

# healthy *together*

**YOUR  
PREGNANCY:  
A GUIDE TO  
TESTING**

**HOW AGE  
AFFECTS SLEEP**

**LOSE WEIGHT  
ADD YEARS**



**HELPING  
PATIENTS  
NAVIGATE  
CANCER**

## MESSAGES FROM LEADERSHIP



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

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



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

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



“We are proud that Clara Maass Medical Center has received the Obstetrics and Gynecology Excellence Award and the Labor and Delivery Excellence Award from Healthgrades for the seventh year in a row (2016-2022). These awards exemplify our excellent clinical outcomes for natural childbirth, C-section deliveries and gynecologic procedures, and place us among the top 10 percent of U.S. hospitals evaluated by Healthgrades. In 2022, we also received Five-Star ratings from Healthgrades for Overall Bariatric Surgery and Hip Fracture Treatment. Such accomplishments reflect our commitment to providing patients with safe, effective and high-quality care.”

**MARY ELLEN CLYNE, PhD** | President and Chief Executive Officer, Clara Maass Medical Center

**Clara Maass Medical Center** | **RWJBarnabas HEALTH**

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## HEALTH NEWS



### A FOUR-STAR RATING FOR CLARA MAASS

Clara Maass Medical Center (CMMC) has received a four-star rating from the Centers for Medicare & Medicaid Services (CMS) based on a variety of measures across five areas of quality, including safety of care, mortality, readmission, patient experience and timely and effective care.

CMMC was the only hospital in its immediate geographic area to receive four stars and one of only 11 hospitals within a 25-mile radius of Belleville—including hospitals in New York City—to do so, according to CMS, which rated more than 3,000 hospitals nationwide.

CMMC had high scores for its 30-day mortality rates following a patient’s release from the hospital and following a heart attack, heart failure and chronic obstructive pulmonary disease (COPD). CMMC also scored high in managing the care of patients who are septic and in the prevention of specific healthcare-associated infections.



### CLARA MAASS MEDICAL CENTER IS RECOGNIZED AS HIGH PERFORMING ONCE AGAIN

For 2022-2023, *U.S. News & World Report* has recognized Clara Maass Medical Center as a High Performing hospital in three areas in which it rates common adult procedures and conditions: heart failure, kidney failure and chronic obstructive pulmonary disease (COPD).

A High Performing rating from *U.S. News & World Report* recognizes care that is significantly better than the national average, based on objective measures such as patient outcomes, including 30-day mortality, 30-day readmission, discharge to home and length of stay.

In arriving at these ratings, *U.S. News & World Report* evaluated more than 4,500 of the nation’s hospitals, which fell into three categories: High Performing, Average or Below Average.

# healthy *together* contents

FALL 2022



6



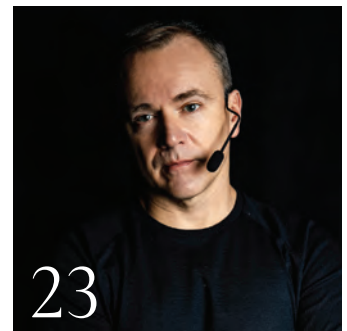
17



20



22



23



4

- 2. WELCOME LETTER.** A community update from our CEOs.
- 4. STARTING A NEW CHAPTER.** A children's book author's experience with a double knee replacement.
- 6. WHAT'S NEW IN BREAST CANCER TREATMENT.** New info on the latest treatments, drugs and therapies.
- 8. CATCHING SOME ZZZs IN MIDLIFE AND BEYOND.** Coping with changing sleep needs, patterns and quality as you age.



14

- 10. COPING WITH HOLIDAY DEPRESSION.** How to move through the melancholy that often comes with the holidays.
- 12. NAVIGATING YOUR CANCER JOURNEY.** RWJBH's Nurse Navigation Program provides support, guidance and compassion.
- 14. ONE STEP AT A TIME.** How the physical therapy team at Children's Specialized Hospital helped a boy with spina bifida.
- 16. THE LOWDOWN ON LOW-DOSE ASPIRIN.** The latest guidelines for heart attack and stroke prevention.
- 17. HEALTHY COMFORT FOOD WITH A KICK.** A healthy, delicious recipe you can make in a snap.
- 18. 7 KEYS TO A WOMAN'S HEALTHY HEART.** How to lower your risk of heart disease.
- 20. WHAT HAVE YOU GOT TO LOSE?** Bariatric surgery can help lower certain disease risks.
- 22. TESTING 1-2-3.** Pregnancy tests in each trimester.
- 23. GENEROSITY OF SPIRIT.** Sean Callagy: attorney, visionary, philanthropist.

Children's book author and double knee replacement recipient Kathleen Muraca with two of her recent titles

# » STARTING A NEW CHAPTER

## A CHILDREN'S BOOK AUTHOR NOW HAS A SPRING IN HER STEP THANKS TO A DOUBLE KNEE REPLACEMENT.

Nearly 1 million knee replacement surgeries are performed in the U.S. each year, and the vast majority—about 90 percent—of patients who have the surgery experience a dramatic reduction in knee pain. Still, most people delay treatment, which not only prolongs pain but also impacts mobility, which can lead to weight gain, depression and other health issues.

