

A Publication of
**ROBERT WOOD JOHNSON
UNIVERSITY HOSPITAL**

Winter 2023

healthy *together*

**GOODBYE,
BACK PAIN**

**TOMORROW'S
MEDICAL
TECHNOLOGY
TODAY**

**CANCER
CARE:
NO MORE
HAIR LOSS**

**BETTER WOMEN'S HEALTH
AT EVERY AGE**

MESSAGES FROM LEADERSHIP



“As we enter into 2023 with a renewed sense of purpose, accomplishment and optimism, it’s a great time to focus on getting and staying healthy by making preventive care a priority. And we’re making it easier for you to do all of these things at RWJBarnabas Health. We’ve welcomed even more nationally recognized clinicians; expanded telehealth;

built ambulatory and satellite facilities so that our patients can receive healthcare closer to home; and we continue to improve, expand and modernize our facilities with state-of-the-art equipment and technology. We wish you the best of health in the New Year.”

MARK E. MANIGAN

PRESIDENT AND CHIEF EXECUTIVE OFFICER, RWJBARNABAS HEALTH



“During the new year, Robert Wood Johnson University Hospital (RWJUH) encourages you to take advantage of our broad range of health and wellness programs designed to meet your unique healthcare needs. Whether it is through our many primary care providers, Health Equity Healthcare Programs or our innovative health education and screening initiatives offered by our Community Health Promotions Program, RWJUH is committed to maintaining your and your family’s health and well-being.”

BILL ARNOLD

PRESIDENT AND CHIEF EXECUTIVE OFFICER, ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL

Robert Wood Johnson University Hospital | **RWJBarnabas HEALTH**

1 Robert Wood Johnson Pl., New Brunswick, NJ 08901
888.MD.RWJUH (888.637.9584)

CONNECT WITH US ON



@RWJUH



@RWJUH



RWJBarnabas Health

Robert Wood Johnson University Hospital New Brunswick complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. For more information, see link on our home page at www.rwjbh.org/newbrunswick. RWJUH New Brunswick cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. ATENCIÓN: Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame al 888.637.9584. RWJUH New Brunswick konfòm ak lwa sou dwa sivil Federal ki aplikab yo e li pa fè diskriminasyon sou baz ras, koule, peyi orijin, laj, enfimite oswa sèks. ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 888.637.9584.

For issues regarding delivery of Healthy Together, please write to HTCirculation@wainscotmedia.com.

HEALTH NEWS



5 STRAIGHT AWARDS FOR BARIATRIC SURGERY

The Robert Wood Johnson University Hospital (RWJUH) Bariatrics Program has been recognized as a 2023 Bariatric Surgery Excellence Award recipient by Healthgrades, the leading marketplace connecting doctors and patients. This is the fifth consecutive time RWJUH has received the honor. The award distinguishes the RWJUH program as being in the top 5 percent of hospitals across the country based on superior patient outcomes. Congratulations to Ragui Sadek, MD, Director of Metabolic and Bariatric Surgery at RWJUH and Assistant Professor of Surgery at Rutgers Robert Wood Johnson Medical School, along with the Bariatrics Program team.



EARNING ACCREDITATION FOR CANCER CARE

The Commission on Cancer (CoC), a quality program of the American College of Surgeons (ACS), has granted three-year accreditation to the RWJUH Cancer Program in partnership with Rutgers Cancer Institute of New Jersey. RWJUH met 34 CoC quality-care standards through the voluntary survey process and provided evidence of excellence in the delivery of comprehensive patient-centered care.



Winners and supporters gather for the PROUD Awards held by RWJUH's PROUD Gender Center of New Jersey.

