the body are equally dignified when it comes to maintaining proper function and overall health. It's a privilege for us to treat people who trust us with what are sometimes highly personal matters."

Here's how to recognize some of the most common urologic conditions and manage them with the help of a urologist.

BLADDER CONTROL PROBLEMS

TELLTALE SIGNS: Urine leakage during everyday activities or an inability to reach a toilet in time.

Women often experience urinary incontinence when pelvic floor muscles weaken due to pregnancy and childbirth, menopause or a variety of conditions including pelvic organ prolapse—a stretching of connective tissues around the bladder and vaginal wall. Men sometimes leak urine due to prostate problems.

Lifestyle measures such as physical activity and weight loss can lead to fewer leaks and reduce risks of conditions that can increase urinary urges such as diabetes. Urinating on a regular schedule and doing pelvic floor exercises may also help. In some cases, urologists treat incontinence using medications and medical devices.

KIDNEY STONES

TELLTALE SIGNS: Sharp pain in your back, side, lower abdomen or groin, or blood in your urine.

Solid, pebble-like kidney stones can form when urine contains high

levels of minerals such as calcium. Some are small and may pass with little or no discomfort. But larger stones can become lodged in the urinary tract, impeding the flow of urine and triggering pain or bleeding.

A urologist can treat kidney stones using a variety of methods that typically break the stone into smaller pieces that pass more easily through the urinary tract. You can help prevent kidney stones from recurring by drinking enough liquids throughout the day, reducing dietary intake of minerals such as calcium and sodium or taking specific medications prescribed by your urologist.

URINARY TRACT **INFECTION**

TELLTALE SIGNS: A burning sensation when you urinate or unusually intense or frequent urges to void even when you have little urine to pass.

Bacteria can infect any part of the urinary tract, but bladder infections are most common. Bladder infections sometimes move upstream and cause kidney infections, so it's important to treat a urinary tract infection (UTI)

Most UTIs can be treated by taking a full course of an antibiotic. To prevent future UTIs, drink plenty of water and urinate often (including after sex) to flush bacteria out of your system. A urologist can also advise on hygiene practices that help keep bacteria from the urethra. If UTIs recur, ask a urologist about changing birth control methods, some of which pose lower risks of UTIs than others.

PROSTATE ENLARGEMENT

TELLTALE SIGNS: Needing to urinate often or urgently yet often having a weak stream, difficulty starting a stream or dribbling at the end of urination, or experiencing pain with urination or ejaculation.

As men age, natural growth of the prostate gland can begin pressing the nearby urethra, reducing the flow of urine and making it more difficult for the bladder to empty completely. If urinary difficulties can't be controlled with simple measures like regulating fluid intake, a urologist may prescribe medications that help control prostate growth or relax certain muscles to improve urine flow. A urologic surgeon can also perform a variety of minimally invasive procedures to destroy prostate tissue and relieve pressure on the urethra.

ERECTILE DYSFUNCTION

TELLTALE SIGNS: An inability to achieve or keep an erection adequate for satisfying sex.

Erectile dysfunction (ED) is common but not necessarily a normal part of aging. A variety of factors that affect the body's vascular, nervous and hormonal systems can contribute to ED, including cardiovascular conditions such as high blood pressure and atherosclerosis; type 2 diabetes; nerve damage; and psychological issues like depression and anxiety.

Lifestyle measures such as losing weight, not smoking, drinking less or no alcohol and increasing physical activity can often help. If not, a variety of medications can facilitate the male response by boosting blood flow. A urologist can also offer guidance on other options such as medications delivered through injections or suppositories, devices or surgery to repair blood vessels.

To find a urologist at MMCSC, call 888.724.7123 or visit www.rwjbh.org/doctors.





HONORING AN OUTSTANDING CAREER

MMCSC FOUNDATION CONFERS LIFETIME ACHIEVEMENT AWARD AT GOLF OUTING.

t was a picture-perfect day to play golf and celebrate RWJBarnabas Health (RWJBH) legend Frank J. Vozos, MD, FACS, who retired last December as Chief Executive, Monmouth Medical Center Southern Campus (MMCSC) and RWJBH Executive Vice President. Board members, hospital and system leadership, dignitaries, sponsors and staff gathered at MMCSC's annual golf outing held August 2 at Eagle Oaks Country Club to recognize his decades of leadership service at Monmouth Medical Center (MMC)—where he started his career as a surgical resident in 1975 and in 1998 became only the second physician in New Jersey to take on a top hospital leadership role—and most recently at MMCSC.

Pictured at the ceremonial luncheon held prior to the golf scramble are (above, from left) Eric Carney, President and CEO, MMC and MMCSC; Robert Sickel, MMCSC Foundation Board Chairman; Bill Arnold, President and CEO, Robert Wood Johnson University Hospital, and President, RWJBH Southern Region, who presented Dr. Vozos with his Lifetime Achievement award; Dr. Vozos; and Thomas Biga, President, RWJBH Hospital Division.

DISCOVERING HIGH-QUALITY CANCER SERVICES CLOSE TO HOME

Lois Lawrence (left) had lived in New York City for 70 years. So when she was diagnosed with breast cancer in 2016, it felt natural for her to continue seeing doctors in the city for surgical and follow-up care. But Lois and her husband, Andy, are longtime champions

of Monmouth Medical Center Southern Campus (MMCSC), where Lois has volunteered for 17 years and has supported MMCSC Foundation special events each year. When the COVID-19 pandemic made scheduling annual mammograms in New York difficult, Lois knew she had options right at MMCSC.