If you're suffering from chronic knee pain, you're not alone. Kathleen Muraca, a 70-year-old children's book author, also struggled with knee pain for years. "To get up the stairs, I'd have to pull myself up using the banister," she says. "I was the poster child for needing knee replacement surgery."

Chronic knee pain is usually caused by osteoarthritis, which results in stiffness and difficulty moving the joints. Previous injuries are generally the culprit, whether caused by one event or years of little traumas. When pain impacts quality of life, it's time to see a specialist.

In 2021, Muraca decided that waiting was no longer an option. "I spoke with my rheumatologist, Dr. Rita Komboz, and decided I needed to do it now," she recalls. Recommendations from her physicians led her to Dr. Frank Femino, Director of Orthopedics at Clara Maass Medical Center and a member of RWJBarnabas Health Medical Group.

"Kathleen was experiencing stiffness and pain in both knees," says Dr. Femino. Previous interventions had given her only temporary relief. "Cortisone shots would help, but only for a short time," says Muraca. "Now I was serious about having the surgery." Dr. Femino agreed that surgery was Muraca's best option. "Total knee replacement surgery is really a modern-day cure for arthritis of the knee," he says.

In January 2021, Dr. Femino performed total knee arthroplasty on Muraca's right knee. To perform this outpatient procedure, which takes about an hour, Dr. Femino creates a 5- to 6-inch incision to expose the arthritic areas. He removes the arthritic surfaces using a variety of

instruments, then reshapes the bone to create an exact fit for prosthetic components that are inserted into the knee. "The way I do the procedure is muscle-sparing, so it's a much less painful recovery," says Dr. Femino.

For the surgery, Dr. Femino uses regional anesthesia,

which causes numbness from the waist down. "It's much safer than general anesthesia and better for quick rehab," he explains. "Once the spinal wears off, usually in an hour or two, patients can stand up and start walking in physical therapy."

Dr. Femino encourages patients to be up and walking as soon as possible post-surgery. In-home physical therapy is generally arranged for the first two weeks, and patients complete an additional six weeks of therapy at an outpatient facility such as Clara Maass Medical Center's outpatient Rehabilitation Services. "I was using a walker the first day, then I switched to a cane," Muraca recalls, noting that at her two-week follow-up appointment, Dr. Femino was impressed by her recovery. "Kathleen worked hard in therapy and regained range of motion very quickly," says Dr. Femino.

Surprisingly, at her two-week recheck, Muraca asked Dr. Femino to schedule surgery for her other knee. "People usually wait at least six months before scheduling a second surgery," says Dr. Femino. "But Kathleen was ready." Muraca's experience with her first knee replacement was so positive, she didn't want to put it off. "I did everything my therapist told me to do so that I could recover quickly," says Muraca. "Waking up and having no pain made me want to do the other knee—no more waiting!"

Two months later, Dr. Femino performed total knee replacement on Muraca's left knee. Once again, her surgery was a great success and she was soon completely pain-free. A mother of four grown children and grandmother of six, Muraca, who began writing and illustrating stories when she was a young mom, is happy to now be able to get down on the floor to play with her grandkids or even read them one of her books.

After sending her work to publishers in 2020 during the COVID-19 lockdown, she got the kind of call every author dreams of: Her books, *My Name is Bernadette* and *A Problem in Doodleland*, were published and are now available through Amazon and Barnes & Noble.

Her advice to others with chronic knee pain who are on the fence about knee replacement? "Do it," she says. "And don't put it off!" Dr. Femino agrees. "There's no need to suffer with chronic knee pain," he says.



FRANK FEMINO, MD

To learn more about orthopedic services at Clara Maass Medical Center, visit [www.rwjbh.org/ortho](http://www.rwjbh.org/ortho).





RWJBarnabas Health and Clara Maass Medical Center, together with Rutgers Cancer Institute of New Jersey—the state’s only NCI-Designated Comprehensive Cancer Center—provide close-to-home access to the latest treatment options. To learn more, call 844.CANCERNJ or visit [www.rwjbh.org/beatcancer](http://www.rwjbh.org/beatcancer).



# WHAT'S NEW IN BREAST CANCER TREATMENT

**MARIA J. KOWZUN, MD, CMMC'S DIRECTOR OF THE CENTER FOR BREAST DISEASE AND MANAGEMENT, ON THE LATEST ADVANCEMENTS**

In recognition of Breast Cancer Awareness Month in October, we thought it fitting to share some of the promising new drugs, radiation therapies, surgical techniques, clinical trials and advances in breast cancer diagnosis and treatment.



**MARIA J. KOWZUN, MD**

Maria J. Kowzun, MD, Director of the Center for Breast Disease and Management at Clara Maass Medical Center (CMMC), shares more here.