PROUD AWARDS HONOR LEADERS, ADVOCATES AND PROVIDERS

The PROUD Gender Center of New Jersey at RWJUH held the fourth annual PROUD Awards honoring community leaders and advocates as well as RWJUH and Rutgers Robert Wood Johnson Medical School programs and physicians for their outstanding commitment and tremendous contributions to meeting healthcare needs in the LGBTQ+ community. The evening featured entertainment and tributes to this year's 11 honorees. RWJUH is committed to offering members of the LGBTQ+ community an equitable, sensitive and comprehensive range of specialty medical services to meet their unique healthcare needs.

healthy *together* contents

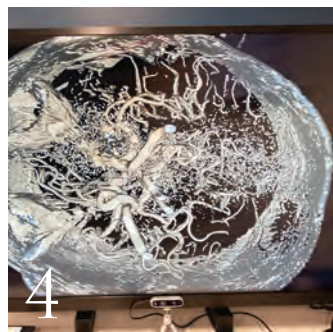
WINTER 2023



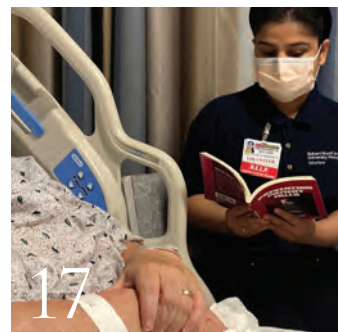
6



20



4



17



18



22

2. WELCOME LETTER.

A community update from our leadership.

4. CREATING SOLUTIONS WITH TECHNOLOGY.

A new Center for Innovation forges paths to medical breakthroughs.

6. PAIN 'WAS INSTANTLY GONE.' A man finds long-sought relief for back pain.

8. LEADING PROGRESS IN PEDIATRICS.

Researchers tackle key issues in children's health.



12

9. PREVENTING SUICIDE. What you say and do may help save a life.

10. CARDIO VS. STRENGTH TRAINING. Which is better for heart health? Resolving an old debate.

11. HEMATOLOGY DREAM TEAM.

Meet the world-class team of doctors treating blood disorders and cancers.

12. BETTER WOMEN'S HEALTH AT EVERY AGE. From adolescents to seniors: what every woman needs to know.

14. SPECIALTY OUTPATIENT CARE FOR KIDS. Children's Specialized Hospital offers a range of services at 14 locations.

15. BEYOND BED-WETTING. Treating urologic conditions in children.

16. BANKING ON LIFE. How, where and when to donate blood this winter.

17. HELP FOR OLDER ADULTS. Volunteers work to prevent delirium.

18. 'WE ARE VERY FORTUNATE.' Laser ablation therapy saves a man from brain cancer.

20. EMPOWERING VICTIMS OF VIOLENCE. How a program helps survivors cope with traumatic crimes.

22. 'HAIR IS A SIGN OF LIFE.' Cancer patients can keep their locks thanks to a generous donor.



CREATING SOLUTIONS WITH TECHNOLOGY

A NEW CENTER FOR INNOVATION BUILDS PATHWAYS TO MEDICAL BREAKTHROUGHS.

“We’re at an inflection point,” says Partho Sengupta, MD, FACC. Healthcare providers know patients have complex needs when fighting cardiovascular disease. At the same time, technology provides new and expanding opportunities to detect, monitor and treat heart problems and related conditions.

Now Robert Wood Johnson University Hospital (RWJUH) and Rutgers Robert Wood Johnson Medical School (Rutgers RWJMS) are seizing the moment with the launch of a new initiative called the Center for Innovation. Located on the main campus of the hospital, the center held its grand opening in September.

The center’s concept and design were led by the Cardiovascular Services team under the direction of Dr. Sengupta, the Henry Rutgers Professor of Cardiology and Chief of the

Division of Cardiovascular Disease and Hypertension at Rutgers RWJMS, Chief of Cardiology at RWJUH, and a member of RWJBarnabas Health Medical Group. But the center—a partnership between RWJUH and Rutgers RWJMS made possible via donor funding from the RWJ University Hospital Foundation—is designed for use across all clinical teams and disciplines.

“We’re creating an environment where we can solve real-life problems with technology by bringing together multidisciplinary teams of clinicians, researchers, engineers, industry partners and other stakeholders from the health system and community,” Dr. Sengupta says. “It’s like an incubator: You identify problems, come up with creative solutions, develop pilot projects and—once you assess results—launch innovations into clinical practice.”