While volunteering one day at the hospital gift shop, she spoke with MMCSC Foundation Development Manager Yvonne Redline, who told Lois about services such as advanced biopsy and 3-D imaging at the Jacqueline M. Wilentz Breast Center. Redline introduced Lois to the Center's Assistant Director, Dee Yard, who further set Lois's mind at ease and helped her make an appointment.

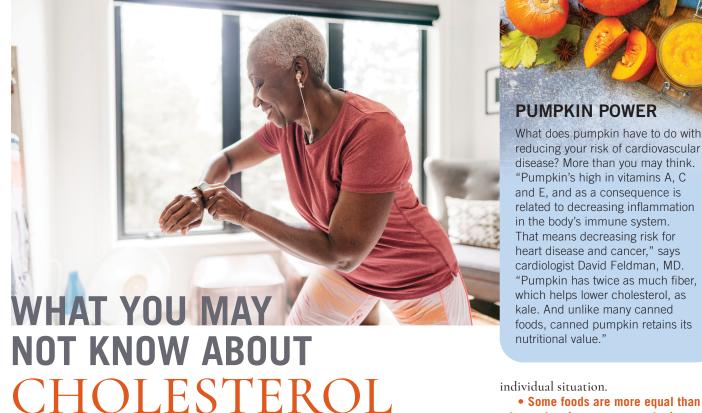
Today, Lois could not be more pleased with the staff and high-quality services offered right in her backyard at MMCSC. "We want to thank Lois and Andy for supporting the MMCSC Foundation and sharing her story," says Redline. "We are also happy to report that Lois is now a five-year breast cancer survivor."

HIDDEN TREASURES THRIFT SHOP OPENS

Monmouth Medical Center Southern Campus (MMCSC) has opened Hidden Treasures Thrift Shop at Tri-City Plaza in Toms River. All donations raise funds that directly support projects and initiatives at MMCSC. New and gently used donations are accepted. The shop is run solely by volunteers and is accepting applications for new volunteers. For information or drop-off hours, call 732.364.6312 or visit the shop at 2360 Route 9, Toms River, 08755.

To support the Monmouth Medical Center Southern Campus Foundation, visit www.monmouthsouthgiving.org.





MANAGE THESE MOLECULES NOW FOR A BIG PAYOFF LATER IN LIFE.

ou probably know that cholesterol is a fat-like substance in the blood that can cling to the walls of arteries, leading to cardiovascular disease or stroke. And you know that controlling cholesterol involves eating right, exercising and taking medication as prescribed.

But because it takes years before a person really feels the effects of high cholesterol, you may not realize just how big an impact it will have on your future.

"Managing cholesterol is a way of investing in your health decades from now," says David Feldman, MD, Section



DAVID FELDMAN, MD

Chief of Advanced Heart Failure and Transplantation at Newark Beth Israel Medical Center. "In my field, we take care of patients who have had acute heart attacks, or are in cardiogenic

shock, or who need a heart transplant. But many serious heart problems can be prevented through decades of maintaining healthy cholesterol levels."

Here, Dr. Feldman clears up some common misunderstandings:

- We need cholesterol. "It's the basic building block for all the male and female hormones in the body and helps enhance brain function," he says. "That's why the cholesterol levels in pregnant women shoot up; they need it to help create another life."
 - It's not all about the numbers.

We're used to hearing that an overall cholesterol level above 200 is outside the healthy range, but Dr. Feldman says the thinking on that has evolved. "There are many variables—how much medication you can tolerate, what your genetic predisposition is, what level you're starting from," says Dr. Feldman. "In some cases, reducing cholesterol too far can be dangerous." Your doctor can customize a target to best suit your

- Some foods are more equal than others when it comes to combating **cholesterol.** "A niacin, or vitamin B₃, supplement is especially helpful in lowering 'bad' LDL [low-density lipoprotein] levels, as are fish, flaxseed oil and foods with lots of fiber," says Dr. Feldman. Consult your physician before adding any supplements to your diet.
- A moderate amount of alcohol may help keep cholesterol low. "'Moderate' means one drink a day for women, two for men. That's defined as one beer, 1.5 ounces of liquor or 4 ounces of wine," Dr. Feldman explains. "Also, you can't skip Wednesday and Thursday and then have triple the amount on Friday—that's not a healthy approach."
- Any amount of activity helps reduce **cholesterol.** "It may not be realistic for you to run a few miles every day and lift weights every other day," says Dr. Feldman. "You just have to work on yourself. If you've been sedentary and you get off the couch and go for a walk for 30 minutes every day, or even a few times per week, you'll improve your life, keep your cholesterol and blood sugar down, feel better and have the potential to live longer."

Whoever your heart beats for, our hearts beat for you. To connect with one of New Jersey's top cardiac specialists, call 888.724.7123 or visit www.rwjbh.org/heart.





f you or a loved one has Medicare, one of its most important benefits is the annual wellness visit. This no-copay visit is not the same as an annual physical. Instead, it's a chance



JESSICA ISRAEL, MD

for you and your provider to create a personalized preventative plan to help you stay well and get any help you may need.

"The annual visit is my favorite visit to have with

patients because I really get a chance to talk to them and to hear about how they live every single day," says Jessica Israel, MD, Senior Vice President, Geriatrics and Palliative Care, for RWIBarnabas Health (RWJBH) and a member of RWJBarnabas Health Medical Group. "We touch on areas of the patient's life that might not come up otherwise."