## SURGERY

Many women diagnosed with breast cancer will need surgery as the first line of treatment. Most often, this surgery will be a mastectomy or lumpectomy; though the decision for surgery has not changed dramatically in recent years, Dr. Kowzun says the techniques have advanced to significantly improve the cosmetic outcomes of the surgery.

In terms of reconstructive or plastic surgery, however, there have been some notable changes.

A technique called Goldilocks Mastectomy is a relatively new option for women who either don't want or are considered poor candidates for traditional reconstruction surgery. "It is basically reconstruction without the need for any additional implants or tissue grafts," Dr. Kowzun explains. In a Goldilocks Mastectomy, more skin is preserved than in a traditional mastectomy, and then the skin is used to create a small, contoured breast mound. "It provides a little more breast contour or shape, but not as much as having an implant," she explains. "We've been offering this option for the past few years for patients who would prefer not to have an implant or undergo a big reconstruction."

## RADIATION THERAPY

Radiation therapy is often recommended for women who have a lumpectomy, which preserves breast tissue, rather than a mastectomy. After a lumpectomy, radiation helps ensure that no cancer cells are left behind. Radiation oncologists continue to conduct new protocols to improve radiation doses and schedules. At Clara Maass Medical Center, Dolly Razdan, MD, serves as Medical Director of Radiation Oncology.

"Our radiation oncology specialists are currently working on something called hypofractionation," says Dr.



Kowzun. "It's a treatment schedule that gives the same total dose of radiation as the usual treatment, but gives it in larger doses over a shorter time period. So, instead of having the radiation therapy over five or six weeks, it's delivered in three to four weeks." Dr. Kowzun says that the department is trying to expand the eligibility criteria for this type of treatment so that more women can take advantage of it. "It will be especially helpful for women with busy lives who live far away from a major treatment center," she says.

According to Dr. Kowzun, her department is also involved in a clinical trial of preoperative boost radiation. "Normally, standard radiation therapy is full-breast radiation," she says. The "boost" radiation is extra treatment targeted specifically at the cancer site. Both types of radiation are usually given after breast cancer surgery. "In the clinical trial, we're trying to evaluate if we can successfully give the boost radiation before surgery and then give the rest of the full-breast radiation afterward," says Dr. Kowzun.

She explains that the advantage of giving radiation this way is that before surgery, it's easy to see where the cancer is and target it very precisely. But after surgery, the breast anatomy has been altered, and since it's more difficult to direct the radiation exactly to where the cancer had been before it was removed, women wind up having a larger area of tissue irradiated. "The goal is to provide less volume of radiation," she explains.

## CHEMOTHERAPY

Headlines last spring touted the impressive results of a clinical trial for the breast cancer drug trastuzumab deruxtecan (brand name Enhertu®).

Previously used to treat only metastatic, treatment-resistant HER2-positive breast cancer—which affects only a small percentage of breast cancer patients—the clinical trial found that the drug was a promising treatment for most other breast cancers as well. Patients on Enhertu, which is not yet FDA-approved for all breast cancers, lived an average of six months longer than those treated with conventional chemotherapy.

Clinical trials are the way physicians and scientists find new treatments that are both safe and effective. Patients at RWJBarnabas Health are fortunate to be able to participate in clinical trials, thanks to a partnership with Rutgers Cancer Institute of New Jersey, the state's only National Cancer Institute-Designated Comprehensive Cancer Center.

"We have two breast cancer chemotherapy clinical trials in the works right now," says Dr. Kowzun.

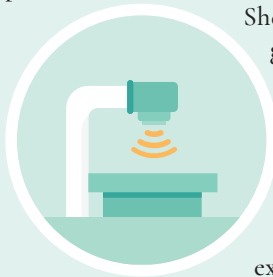
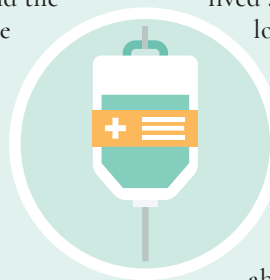
"The first is a neoadjuvant systemic therapy for HER2-positive breast cancer, for patients found to have residual disease after previous treatment." According to Dr. Kowzun, "We're evaluating new vaccines that target patients' immune cells. We're one of the only sites in the Northeast offering this trial."

The other clinical trial is called ISPY-2. "It's offered for patients with more locally advanced breast cancer," says Dr. Kowzun. The goal of the ISPY-2 trial is to try and personalize breast



DOLLY RAZDAN, MD

cancer treatment by identifying which new drugs currently in development will have the greatest effect on specific types of tumors when given before surgery.



To schedule a cancer screening at Clara Maass Medical Center, call **844.CANCERNJ** or visit **www.rwjbh.org/beatcancer**.