It’s hoped that clinical trials of new technologies or novel uses for

existing technologies will yield medical breakthroughs that improve preventive care and health outcomes for patients.

PROACTIVE MEDICINE

A key idea is that healthcare entails more than reacting to clinical problems like heart disease after they become a threat. “Heart attack and heart failure are basically end-of-road stages in conditions that have a long latent period,” Dr. Sengupta says. “How do we discover heart disease and related conditions earlier so heart attacks and heart failure don’t happen in the first place?”

He points not only to high-tech hardware but to digital solutions that use data and artificial intelligence (AI) to provide health forecasts and help steer preventive care.

“We see a whole journey of patient care that incorporates wellness, development of conditions, care in the hospital and disease management



Opposite: Holding scissors at the Center for Innovation’s grand opening are (left) Partho Sengupta, MD, and (right) Naveena Yanamala, PhD, with representatives of Robert Wood Johnson University Hospital and Rutgers Robert Wood Johnson Medical School. Above: Technologies being developed include earbuds that capture health-related sounds in the body and advanced 3D imaging.

back at home,” Dr. Sengupta says. “It’s a continuum in which we can develop techniques using a multitude of variables and digital solutions to constantly monitor progression of disease and predict the need for interventions. So rather than being reactive, we can be proactive.”

The center’s core team for digital transformation is led by Naveena Yanamala, PhD, Director of Artificial Intelligence and Data Science in the Division of Cardiovascular Disease and Hypertension, Rutgers RWJMS, who also sees technology facilitating tailored care to individual patients.

“Medicine is not one-size-fits-all,” Dr. Yanamala says. “People have different lifestyles, racial and ethnic backgrounds and other variations. A condition like atrial fibrillation could be different from one person to the next. We want medicine to move toward four P’s: predictive, preventive, precise and personalized. An effort like the Center for Innovation can actually make this happen by giving us the ability to figure out actionable insights and improve patient care as well as outcomes.”

Care may also improve through enhancements for physicians. For example, AI could help analyze data from an echocardiogram to obtain clinical insights much faster than a doctor alone could. “This could give a physician more time to spend with

patients,” Dr. Yanamala says. “There may be many ways to automate processes combining AI and robotic technologies to free physicians’ time or even keep them safer from things such as radiation exposure.”

A WEALTH OF IDEAS

The Cardiovascular Services team already has clinical trials underway. One is evaluating an FDA-approved robotic ultrasound telemedicine system to effectively capture expert-quality cardiac ultrasound images remotely. Another is studying the use of wearable sensors such as armbands that collect health data from patients diagnosed with high blood pressure and/or early-stage heart failure. The information is then used to initiate guideline-directed medical treatment remotely.

Other examples of technologies under research and development include:

- Use of earbuds that both deliver music and provide real-time heart rhythm metrics such as heart rate and heart rate variability
- A medical vest and a wearable wrist band with sensors that a patient can put on to record vital information

Whoever your heart beats for, our hearts beat for you. To connect with a top cardiovascular specialist at Robert Wood Johnson University Hospital, call 888.724.7123 or visit www.rwjbh.org/heart.

capable of indicating a heart attack without requiring a blood draw and analysis

- Handheld mobile electrocardiogram (EKG) technology as a replacement for use of a stethoscope

• Glass-free 3D displays and software capable of transforming 2D data from a patient’s echocardiogram into a 3D display that a physician can manipulate by speaking or using hand gestures

The Center for Innovation’s space is itself designed to help researchers and clinicians from different disciplines share ideas and propose creative solutions. Features include open spaces where people can gather and discuss ideas, private and conference areas where people can minimize distractions and even walls painted with colors linked to creative thinking.

“It’s important to create a space and environment that is optimized for creativity, innovative thinking and collaboration,” Dr. Sengupta says. “We’re creating a culture of innovation—a culture of inquiry, inclusiveness and inspiration. For a flagship academic medical program, leading through discovery promotes a sense of joy and purpose that creates the best learning environment in addition to advancing patient care.”

To learn more about the Center for Innovation, clinical trials and technology development, visit www.rwjbh.org/RWJUHInnovationCenter.