The range of subjects covered is broad. "I ask about whether they have access to healthy foods and whether their teeth hurt when they chew," Dr. Israel says. "I ask about throw rugs in their home that might be a tripping hazard,

and whether they need safety bars in the shower. I ask if they have someone to call if they need help."

Patients shouldn't feel intimidated by these questions, but should welcome and even demand them. "You can never put too much value on what comes out of an honest conversation," Dr. Israel says.

THE RIGHT QUESTIONS

Dr. Israel's philosophy is shared by providers of geriatric care throughout the RWJBH system and RWJBarnabas Health Medical Group. RWJBH is a member of the Age-Friendly Health



A MEDICARE ADVANTAGE **PLAN FOR NEW JERSEY**

Braven Health, a new Medicare Advantage offering, was created with New Jersey senior citizens in mind. A partnership between CARE three New Jersey healthcare leaders— RWJBarnabas Health, Hackensack Meridian Health and Horizon Blue Cross Blue Shield of New Jersey—Braven Health offers access to 51,000 in-network healthcare professionals and 82 in-network hospitals and healthcare facilities.

"Having a partnership between our medical system and Horizon together means that patients have a lot of choices in their network," explains Jessica Israel, MD, a Braven Health Provider Council Member and Senior Vice President, Geriatrics and Palliative Care, for RWJBarnabas Health. "In addition, procedures and prescriptions get approved more quickly because we're all working together with the goal of eliminating the hassle that can come with healthcare plans."

Braven Health also helps patients focus on wellness by offering flexible benefits for a range of wellness activities, such as joining a gym, getting a mammogram, taking a fitness class and getting bars installed in the shower for safety.

Launched in January 2021, the plan is available for residents of Bergen, Essex, Hudson, Middlesex, Monmouth, Ocean, Passaic and Union counties. (The program is not available in Somerset and Mercer counties.) As of May 31 this year, Braven had a higher enrollment than any other Medicare Advantage plan in the eight counties it serves.

To learn about Medicare and Medicare Advantage programs, including Braven Health, visit www.rwjbh.org/braven.

"For example, elderly people are often taking multiple medications because they have more than one health condition. We'll ask about all of them to be sure there are no negative interactions or side effects," she

explains. "We'll ask about mobilityhow much and how well they're moving around and whether physical therapy or equipment is needed. We'll talk about areas related to mentation, or the mind—are there any issues with anxiety or depression, or perhaps forgetfulness?"

Equally important, she says, is the "what matters" aspect of the conversation,

which covers patients' goals for their healthcare and what they don't want, as well as the importance of having an advance directive. "The 'what matters' talk will vary from patient to patient," Dr. Israel says. "We have a saying in geriatrics: 'If you've seen one 80-year-old, you've seen one 80-year-old.' Each patient is different, and the art of medicine is getting to know your patients."

Annual wellness visits are inevitably revealing, says Dr. Israel. "Each time, something comes up that I didn't know about the patient," she says. "Then, we can have the next discussion: 'How can we make this better?"

System action community, an initiative spearheaded by the John A. Hartford Foundation, the American Hospital Association and the Catholic Health Association of the United States.

Being an Age-Friendly Health System means applying four evidencebased elements of high-quality care, known as the 4M Framework, to all older adults. "We apply the 4Ms medications, mobility, mentation and what matters—to elder healthcare in all our hospitals as well as outpatient settings, including in the annual wellness visit," Dr. Israel says.

To learn more about senior healthcare and geriatric medicine at RWJBarnabas Health, visit www.rwjbh.org/seniorhealth.





occer is the most popular sport in the world—but for many kids in urban communities, there's no good local place to play it.

Now there is for kids in Newark, New Brunswick and Hamilton. During the height of the COVID-19 pandemic, the Somerset-based Players Development Academy (PDA) created its Urban Initiative to bring soccer facilities and coaching to underserved communities across the nation. Thanks to strong partnerships with RWJBarnabas Health (RWJBH) and local communities, the initiative is up and running in New Jersey.

In May, Robert Wood Johnson University Hospital Community Field opened at Kossuth Park in New Brunswick. In July, Newark Beth Israel Medical Center Community Field opened at the Marquis "Bo" Porter Sports Complex in Newark. Also in July, the RWJUH Hamilton Community Field opened at the Bromley Sports Complex in Hamilton Township. More fields will open across the state in the RWIBH service area this year and in 2022.

The fields are part of RWJBH's commitment to enhance well-being in the communities it serves. "Our

mission, improving the health and lives of the people in our communities, is an audacious goal," says Barry Ostrowsky, President and CEO of RWJBH. "In order to do that effectively, you have to have a team of people dedicated to big ideas, and you have to have similarly minded partners."

In addition to providing funding to build the fields, RWJBH will provide off-the-field education in nutrition, wellness and sports performance. The PDA will run soccer clinics and other training sessions, and local recreation departments will manage the fields. Often, the fields serve as



Opposite page and above, local children and officials participated in field openings in urban neighborhoods in Newark, New Brunswick and Hamilton.

an anchor for further revitalization of a neighborhood or expansion of community sports facilities.

A SOCCER OASIS

Each field is approximately 40' by 70', allowing for a scaled-down version of the game known as futsal. These relatively small areas make the most sense for urban settings and allow players to have more time on the ball. The fields are made of artificial turf, allowing for nearly year-round play.