# THE ABCs OF CATCHING SOME ZZZs IN MIDLIFE AND BEYOND

## HOW TO COPE WITH CHANGING SLEEP NEEDS, PATTERNS AND QUALITY AS YOU AGE

Sleep is an essential human need—right up there with breathing, eating and drinking—yet many of us don’t get enough sleep, let alone enough quality, restful sleep. “Adults of all ages generally need about seven to nine hours of sleep a night,” says Pooja Raju, MD, a pulmonologist at Clara Maass Medical Center (CMMC) and a member of RWJBarnabas Health Medical Group. “However, getting that amount of quality sleep becomes more difficult as we get older.”

### CIRCADIAN RHYTHM CHANGES

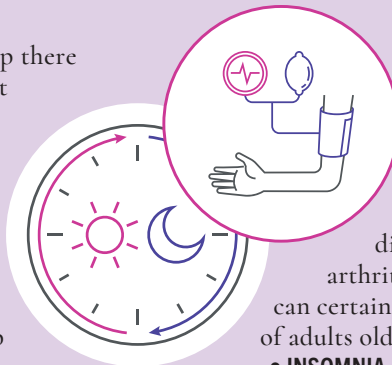
The circadian rhythm—the “internal clock” that sets the body’s sleep-wake cycle—starts to function less efficiently as we age, and we often start going to bed and waking up earlier.



POOJA RAJU, MD

### CHANGES IN SLEEP ARCHITECTURE

As we get older, we experience changes in our “sleep architecture,” i.e., how we cycle through various

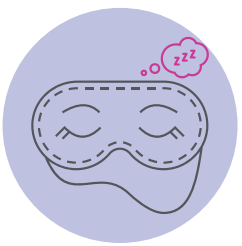


sleep stages. These changes include sleeping lighter and awakening more frequently.

### HEALTH PROBLEMS AND MEDICATIONS

“Certain health problems—such as heart disease, high blood pressure, lung conditions and arthritis—can also interfere with sleep as we age, as can certain medications” says Dr. Raju. Nearly 40 percent of adults older than 65 take five or more medications.

- **INSOMNIA.** Insomnia becomes more common as we get older. If you have problems falling and staying asleep three or more times a week for more than three months, you may have insomnia disorder.
- **RESTLESS LEGS SYNDROME (RLS).** RLS is marked by an uncontrollable urge to move one’s legs together with sensations of crawling, tingling, burning and/or itching. It can be partially relieved by movement—which, of course, makes it virtually impossible to sleep.
- **OBSTRUCTIVE SLEEP APNEA.** This sleep disorder is characterized by airway obstructions while sleeping which can cause snoring, “snorting” or gasping. Daytime sleepiness and fatigue are just two symptoms of sleep apnea, which can be diagnosed with a clinical sleep study.



## 5

### ESSENTIALS OF GOOD SLEEP HYGIENE

Practicing good sleep hygiene can help you get more (and better quality) sleep. Here’s how to optimize your slumber:

1. **Have a consistent sleep schedule.** Try to go to bed at the same time every night and wake at the same time every morning, including weekends.
2. **Sleep in a cool, dark room.** Turn down (or off) the heat at night, use an air conditioner when it’s warm and, if you have to, consider black-out drapes or a sleep mask.
3. **Turn off electronic devices.** Smartphones, tablets, computers and TVs can keep you “wired”—which is the last thing you want before bed.
4. **Exercise during the day.** Try to get some exercise every day, even if it is just taking a walk.
5. **Develop a relaxing bedtime routine.** Soothing bedtime rituals can work wonders to help you sleep. Meditate, have a cup of chamomile tea, use aromatherapy or take a warm bath before bed.

• **NOCTURIA.** Frequent urination at night is very common in older adults and very disruptive to sleep.



To learn more about the Center for Sleep Disorders at Clara Maass Medical Center, call **973.450.2444** or visit **www.rwjbh.org/claramaass**.



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## **RWJ**Barnabas HEALTH

Let's be healthy together.





# HOLIDAY BLUES? HERE'S HOW TO COPE

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

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

### Why do people get depressed around the holidays?

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

### Do the holidays tend to exacerbate existing depression?

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

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

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



ARNOLD A. WILLIAMS, MD

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

### 7 WAYS TO COUNTERACT HOLIDAY DEPRESSION

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

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

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


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

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

### How does grief impact depression and vice versa?

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

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



# HELPING YOU NAVIGATE YOUR CANCER JOURNEY

**ONCOLOGY NURSE NAVIGATORS OFFER COMPREHENSIVE SUPPORT AND SERVICES TO PATIENTS AND THEIR CAREGIVERS.**

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

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

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

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



\*

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

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

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

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

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

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

**What are some benefits that patients might find surprising?**

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

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

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

**What does the Oncology Nurse Navigation Program do?**

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

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



# ONE STEP AT A TIME

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



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

at RWJBarnabas Health.

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

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

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

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

We love them with all our heart.”

The feelings are mutual.

“He’s such a sweet and funny kid, and he’s gotten so strong,”

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



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

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

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

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



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

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, Eatontown, Egg Harbor Township, Hamilton, Jersey City, New Brunswick, Newark, Somerset, Toms River, Union and West Orange.