PAIN 'WAS INSTANTLY GONE'

**AFTER YEARS OF BACK AGONY,
A MAN FINDS RELIEF THROUGH
SPINE SURGERY.**

Peter Kenny finds it easier to live an active life since undergoing surgery to relieve pressure on nerves in his spine.

Peter Kenny has always sought to be active. To him, movement is a key to feeling alive, healthy and sharp. Even when working as a licensed engineer and planner, the now-retired 68-year-old Ewing resident took stairs instead of the elevator. He encouraged his team to be active as well by, for example, meeting clients face-to-face rather than making calls.

Yet activity was often difficult. Much of Peter's adult life was marred by severe back pain stemming from an active life of skiing, motorcycle riding, climbing, hiking and a busy job. "It was the kind of pain that kept me up at night," he says. "It had me



MATTHEW MCDONNELL, MD

hollering and crying at times."

Pain was compounded by a 2018 diagnosis of anal cancer. He underwent chemotherapy and radiation to treat his cancer, but his back pain only worsened. His nerves seemed haywire: Signals in his spine were excruciating, but lower down, his feet became numb.

A STRUCTURAL PROBLEM

Peter sought help from Pavli Demian, DO, a pain management specialist at Robert Wood Johnson University Hospital (RWJUH) Hamilton's Pain Management Center. Conservative measures such as physical therapy and medication didn't seem to help. Dr. Demian tried injecting the steroid cortisone into Peter's spine to reduce inflammation and swelling. Such epidural injections often provide at least partial or temporary relief, but results can be mixed, especially when pain is severe.

It was time to consider another step: surgery to fix any structural problems. An MRI and X-ray provided a clearer picture of what was going on. Peter's spine showed signs of severe spinal stenosis. This condition occurs when spaces in the spine become narrowed due to factors such as injury or arthritis, placing pressure on nerves running through the spinal canal.

Matthew McDonnell, MD, a board-certified orthopedic spine surgeon at RWJUH in New Brunswick, saw Peter's case as urgent. "The steps we normally start with for symptomatic spinal stenosis—physical therapy, medication, epidural injections—had already been attempted," he says. "Surgery to fix the structural problem was clearly necessary."

The operation was scheduled for March 18, 2022. In a procedure that lasted more than two hours, Dr. McDonnell



RECOGNIZED FOR EXCELLENCE IN SPINAL SURGERY

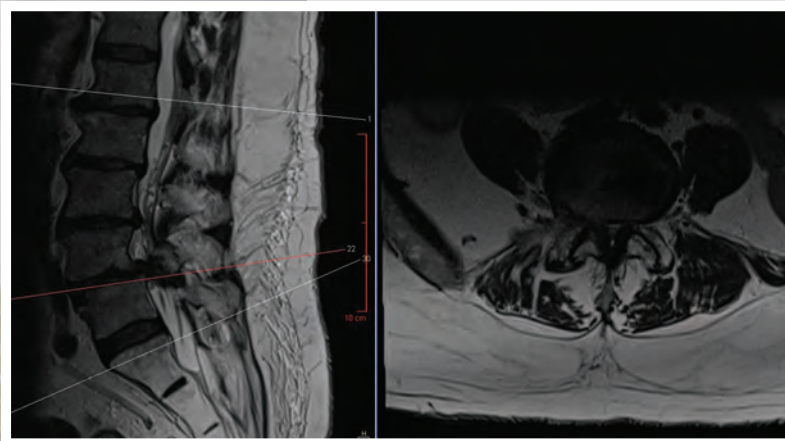
Robert Wood Johnson University Hospital (RWJUH) has earned **The Joint Commission's Gold Seal of Approval** for Disease-Specific Care Certification for Spine Surgery by demonstrating continuous compliance with high performance standards. Gold Seal recognition entails a rigorous on-site review and reflects a healthcare organization's commitment to providing safe and high-quality patient care.

Spinal surgery is recommended for patients who have had serious injuries or have tried other treatments that have not alleviated symptoms. Board-certified surgeons at RWJUH's Spine Surgery Program have completed advanced orthopedic surgery training and provide comprehensive assessments and treatments for conditions of the spine, back and neck.