"PDA has been an incredible partner as we create a home for soccer programs as well as communitymember pickup games in underserved urban areas," says Justin Edelman, Senior Vice President, Corporate Partnerships, at RWJBH. "The reaction has been overwhelmingly positive. You see such a wide range of people friends, family, all ages—using the facilities."

"This type of field is important for the community because it's an oasis for the game," says Gerry McKeown, Boys Coaching Director, PDA. "The benefit of putting fields in these locations is that children can walk to them right in their neighborhood, and play or compete or just have fun, and fall in love with the game any way they would like. We're bringing the best of the beautiful game to boys and girls that need our support. We hope this initiative sparks greater interest in the game, leading to more opportunities for kids from diverse backgrounds."

To learn more about the Urban Initiative, visit www.urbaninitiativepda.org. To learn more about RWJBarnabas Health social impact initiatives, visit www.rwjbh.org/socialimpact.





BUILDING THE FUTURE OF CANCER CARE

A NEW CANCER HUB IN NEW BRUNSWICK WILL BE A MODEL FOR MULTIDISCIPLINARY CARE.







t will soar 12 stories and cover 510,000 square feet. It will cost an estimated \$750 million and will be completed in 2024.

Most important, the Jack & Sheryl Morris Cancer Center, which broke ground in June, will transform cancer research and care throughout New Jersey and beyond. The state's first and only freestanding cancer hospital is a joint venture of RWJBarnabas Health (RWJBH) and Rutgers Cancer Institute of New Jersey, in partnership with the New Brunswick Development Corporation.

"The Jack & Sheryl Morris Cancer Center will be a model for cancer care delivery, bringing together the three mission areas of academic medicine—







Opposite page, renderings of the new center and scenes from the ceremonial groundbreaking. Above, left to right: cancer survivor Keosha Doyle, who was treated at Rutgers Cancer Institute of New Jersey; Barry Ostrowsky, President and CEO, RWJBH, with Sheryl and Jack Morris and Steven K. Libutti, MD, Director, Rutgers Cancer Institute of New Jersey and Senior Vice President of Oncology Services at RWJBH; Jack Morris delivers remarks at the event.

research, education and patient care under one roof," says Barry Ostrowsky, President and Chief Executive Officer, RWIBH.

COMPREHENSIVE SERVICES

"The new cancer center brings together all the facets of research, prevention and clinical care that we drive and deliver into one location," says Rutgers Cancer Institute of New Jersey Director Steven K. Libutti, MD, who is also the Senior Vice President of Oncology Services at RWJBH.

The facility will have 10 stateof-the-art laboratories where teams of scientists will study cancer as a disease and develop new treatments. Many of the discoveries from these laboratories will be translated directly to the clinical setting at Rutgers Cancer Institute and across the RWIBH

"We will be bringing science from the bench to the patient's bedside and back again," says Dr. Libutti. "That means we'll be able to further tailor patient treatments and collect important research data more rapidly and directly."

Patients will be able to receive a wide range of both inpatient and outpatient cancer care in the new cancer center, including advanced imaging services as well as radiation and chemotherapy treatments.

The facility will have 96 inpatient beds, including an entire floor dedicated to surgical services.

Exam rooms have been designed so that a multidisciplinary team of specialists can see a patient in one location, rather than having the patient travel from doctor office to doctor office. Specially trained oncology nurse navigators will guide patients on their journey from diagnosis through survivorship.

Wellness, prevention and education resources, including a wellness garden, will be available for the community, patients, caregivers and families.

A POWERFUL PARTNERSHIP

RWJBH and Rutgers Cancer Institute, the state's only National Cancer Institute-Designated Comprehensive Cancer Center, have partnered to provide close-to-home access to the most advanced cancer care.

Cancer specialists throughout RWJBH collaborate with experts at Rutgers Cancer Institute to devise the best treatment plan for each patient, including clinical trials, immunotherapy and precision medicine. That means that a patient being treated for cancer at any RWJBH hospital will have access to the treatment options and clinical expertise anywhere in the hospital system, as well as at Rutgers Cancer Institute.

"The new cancer center will be integrated into our multidisciplinary care paradigm, which is across the entire RWJBarnabas Health system," says Dr. Libutti.

"We believe it is critically important that we have sites and facilities all across the state to bring cancer care as close to home as possible," he says. "We also believe that we need one hub that allows us to bring the highest level of extremely specialized, multidisciplinary cancer care in the setting of groundbreaking research."

The center is named in recognition of the philanthropic leadership of Jack Morris, who has been a longtime supporter and pillar in New Brunswick development, and his wife, Sheryl.

"People shouldn't have to go all over the country to get great care," says Jack Morris. "We're doing it right here. It has been our vision, our hope and our dream to have the top cancer center in the nation here in New Brunswick. Sheryl and I are so proud that we can play a role in helping to make this dream a reality."

To learn more about the Jack & Sheryl Morris Cancer Center, visit www.cinj.org/jackandsherylmorriscancercenter.



CHRONIC DISEASE: **A TEEN TAKES CONTROL**

A TEAM OF EXPERTS PROVIDES THE TOOLS NEEDED TO MANAGE TYPE 2 DIABETES.

was so nervous when I first stepped into the hospital," says Ariely Garcia. "I was so far away from home."

Ariely was just 16 when she got a diagnosis of Type 2 diabetes, a chronic condition marked by high blood glucose levels that can result in major health complications. Often referred to as adult-onset diabetes, Type 2 can also develop during childhood as a result of improper nutrition and lack of exercise.