# THE LOWDOWN ON LOW-DOSE ASPIRIN

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

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

### How are the new guidelines different from the previous guidelines?



JEFFREY S. LANDER, MD

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

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

### What prompted these new recommendations?

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

### Are there exceptions to the new guidelines?

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

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

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

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

### How will the new guidelines change your recommendations to patients?

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

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

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







## CHICKEN TACO CHILI

### INGREDIENTS

- 1 small yellow onion, diced
- 1 (15.5 oz.) can black beans, drained
- 1 (15.5 oz.) can kidney beans, drained
- 1 (8 oz.) can tomato sauce
- 1 (10 oz.) package frozen corn kernels
- 2 (10 oz.) cans diced tomatoes with green chiles
- 1 packet reduced sodium taco seasoning or homemade
- 1 Tbsp cumin
- 1 Tbsp chili powder
- 3 (24 oz.) boneless skinless chicken breasts
- ¼ cup chopped fresh cilantro

### DIRECTIONS:

1. Combine beans, onion, corn, tomato sauce, diced tomatoes, cumin, chili powder and taco seasoning in a slow cooker and mix well.
2. Nestle the chicken in to completely cover and cook on LOW for 8 to 10 hours or on HIGH for 4 to 6 hours.
3. A half-hour before serving, remove chicken and shred.
4. Return chicken to slow cooker and stir in.
5. Serve in a bowl with brown rice, topped with cilantro, reduced-fat cheddar cheese or avocados.

# HEALTHY & FLAVORFUL COMFORT FOOD WITH A KICK

A HEARTY DISH WITHOUT THE EXCESS FAT, CALORIES—OR GUILT

Fall is the season for comfort food. Unfortunately, many comfort foods are often heavy, fat-laden and unhealthy.

Clara Maass Medical Center Registered Dietitian Silvana Blanco shares a quick and tasty recipe for a simple-to-make, fun-to-eat comfort food that's packed with protein, rich in complex carbs, low in fat and high in fiber. "It's super-easy and delicious," says Blanco, "and you can make it using freezer and pantry staples." Like many Mexican dishes, it can be amped up (or down) several notches depending on the spices you use.

To learn more about nutrition counseling at Clara Maass Medical Center, call 973.450.2000 or visit [www.rwjbh.org/claramaass](http://www.rwjbh.org/claramaass).



7

# KEYS TO A WOMAN'S HEALTHY HEART

HERE'S WHAT YOU CAN DO TO HELP  
LOWER YOUR RISK OF HEART DISEASE.

**H**art disease, the leading cause of death for women in the United States, can be insidious, creeping up slowly and seemingly without warning. Often it can be “silent,” too, with no obvious symptoms at all—until a crisis or emergency, like a heart attack, strikes.

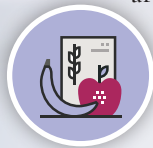


ELIE Y. CHAKHTOURA, MD

“Fortunately, there are steps women can take to help prevent heart disease,” says interventional cardiologist Elie Chakhtoura, MD, Director of the Cardiac Catheterization Laboratory at Clara Maass Medical Center (CMMC) and a member of RWJBarnabas Health Medical Group. “Awareness is important, but it’s not enough to just be aware of risk factors. Women need to be proactive when it comes to their self-care and overall healthcare.” Here are seven things women can do to help prevent or reduce their risk of heart disease:



**1. Monitor Your Blood Pressure.** “High blood pressure can lead to heart disease, so get your blood pressure checked regularly,” says Dr. Chakhtoura. “If it’s high, talk to your doctor about how to lower it. There are many ways to get those numbers down.”



**2. Eat a Heart-Healthy Diet.** Reduce sugar and salt and eat a diet that contains whole grains, lean proteins, fruits and vegetables, and that’s low in saturated fats and cholesterol. A Mediterranean diet is a healthy option to consider.



**3. Avoid Overeating.** In addition to causing weight gain, eating heavy meals and large portions causes your body to work overtime and increases your heart rate. Fatty meals are particularly taxing.



**4. Exercise.** Take a walk, ride a bike, swim, dance—just get moving, and aim for at least a half-hour of moderate exercise per day, incorporating strength training twice a week. “Be sure to check with your healthcare provider about a regimen that’s appropriate for your specific health needs,” advises Dr. Chakhtoura.

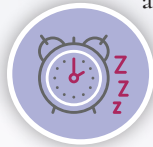


**5. Quit Smoking.** Just do it. After one year, your risk of developing heart disease will be cut by 50 percent.



**6. Manage Stress.** Stress can have a profound effect on your heart health by inducing the release of stress hormones such as cortisol and adrenaline,

which in turn cause an increase in blood pressure and injury to the inner layer of your heart vessels (endothelium) leading to a heart attack. Yoga and meditation are just two things that can help with managing stress. Speak to your provider about other options.