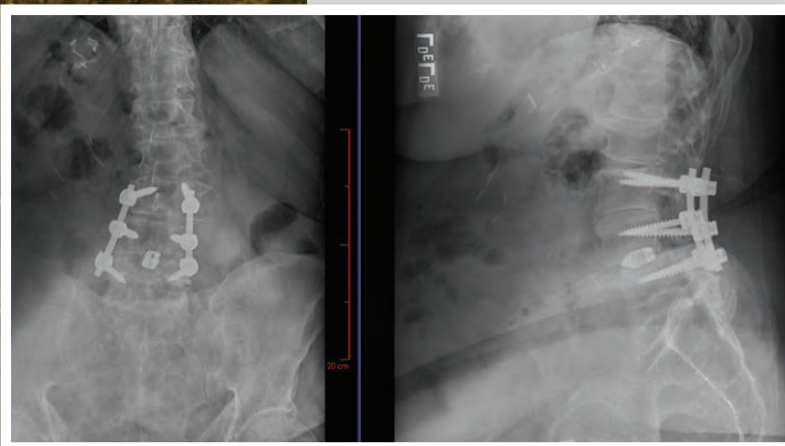
Common procedures that can help relieve impingement or pressure on spinal nerves include:

- Removal or replacement of damaged disks between bony vertebrae
- Spinal fusion to join vertebrae together
- Foraminotomy to remove bone along the sides of vertebrae
- Laminectomy to widen the spinal canal—a common treatment for spinal arthritis

Peter's wife of 45 years, Lynn, can attest to that. She says the procedure gave her back her husband. "Now that he's had this surgery and Dr. McDonnell did such a wonderful job, I can talk to Peter again and not worry that he'll be in agonizing pain if we were to do something like go on a trip together," she says. "We've rediscovered each other and have fallen in love all over again."



PRE-OP MRI SIDE AND CROSS-SECTIONAL VIEWS



POST-OP FRONT-TO-BACK AND LATERAL X-RAYS

first performed a laminectomy to remove bone and open the spinal canal, creating more room and easing painful pressure on Peter's nerves. Dr. McDonnell then also addressed spinal instability due to arthritis by performing a fusion in which the spine was shored up using materials such as screws, spacers and bone grafts.

RELIEF AT LAST

Peter felt relief immediately after surgery. "The pain I had every night for years—pain that literally had me in tears—was instantly gone and hasn't been back since," he says. "The numbness in my feet also alleviated to the point where I could actually feel my toes and walk better because I had communication between my legs and brain."

Care providers continued monitoring Peter in the recovery unit over the next couple of days as he took medications

to help control initial postsurgical discomfort and worked with physical therapists. "Our therapists made sure he could get out of bed OK and was getting around safely," Dr. McDonnell says.

When Peter returned for a follow-up with Dr. McDonnell two weeks after discharge, his recovery seemed to be progressing unusually fast—testimony to his determination to improve his health through mobility.

Peter wasn't the only one who felt good. "One of the most rewarding parts of my job is seeing how patients whose pain and disability we've relieved return to the things in life that they love most and regain their quality of life," Dr. McDonnell says.

To learn more about orthopedic surgery at Robert Wood Johnson University Hospital, visit www.rwjbh.org/spine.





LEADING PROGRESS IN PEDIATRICS

**FEDERAL FUNDING DRIVES RESEARCH INTO KEY
AREAS OF CHILDREN'S HEALTH.**

Working directly with patients isn't the only way Robert Wood Johnson University Hospital (RWJUH) advances medicine. The hospital also conducts important research with partners such as Rutgers Robert Wood Johnson Medical School (RWJMS).

At The Bristol-Myers Squibb Children's Hospital (BMSCH) at RWJUH, part of the Children's Health Network at RWJBarnabas Health, significant research grants are propelling studies across the breadth of pediatrics. "We've increased our overall research funding portfolio about tenfold in recent years," says Sally Radovick, MD, Professor of Pediatrics, Chair of the Department of Pediatrics and Physician-in-Chief at BMSCH. "We have 16 divisions in pediatrics; each has at least one ongoing research program, and some have multiple programs. Many of our researchers have international reputations."