Although Type 2 diabetes can't be cured, it can be managed with healthy eating, medication and lifestyle changes. On her doctor's recommendation, Ariely had come to the Chronic Illness Management Program (CIMP) at Children's Specialized Hospital in New Brunswick to learn how to do just that.

SKILLS AND STRATEGIES

Ariely worked with a variety of CIMP specialists in areas including recreational therapy, physical therapy,





An RWJBarnabas Health facility

occupational therapy, nutrition education and psychology.

After four weeks in the program, Ariely felt confident that she could manage her diabetes. Her greatest fear: that she would "fall off the wagon" when she got back to her familiar home and school environment. And in fact, by the fall of that year, Ariely had stopped taking the medication she needed to help manage diabetes.

Recognizing that she needed help, she asked if she could go back to Children's Specialized Hospital. "I knew the program had everything I needed to take control of my diabetes again, and I knew that this time, I was ready," she says.

At the beginning of 2021, Ariely reentered CIMP. "This time, I was less nervous and was ready to get back on track," she says. "I was on board with the hard work I needed to do."





Specialists at the Chronic Illness Management Program at Children's Specialized Hospital coached Ariely in nutrition, exercise and more to help her learn to live well with Type 2 diabetes.

Her team was prepared with a plan that was customized to provide resources for her home environment. During her stay, Ariely strategized with the physical therapist on ways to stay active while at home, including the use of free smartphone apps and exercises that don't require equipment. She learned to grill chicken, make a kale salad and prepare a breakfast smoothie. She met with the psychology team to talk about stressors and learn to better communicate and cope with challenges. A certified diabetes educator talked with Ariely about the condition, with lessons culminating in "Jeopardy"-style games at the end of each week.

Ariely went home the day after her 18th birthday. "Now I really understand the effects diabetes has on me," she says, "and I don't need to rely on anyone to do what I need to do to control it."

For more information about Children's Specialized Hospital, call 888.244.5373 or visit www.rwjbh.org/childrensspecialized.

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

COMMITTED TO A HEALTHY COMMUNITY

MMCSC IMPROVES RESIDENTS' WELL-BEING THROUGH A VARIETY OF COMMUNITY HEALTH EFFORTS, FROM KEEPING KIDS SAFER TO EDUCATING ADULTS.

he Community Health and Social Impact and Community Investment team at Monmouth Medical Center Southern Campus (MMCSC) is working to keep children safer, educate older adults on wellness and provide vaccine opportunities to underserved communities. Here are several recent initiatives.



DISTRIBUTING HELMETS TO KIDS

Safe Kids of Monmouth/Ocean Counties, in partnership with MMCSC and Monmouth Medical Center, donated 100 bicycle helmets for children that were distributed during Asbury Park's Safe Streets Summer Kickoff event, hosted by the Monmouth County Prosecutor's office and the Asbury Park Police Department. "Many helmets were specifically sized for older kids," says Kelly DeLeon, MS,

Manager of Community Health and Social Impact and Community Investment. "Part of our message is that you're never too old to wear a helmet."

Assisting with helmet fittings for youth at the event were (from left) Michelle Holmes, LPN, Paula Ross, RN, and Barbara Sunnerville, RN. Bicycle helmets and proper fitting instruction were also provided to the Lakewood Civilian Safety Watch (LCSW), formally Lakewood Shomrim, to be used at a safety event.



TRAINING YOUTH TO BE SAFE SITTERS

MMCSC has responded throughout the COVID-19 pandemic to the realities of children spending more time at home, sometimes alone. Building on an earlier program for children in grades 4 to 6 called Safe at Home, MMCSC launched a program for youth in grades 6 to 8 called Safe Sitter. "It prepares older kids to be safe at home while watching younger children," DeLeon says. Affiliated with the national Safe

Sitter organization, the course teaches skills in safety, child care, first aid/ rescue and life and business. "Youth complete the course with a better understanding of how to prevent unsafe situations, when to call an adult or 911 and how to deal with scenarios such as power outages and weather emergencies," DeLeon says. Safe Sitter classes are offered quarterly, with classes upcoming in September.

OFFERING BETTER HEALTH

MMCSC's Better Health free membership wellness program for adults 55 and older will once again offer in-person events along with virtual programs that were the only option during the pandemic. Better Health programs fall into categories that include health education, exercise, nutrition and socialization. "Socialization online was a good alternative during the pandemic, but there's no replacing in-person interaction," DeLeon says. Combined virtual and in-person events will kick off in September. Want to become a Better Health member? Call 732.886.4733 or email kelly.deleon@rwjbh.org.

EXPANDING VACCINE ACCESS

At first, MMCSC vaccination outreach efforts focused on addressing vaccine hesitancy, especially among communities of color. "But many people in vulnerable populations who wanted vaccines faced barriers such as not having transportation to mass vaccination sites, technology to make online appointments or time during working hours," says Jean McKinney, Regional Director of Community Health and Social Impact and Community Investment.

To overcome such obstacles, Southern Region hospitals began providing vaccine access through walk-in clinics and on nights and weekends. "We also began a grassroots effort to get the word out," McKinney says. Bilingual teams set out on foot to a wide variety of community hubs such as restaurants, bodegas, laundromats, nail salons, food pantries, schools, youth organizations and churches to post multilingual information flyers and talk to people. In collaboration with the Ocean County Health Department, teams also visited the BlueClaws' FirstEnergy Park stadium and Six Flags Great Adventure. "We'll continue these efforts until we get as many people in the community vaccinated as possible," McKinney says.