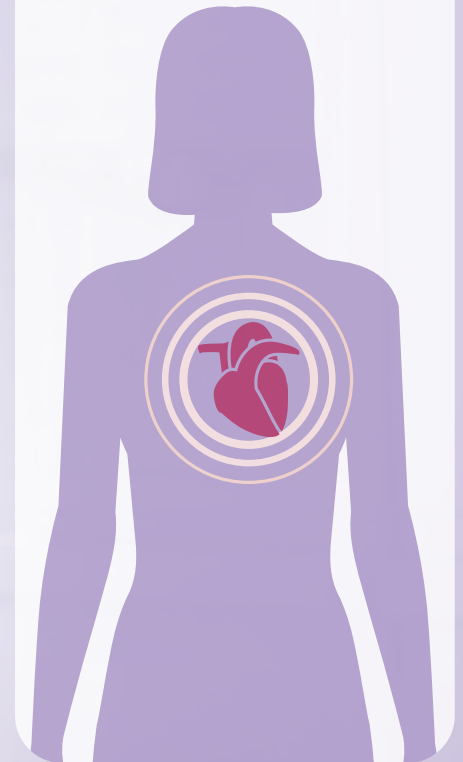


**7. Sleep Well.** Sleep is important but it’s not just about getting enough sleep, which for most adults is about seven to nine hours per night. Getting enough restful, restorative sleep is what matters. Go to bed at about the same time every night; sleep in a cool, dark room; and turn off electronic devices like cell phones and tablets.

## WARNING SIGNS OF HEART ATTACK IN WOMEN

Though there is some overlap in the symptoms of heart attack in men and women, women have some different symptoms, many of which can be subtle or may be attributed to just aches and pains, the flu or heartburn. But if you think you’re having a heart attack, call 911:

- Jaw, neck or upper back pain
- Chest pain
- Chest tightness
- Pain in the shoulder or arm
- Nausea or vomiting
- Dizziness or fainting
- Cold sweats
- Shortness of breath
- Pain or pressure in the lower chest or upper abdomen
- Indigestion



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



# WHAT HAVE YOU GOT TO LOSE?

**IF YOU'RE SIGNIFICANTLY OVERWEIGHT, BARIATRIC SURGERY CAN LOWER YOUR RISK OF CERTAIN DISEASES—AND MAY EVEN ADD YEARS TO YOUR LIFE.**

**B**ariatric surgery had its first big moment back in the late 1990s and early 2000s when celebrities like Roseanne Barr, Carnie Wilson, Al Roker and others underwent procedures that resulted in dramatic and seemingly overnight weight-loss transformations.

But the history of bariatric surgery dates back decades earlier, to the 1950s, when the first surgical weight loss procedure, the jejunioileal bypass, was performed. This operation was succeeded in the 1960s by gastric bypass surgery, which, though safer and less primitive than its predecessor, still carried a litany of risks and side effects. “Stomach stapling,” as bariatric surgery was known, was not quite as scary as it sounded—but it was close.



NAVEEN BALLEM, MD

Fortunately, weight loss surgery has come a long way since then. “When these surgeries started being performed decades ago, there was a lot of risk because we were doing open surgery,” says Naveen Ballem, MD, Director of Bariatric Surgery at Clara Maass Medical Center (CMMC). But today’s bariatric procedures are more sophisticated and less invasive than ever before. “Nowadays, we do everything laparoscopically and robotically so there’s less pain, less risk, quicker recovery and better outcomes overall,” says Dr. Ballem.

There are also more surgical options than in the past. “Sleeve gastrectomy, which has been done for about 10 years, is one of the newer procedures,” says Dr. Ballem. “It probably has the most benefits and least risk and is a good choice for most people.”

According to Dr. Ballem, if you’re extremely overweight, bariatric surgery can literally be a lifesaver. “Extreme obesity

## WHICH BARIATRIC PROCEDURE IS RIGHT FOR YOU?

According to Naveen Ballem, MD, Director of Bariatric Surgery at CMMC, the four most common surgical weight loss procedures are:

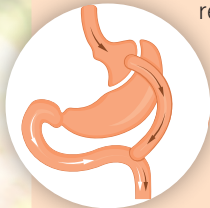


### SLEEVE GASTRECTOMY

About 80 percent of the stomach is removed, limiting the amount of food you can eat.

**PROS:** Excellent weight loss, generally safer than other procedures.

**CONS:** Not reversible, may cause or increase acid reflux, may not improve metabolism.



### GASTRIC (ROUX-EN-Y) BYPASS

Limits food intake by reducing the size of the stomach, limits calorie absorption by shortening the digestive process. Most effective for patients with a BMI of 35-55.

**PROS:** Rapid weight loss, good long-term results, can improve acid reflux.

**CONS:** Complex, irreversible procedure, may inhibit absorption of nutrients, higher risk of bowel obstruction and ulcers, “dumping syndrome” (some foods may make you feel sick), must follow a strict diet.

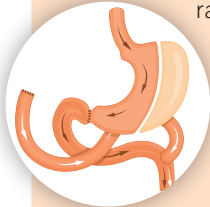


### LAP-BAND®

A band with an inflatable balloon is placed around the top of the stomach, limiting the amount of food you can eat.