Two researchers recently secured federal funding to look into areas critical to children's health.

PROTECTING BRAINS

Vadim Ten, MD, PhD, a neonatal and perinatal medicine physician, is trying to unlock the secrets of poorly understood processes critical to brain development and health in prematurely born babies,

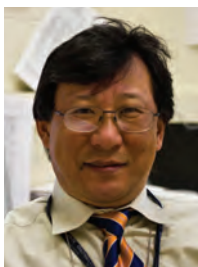
especially at and after birth.

One of his NIH grants pertains to hypoxic-ischemic brain damage that can occur if babies are deprived of blood nutrients and oxygen supply around the time of birth. Following successful resuscitation, cooling the brain protects cells against post-ischemic injury, but cold stress, by increasing oxygen demand, may limit this neuroprotective effect. "The mechanism of neuroprotection exerted by hypothermia is not clearly known," says Dr. Ten, who is a leading researcher on how immature brains regulate energy and oxygen use. "If we understand the mechanism better, we can optimize therapies."

Another NIH grant funds research on mechanisms of brain myelination failure in premature infants. Primary brain myelination is a process that occurs between 22 and 40 weeks of human gestation and sheathes nerve fibers called axons with a protective layer known as myelin. Premature babies can miss a window of opportunity for myelin to form, resulting in permanent neurological deficits. Dr. Ten, in collaboration with other researchers, investigates how compounds related to omega-3 fatty acids may prevent arrested myelination and help protect immature brains against injury following severe oxygen deprivation.



SALLY RADOVICK, MD



VADIM TEN, MD, PHD



LAWRENCE KLEINMAN, MD

UNDERSTANDING COVID-19

Lawrence Kleinman, MD, MPH, a pediatric medicine specialist and director of Pediatric Population Health, Quality and Implementation Sciences (PopQuIS) at RWJMS, is engaged in

A WEALTH OF RESEARCH

The Bristol-Myers Squibb Children's Hospital at Robert Wood Johnson University Hospital, in partnership with Rutgers Robert Wood Johnson Medical School, conducts wide-ranging research into pediatric health, including efforts like these:

- Disease-focused initiatives in areas such as cystic fibrosis, multiple sclerosis, fragile X syndrome and genetic disorders affecting the adrenal glands
- Vaccine trials such as for COVID-19
- Clinical trials and basic scientific research into leukemia and other cancers
- Research on childhood and pubertal development
- Investigations into pediatric rheumatology and conditions such as juvenile arthritis
- An endocrinology program in transgender medicine
- A pediatric clinical research center that provides opportunities to receive novel therapies
- Extensive research into population and community health

collaborative efforts to better understand how COVID-19 affects children.

As part of a federally funded initiative called Researching COVID to Enhance Recovery (RECOVER), Dr. Kleinman is lead investigator for the Collaborative Long-Term Study of Outcomes of COVID-19 in Kids (CLOCK) consortium, which is a nationwide collaboration led by him and Rutgers. He's also been instrumental in developing another national collaborative network to identify factors that may allow clinicians or public health officials to predict which children are at greatest risk of serious illness from the virus.

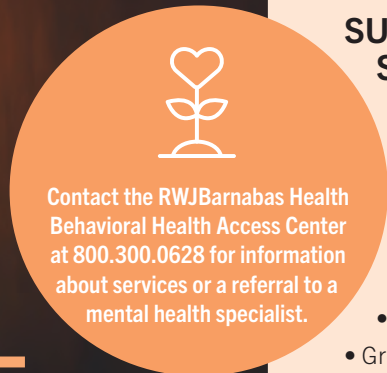
This research has uncovered proteins and genes that may play a role in disease outcomes, which could lead to biomarker tests that flag high-risk kids. Analysis is also revealing predictors related not only to clinical history but also to social and demographic factors.

"We're actively recruiting children and young adults up to age 25 for our research," Dr. Kleinman says. "As an academic medical center, BMSCH partners closely with Rutgers, and this integration offers people in the community access to these and other leading-edge research studies."