> For a complete list of Community Health Education programs, visit www.rwjbh.org/monmouthsouth and click on the calendar of events.



THE JAMES AND SHARON **MAIDA GERIATRICS INSTITUTE EXTENDS CARE BEYOND HOSPITAL WALLS.**

or area seniors, the James and Sharon Maida Geriatrics Institute is a medical mecca. Located at Monmouth Medical Center Southern Campus (MMCSC), it offers inpatient and outpatient geriatric services to those 65 and older. "We provide basically headto-toe care," explains Kaitlyn Errigo, AGNP-C, a nurse practitioner with the Institute.

Errigo partners with geriatric

medicine physicians Jessica Israel, MD, and Abhijit Chatterjee, MD, along with another nurse practitioner, Melanie Vernacchia, APN, to make the Institute a virtual one-stop healthcare shop. "You can come in and have your blood work done, and if you need a radiology exam such as a chest X-ray or a CAT scan, we can take care of it right within our facilities," Errigo says. Patients can also receive geriatric consultations (for

example, to investigate possible causes of frequent falls), cognitive assessments and palliative care for chronic conditions such as cancer.

The high level of service reflects the Institute's keen understanding of seniors' needs. "A lot of patients rely on their families for transportation or support," Errigo says. "We try to knock down the list of things they have to do." Care begins with an assessment that's more in-depth than may be possible within a typical 15-minute primary care appointment. "Patients really get a comprehensive examination," Errigo says. "We focus on the whole person and their goals."

BRINGING CARE TO SENIORS

Having served patients well on-site at MMCSC, the Institute recently decided to take its care to the next level and expand its offerings beyond hospital walls. As of February 2021, Errigo also sees patients at SilverWoods, an independent-living retirement community in Toms River.

Each Tuesday and Thursday, Errigo can be found at the SilverWoods Wellness Center providing a range of primary care with licensed practical nurse Anna Prochacki, LPN, SilverWoods' Health Services Director. They may help residents who are suffering from problems such as insomnia, joint aches or difficulty swallowing; assist with management of chronic conditions such as diabetes or hypertension; or provide general geriatric consultations on-site.

"Patients who have their own primary care physician may just want another set of eyes on them," Errigo says. "They want to have that connection because if they wake up on a Monday morning not feeling well and can't get into their primary care physician's office, they know I'm there on Tuesday. I can see them and get them that antibiotic or whatever they may need." When necessary, she schedules residents for services such as on- or off-site physical therapy or

connects them with a social worker.

COMFORTING PRESENCE

One SilverWoods resident who is glad for Errigo's arrival is 79-year-old Mittie DeShields. She first met Errigo in 2019, when Errigo gave a presentation to the SilverWoods community about plans for Institute services there. "I was so impressed with Kaitlyn's genuine warmth and compassion for her patients," Mittie says.

In January 2020, Mittie made a "getting to know you" appointment with Errigo at the Institute. "When she entered the exam room, Kaitlyn had such a cheerful greeting that she immediately put me right at ease," Mittie remembers. "Kaitlyn was just so comforting with her attitude, disposition and personality. She listened to me so intently, it was like she was holding on to every word I was saying. And she showed such an understanding for what I was experiencing." When COVID-19 temporarily halted Errigo's plans to practice part-time at SilverWoods, Mittie continued to see her regularly at the Institute.

Mittie eagerly signed on as one of Errigo's first patients once Errigo was finally able to begin practicing at SilverWoods in February. "It's so convenient for us here, and the Wellness Center is set up so it has everything needed to give us care," Mittie says. "Lab technicians from Monmouth Medical Center Southern Campus come here for routine blood work so we don't have to go out."

Errigo recognizes how SilverWoods' Wellness Center eases care. "It's such a great environment," she says. "It's nicely decorated and has a really calming atmosphere. We also try to space out our appointments and schedule them appropriately so everyone can be seen

At left and opposite: Mittie DeShields (left) receives specialized geriatric care from Kaitlyn Errigo, AGNP-C, on-site at the SilverWoods retirement community.

and given the time they need." Mittie says she's better able to manage age-related conditions such as joint stiffness,

arthritis and hypertension thanks to Errigo's training and experience, which includes licensure as a registered nurse and additional master's-level training to become a geriatric nurse practitioner. Errigo's training gives her privileges in New Jersey to treat patients, order a wide variety of tests, make diagnoses, prescribe medications and formulate care plans. "She monitors me very well through lab work and X-rays, if needed, to keep my conditions under control," says Mittie, who, with Errigo's encouragement, attends a SilverWoods exercise program three times a week.

Prochacki says Errigo's care helps keep residents independent in their own apartments. "Watching her has been an amazing experience for me as a nurse," she says.

"I see residents being healthier, more on top of their physical and mental health needs and proactive and preventive," says Katie Davis, MSW, Executive Director of SilverWoods. "I cannot speak highly enough of Kaitlyn and the team."

Mittie says fellow residents share her happiness with Errigo's presence. "Everyone is enthused about having these services available to us, and we're equally or even more elated because Kaitlyn is just so special," Mittie says. "Where we live, there is really so much to do and so many things that we can enjoy, and she wants us to make sure we are still able to enjoy them. She looks for the best medical solutions to keep us on our feet."