**PROS:** Band can be removed or adjusted as necessary, quick recovery, smaller scar, less chance of nutritional deficiency than other procedures.

**CONS:** Slower weight loss, less weight loss, risk of band slippage, potential swallowing difficulties, higher rate of complications than other procedures.



### DUODENAL SWITCH

Food bypasses 45 to 60 percent of the small intestine, resulting in greater weight loss than other procedures, best choice for improving diabetes, best for patients with a BMI greater than 50.

**PROS:** More weight loss than other options, smaller chance of “dumping syndrome,” more effective for keeping weight off.

**CONS:** More invasive than other procedures, higher chance of nutritional deficiency and osteoporosis, may increase acid reflux.

## WHAT YOU NEED TO KNOW ABOUT BMI

BMI or Body Mass Index is a measurement sometimes used by healthcare providers to estimate body fat and broadly classify a person’s weight as underweight, normal weight, overweight or obese. The higher your BMI, the greater your risk of developing high blood pressure, Type 2 diabetes, sleep apnea, heart disease, and certain cancers, among other health conditions.

### TO CALCULATE YOUR BMI:

- Multiply your weight in pounds by 703.
- Divide that number by your height in inches.
- Divide that number by your height in inches again.

BMI	WEIGHT CLASSIFICATION
Below 18.5	Underweight
18.5 – 24.9	Normal weight
25.0 – 29.9	Overweight
30.0+	Obese

can cut as much as 14 years from your life expectancy,” he explains, “and I think the risks of living with a body mass index (BMI) of over 35 is 10 times riskier than any surgery we perform.”

Still, Dr. Ballem cautions, bariatric surgery is not a quick fix, and choosing to have a procedure should not be a snap decision. “That’s one of the biggest misconceptions about these procedures,” he says. “Many people are looking for an easy way out. That’s not what bariatric surgery is. It’s a tool, and, if you use it effectively, you can have amazing results.”

How can you use it effectively? For starters, you need to recognize and commit to changing unhealthy behaviors. “If you’re going to continue to hit McDonald’s, drink sugary soft drinks regularly and avoid exercise, you’ll gain weight no matter what kind of surgery you have,” says Dr. Ballem. “So, you need to be committed to eating healthier, making better food and lifestyle choices and incorporating exercise into your routine. Our team at Clara Maass includes nurses, psychologists and dietitians who can help you in these areas. We also work with exercise therapists.”

It’s also important to have realistic expectations about how much weight you’ll lose. “The average person loses about 70 percent of their excess weight with these procedures,” says Dr. Ballem. “While some people do lose 100 percent, that’s not the norm.”

To learn more about weight loss surgery at Clara Maass Medical Center, call **973.450.2393** or visit [www.rwjbh.org/weightloss](http://www.rwjbh.org/weightloss).



# TESTING 1-2-3

## COMMON PREGNANCY TESTS AND SCREENINGS IN EACH TRIMESTER

Pregnancy is a 40-week journey that sometimes has some twists and turns along the way. To ensure that you and your baby stay safe and healthy during your pregnancy, there are some essential and optional tests and screens in each trimester. Here, Michael Straker, MD, Chairman of Obstetrics and Gynecology at Clara Maass Medical Center (CMMC), shares some of the most common. “Every pregnancy is different, so be sure to talk to your provider to find out which tests are recommended for your particular situation,” says Dr. Straker.



### FIRST TRIMESTER:

- **Noninvasive prenatal testing (NIPT).** This blood test, which can be done at around 10 weeks, screens for chromosomal abnormalities such as Down syndrome, trisomy 18 and trisomy 13.
- **Nuchal translucency (NT) screening.**

Performed between weeks 10 and 13, this ultrasound measures the nuchal fold, an area of fluid behind the baby’s neck, to check for chromosomal abnormalities, including Down syndrome.



MICHAEL STRAKER, MD

- **Chorionic villus sampling (CVS).** If an NIPT or NT screening indicates a higher than usual risk for certain congenital conditions, this diagnostic test, taken on a small sample of the placenta and done between weeks 10 and 13, can confirm or rule out the condition.



### SECOND TRIMESTER

- **Anatomy scan.** Also known as a level 2 or 20-week ultrasound, this test assesses the baby’s growth and development.
- **Quad screen (or quadruple marker screen).** This screen, done between weeks 15 and 22, measures four substances, including hormones, in your blood—alpha-fetoprotein (AFP), human chorionic gonadotropin (HCG), estriol and inhibin A—to determine whether there’s an increased risk for certain chromosomal or neural-tube defects. “Not everyone will need a quad screen,” says Dr. Straker. “If by chance you missed your NIPT, you would probably have a quad screen in the second trimester.”
- **Amniocentesis.** This diagnostic test, done between 16 and 20 weeks, draws a sample of amniotic fluid through a thin needle inserted into the uterus, and can detect numerous genetic and chromosomal conditions, including Down syndrome.
- **Glucose screening.** This screening, done between 24 and 28 weeks, is used to detect gestational diabetes.



### THIRD TRIMESTER

- **Group B strep test.** “Group B strep, a bacteria found in the vagina and rectum, can cause an infection in your baby during delivery,” says Dr. Straker. “If your test is positive, you’ll be given antibiotics during labor so your baby won’t be infected.” Dr. Straker says he also tests for gonorrhea, chlamydia, syphilis and HIV.
- **Nonstress test (NST).** “In certain instances, such as in a high-risk pregnancy, your doctor may want to monitor your baby’s heart rate with an NST to reassure you that your baby is doing well,” says Dr. Straker. “If the results are not clear, your doctor may do a biophysical profile.”
- **Biophysical profile (BPP).** A BPP is used to determine if labor should be induced. “This ultrasound reassures us of fetal well-being,” Dr. Straker explains. “If the BPP is not normal, that may indicate to your doctor that your baby should be delivered.”

As with all health issues, if you have any questions or are unsure about whether you need a particular test, speak to your provider.

For information about maternity services at Clara Maass Medical Center, call 973.450.2000 or visit [www.rwjbh.org/maternity](http://www.rwjbh.org/maternity).



# GENEROSITY OF SPIRIT

## ATTORNEY, VISIONARY AND PHILANTHROPIST SEAN CALLAGY ON WHY HE GIVES TO CLARA MAASS MEDICAL CENTER—AND WANTS TO DO MORE

When Sean Callagy speaks, he instantly draws people in. Whether he’s delivering a keynote speech for an audience of thousands or having a one-on-one conversation, Callagy’s energy and charisma are palpable. Even on a phone call, it’s clear within just a few minutes that Callagy isn’t just a nice guy—he’s a genuinely good human being.

So, it comes as no surprise to learn what an important role philanthropy plays in Callagy’s life. “I believe in charitable contribution as a basic function of life,” he says. “Why would we accumulate any financial resources unless it’s to give? If we’re not here to give and contribute, there’s a huge degree of emptiness and hollowness to life.”

Callagy is the founder and president



**“I BELIEVE IN CHARITABLE CONTRIBUTION AS A BASIC FUNCTION OF LIFE.”**

*Sean Callagy:  
attorney, visionary,  
philanthropist*

of the law firm Callagy Law, which employs more than 100 people and has offices in five states; founder of his own charitable foundation, the Callagy Christian Foundation—which he funded up-front with a personal seven-figure donation; and founder of the investment company Callagy Enterprises. Callagy, who is legally blind, is also the creator of the Unblinded Formula,

which, he says, is designed “to help people see what they don’t see about creating money, time and magic.”

An ardent supporter of Clara Maass Medical Center, Callagy has been a sponsor of the hospital’s Golf Invitational and has donated to its MRI challenge—a gift to help fund a new MRI—as well. With so many worthy causes that need support, what was it that inspired Callagy to donate to Clara Maass so generously? “Well,” he says candidly, “I was asked by a friend to consider it—and I did.” It was from Rob Gill, a Clara Maass Medical Center Foundation trustee, that Callagy learned about the hospital, its mission and opportunities for giving.

A New Jersey native (he grew up in Emerson), Callagy explains that, before he decides to support a particular cause, he asks himself three questions and advises others to do the same.

“The first question I ask is ‘Is this a worthy cause that touches my heart?’” says Callagy. “Obviously, Clara Maass is a worthy cause that would touch anybody’s heart. It provides people with help, support and vitally important healthcare.”

The second question, he says, is “Is it an efficient cause?” and the third question is “Is there sustainability?” By “sustainability,” Callagy explains, “I mean that by working with this place and these people, are we co-creating more together?” In the case of Clara Maass, Callagy says, all three questions were answered with a resounding “yes!”

Callagy says he feels good about supporting Clara Maass for many reasons. “People like Mary Ellen Clyne (President and CEO) and others on the Clara Maass team—these are extraordinary people,” he says.

When it comes to his support of Clara Maass, Callagy has only just begun. “I’d love to get more involved with Clara Maass,” says Callagy. “I believe—I know—that we can do so much more.”

To donate to Clara Maass Medical Center, call **973.450.2000** or visit [www.rwjbh.org/clara-maass-medical-center/giving](http://www.rwjbh.org/clara-maass-medical-center/giving).



# You have none of the usual symptoms. You may benefit from a prostate cancer screening.

## Early detection is key to beating prostate cancer.

Prostate cancer is one of the most prevalent cancers in American men. Fortunately, detecting it early through regular exams may be beneficial. Age, heredity and ethnicity play a role, as African Americans, men in their 60s, and men with close relatives who have had prostate cancer are more likely to develop the disease. We offer comprehensive prostate cancer screenings, as well as advanced treatment options including minimally invasive robotic surgery, clinical trials and sophisticated radiation therapy techniques that enable our physicians to treat your cancer with precision and accuracy. Schedule your appointment at [rwjbh.org/MensScreening](http://rwjbh.org/MensScreening)



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