To learn more about the James and Sharon Maida Geriatrics Institute at Monmouth Medical Center Southern Campus, call 732.886.4700 or visit www.rwjbh.org/monmouthgeriatrics.





omen in America have a 1 in 8 chance of developing breast cancer over their

ALEXANDER KING, MD

lifetime. Early detection offers the best hope for catching a cancer early when chances for a cure are highest. That's especially important for African American women, who have a greater risk for some aggressive types of breast cancers and are more likely than white women to die from the disease.

"Breast cancer screening and early detection save lives," says Alexander King, MD, Regional Director of Breast Radiology for RWJBarnabas Health Southern Region, which encompasses Monmouth Medical Center, Monmouth Medical Center Southern Campus and Community Medical Center. "Physician organizations agree that annual

screening mammography, beginning at age 40, will save the most lives." Here are seven good reasons why you should keep mammogram screening on track:

You can get breast cancer even if it doesn't run in the family.

"The most common misconception I hear from women is, 'I don't have a family history of breast cancer; therefore, I don't need screening," says Dr. King. But 75 percent of women who are diagnosed with breast cancer don't

HELPING PATIENTS NAVIGATE BREAST CARE

Victoria Rivas, RN, didn't speak English when she moved from Puerto Rico to New Jersey in 1978. "I know what it's like to be somewhere where you don't understand what's going on around you," she says.

As an oncology nurse navigator at Monmouth Medical Center Southern Campus, the bilingual Rivas has an opportunity to help people in the same situation who are facing cancer. She helps Spanish-speaking patients understand their diagnosis, treatment options, available resources and how to access them.

"We also coordinate patients' care between all members of the healthcare team and refer them for whatever additional services they may need," Rivas says. "We make sure they don't slip through the cracks."

But it's the emotional support Rivas provides that many patients appreciate most. She recently guided Eleglee Marcano Rodriguez, a 54-year-old housekeeper from Venezuela, through her treatment for a breast cancer recurrence, including surgery, chemotherapy and radiation.

Throughout the process, Rivas was Eleglee's lifeline, setting up appointments, accompanying her to visits and providing comfort. "I have no words to describe what Victoria did for me," Eleglee says. "I wouldn't be alive had she not helped me."

"You go into nursing thinking you're going to be helping your patients, which you do, but you get back so much more," Rivas says. "People are letting you into their lives in a very intimate and private way, and that's a privilege."

have a significant family history, he says.

That said, having a family history does elevate breast cancer risk. Plus, you can have an elevated risk due to inherited mutations in certain genes, including BRCA1 or BRCA2, which are especially common among certain populations such as Ashkenazi Jews and Black women.

You have dense breasts.

Breasts that contain a lot of fibrous or glandular tissue and little fat are considered dense. Dense breasts increase your risk for breast cancer, making regular mammograms particularly important.

Women with dense breasts sometimes require additional types of screening, says Dr. King. "They're more likely to hide a cancer in their breast where a mammogram, which is a type

of X-ray, might not see it," he says. "An ultrasound of dense breasts may detect breast cancers that are not seen on a mammogram." Ask your doctor or radiologist if your breasts are dense and whether you would benefit from supplemental screening.

You're getting older.

Like many other health issues, your risk for breast cancer rises with age. Most breast cancers are diagnosed after age 40. "For every year that you live, you're more likely to develop breast cancer in the next year," says Dr. King.

You are African American. African American women are more likely to die from breast cancer when compared to white women of similar age. One reason is that, due to lower screening rates, their cancers are often

caught at later stages, says Dr. King.

In addition to being under-screened, African American women tend to have more aggressive types of breast cancer, particularly triple-negative breast cancer (a type of cancer not fueled by the hormones estrogen and progesterone or the HER2 protein), for which there are fewer effective treatment options, says Dr. King. African American women are also twice as likely as non-Jewish white women to have dangerous BRCA gene mutations. Better outcomes start with regular mammograms.

A mammogram may detect other issues.

Besides finding cancer, breast imaging can reveal other health problems that you and your doctor need to know about. "You can find breast abscesses on mammography and ultrasound," says Dr. King. "Occasionally, we also diagnose lymphoma on a screening mammogram."

You started menstruation early—or menopause late.

Having your first menstrual period before age 12 or starting menopause after age 55 both increase your risk for breast cancer. That's because they increase your lifetime exposure to estrogen. "In addition, never being pregnant and having your first child after age 30 increase your lifetime risk," Dr. King says.

You skipped your mammogram last year.

Many people postponed checkups and screenings during the COVID-19 pandemic to avoid exposure to the virus at healthcare facilities. But the longer a breast cancer has had an opportunity to grow, the more dangerous it becomes. "The size of your cancer is a big determinant of your long-term survival," says Dr. King. If it's been more than a year since your last mammogram, be sure to book an appointment.

Don't delay your mammogram. To make an appointment at the Jacqueline M. Wilentz Breast Center at Monmouth Medical Center Southern Campus, call 732.923.7700.





LOOK INTO YOUR HEART

Members of the MMCSC cardiology team include: (from left) Avinash Gupta, MD, Chief of Cardiology; Anil K. Gupta, MD, Chief Medical Officer; Paul Kate, MD; Nachiket Patel, MD; and Yisrael Kadosh, MD.

HOW A NONINVASIVE TECHNOLOGY IS TRANSFORMING CARDIAC CARE AT MMCSC.

n movies and TV shows, heart attacks are obvious and dramatic. In real life, they don't always work that way. One underlying problem is often coronary artery disease (CAD), the most prevalent form of heart disease. With



ANIL K. GUPTA, MD

CAD, blockages in arteries of the heart obstruct blood flow. Too little blood supply to the heart muscle can cause symptoms like chest discomfort, shortness of

breath or, in extreme heart attacks, sudden death. "CAD can also result in irregular heartbeats of all sorts, called heart arrhythmias, which may result in palpitations or passing out," says Anil K. Gupta, MD, cardiologist and Chief Medical Officer at Monmouth Medical Center Southern Campus (MMCSC).

A technology available at MMCSC helps clear up uncertainties that can surround heart attacks and related forms of heart trouble. Called Fractional Flow Reserve Computed Tomography (FFR-CT), it evaluates how well blood flows through the arteries of a patient's heart and determines whether blockages exist,

where they are and what impact they have. MMCSC is one of the few hospitals in New Jersey to offer this innovative technology.

A COMPLEMENTARY TEST

A variety of tests help determine what's going on when doctors suspect heart trouble. Typical noninvasive ways of detecting inadequate blood flow include:

- An electrocardiogram (ECG), which measures electrical activity in the heart as
- · An echocardiogram (echo), which uses ultrasound to produce moving images of the heart's interior.

- A stress test, which evaluates heart function while you increase your heartbeat by exercising or taking a drug, with measurements taken by ECG, echo or with the help of a radioactive dye that's visible using an imaging machine (nuclear stress test).
- A CT scan known as a CCTA (coronary computed tomography angiography), which produces 3-D images that can help doctors rule out significant blockages in the heart's arteries.

Each test has advantages and limitations. "Depending on the patient, one test may be preferred over another," Dr. Gupta says.

But prior to FFR-CT technology, the only way physicians could see for certain whether specific coronary arteries were blocked was to do a procedure known as cardiac catheterization and angiogram. In this procedure, a special dye is injected through a long, thin, flexible tube (catheter) that is threaded through an artery, typically in the leg, up to the arteries of the heart. If a blockage is found, the cardiologist can decide whether to correct it during the angiogram—for example, by inserting a small tube (stent) to keep the artery open—or to send the patient for bypass surgery.

"Catheterization with angiogram is the gold standard for diagnosis of coronary artery disease," Dr. Gupta says. "Unfortunately, catheterization is invasive."

ADDING INSIGHTS

Noninvasive FFR-CT uses artificial intelligence to compare images from existing CT scans of a patient's heart with a database of tens of thousands of

WHO SHOULD GET AN FFR-CT TEST?

FFR-CT technology may have been lifesaving for one of the cardiologists at Monmouth Medical Center Southern Campus (MMCSC). Nachiket Patel, MD, volunteered to test the technology prior to its launch at MMCSC and discovered a 99 percent blockage in one of his arteries that led to cardiac catheterization and stent treatment. "It saved me from a possible heart attack from blockages that I would not have known about prior to the test," he says.

While FFR-CT "is not a screening test," Dr. Patel says, "it can be invaluable where we see the most utility for it." When medically appropriate, the scans are covered by most insurance. Insights from an FFR-CT scan can be especially useful in situations such as these:

- A patient has no known history of coronary artery disease (CAD) but nevertheless has had chronic symptoms that may indicate some degree of blockage in a coronary artery. "FFR-CT is an excellent initial test in selected patients with chronic, stable symptoms, particularly if they have other risk factors such as diabetes, hypertension, smoking, elevated cholesterol or a family history of heart attacks," says cardiologist Paul Kate, MD.
- The results of a different noninvasive test such as a stress test show borderline or inconclusive positive abnormalities and more information is needed. but a heart catheterization is not desired. "In cases like this, FFR-CT

can essentially act as a tiebreaker," says Chief Medical Officer Anil K. Gupta, MD.

 A low- to intermediate-risk patient with no prior CAD history arrives at the emergency room with acute symptoms that suggest the person could have a blockage or a small, nonlife-threatening heart attack. Such patients might normally be asked to return for more tests later. "A negative FFR-CT test informs both physicians and patients that a major blockage is not being missed and the patient can safely be sent home," says cardiologist Yisrael Kadosh, MD. "It's very reassuring and may exclude the need for invasive testing."

other CT images. This helps physicians analyze the likelihood that any specific blockage could cause harm and also provides direction about treatment.

FFR-CT technology creates a personalized three-dimensional image of blood vessels. Color coding indicates the severity of a blockage and shows how it affects blood flow to the heart. This knowledge helps a physician decide whether lifestyle changes, medication, a stent or surgery is the best course of action.

FFR-CT cuts down on false positive results that can occur with other noninvasive tests and also has a low rate of false negatives, making its accuracy unlike that of any other noninvasive cardiovascular test. In some cases, it may spare patients the need for an invasive catheter-based angiogram.

"Two similar-looking blockages don't always have the same significance," says Avinash Gupta, MD, Chief of Cardiology at MMCSC. "FFR-CT not only allows us to see anatomically the severity of a blockage, it also shows how much blood flow restriction the blockage is causing and enables us to assess how significant the blockage is. It enhances the accuracy of the diagnosis and makes us more confident that we're not missing something."

Whoever your heart beats for, our hearts beat for you. To connect with a top cardiovascular specialist at Monmouth Medical Center Southern Campus, call 888.724.7123 or visit www.rwjbh.org/heart.





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