To learn more about The Bristol-Myers Squibb Children's Hospital at Robert Wood Johnson University Hospital, visit www.rwjbh.org/bmsch.



HELP AND HOPE FOR THOSE AT RISK FOR SUICIDE



Contact the RWJBarnabas Health Behavioral Health Access Center at 800.300.0628 for information about services or a referral to a mental health specialist.

SUICIDE WARNING SIGNS

According to the National Institute of Mental Health, signs that a person may be thinking about suicide include:

Talking about:

- Wanting to die
- Great guilt or shame
- Being a burden to others

Feeling:

- Empty, hopeless, trapped or having no reason to live
- Extremely sad, anxious, agitated or full of rage
- Unbearable emotional or physical pain

Changing behavior:

- Making a plan or researching ways to die
- Withdrawing from friends, saying goodbye, giving away important items or making a will
- Taking dangerous risks such as driving extremely fast
- Displaying extreme mood swings
- Eating or sleeping more or less
- Using drugs or alcohol more often

A RETIRED U.S. ARMY MAJOR GENERAL AND HIS STAFF HELP PREVENT SUICIDE—ONE CALL AT A TIME.

Suicide. It's a scary word. According to the Centers for Disease Control and Prevention (CDC), close to 48,000 people in the U.S. died by suicide in 2020—that's one person approximately every 11 minutes. You may have a family member or friend who is contemplating, or who has attempted, suicide—and chances are you don't even realize it.

- There are several reasons for that.
- The warning signs are not always clear—and not every person exhibits them.
 - The associated stigma is so widespread that many people in crisis are afraid or ashamed to reach out for help.
 - There's often a very brief period



MAJ. GEN. (RETIRED) MARK A. GRAHAM

between thought and action. Studies have shown that nearly half of those who've attempted suicide did so within 10 minutes of first thinking about attempting.

Nobody knows this better than

Mark A. Graham, a retired U.S. Army Major General who serves as Executive Director, Rutgers University Behavioral Health Care (UBHC) and RWJBH Behavioral Health and Addictions Services, National Call Center and Vets4Warriors, which includes the New Jersey Suicide Prevention Hopeline (NJ Hopeline). One of his sons died by suicide in 2003 and since then, Maj. Gen. Graham and his wife, Carol, have been tireless champions of efforts to promote suicide-prevention awareness.

One in five adults in the U.S. (nearly 53 million people) lives with a mental illness. Yet, it still is not widely acknowledged as "real" sickness. "We've made some progress in changing that perception," says Maj. Gen. Graham, "but we're going to have the stigma until we make mental healthcare part of healthcare. Mental health is health."

One of the goals of the NJ Hopeline, which launched a decade ago, is to make it easier for people contemplating suicide to seek help without fear of judgment. All NJ Hopeline employees have extensive training and are well

prepared to help callers. "During a crisis, quick access to support and care can prevent death by suicide," says NJ Hopeline Program Director William Zimmerman. "We listen, support and assess people for needs. There's no time limit for a call, and we're available 24/7. If we can keep that person engaged and supported, the suicidal action may never happen," he says. Maj. Gen. Graham agrees. "The last thing we want to do is make a person regret that they called," he says. "We want people to feel better, to know that there's hope and help and that they're not alone."

If you or someone you know is experiencing warning signs of suicide, get help immediately. Call 988 or NJ Hopeline at 855.654.6735. For more information, visit rwjbh.org/behavioralhealth.





THE GREAT DEBATE:

CARDIO VS. STRENGTH TRAINING

FIND OUT WHICH ONE IS BEST FOR YOUR HEART HEALTH.

Everyone knows that exercise is good for the heart. But what kind of exercise is most beneficial for optimum heart health—cardio or strength training? Anthony Altobelli III, MD, Clinical Chief of Cardiology, Robert Wood Johnson University Hospital (RWJUH) and RWJBarnabas Health (RWJBH) Medical Group, sheds some light on this decades-old debate.

When it comes to cardio vs. strength training for heart health, is one more beneficial than the other?

The scientific evidence is still building around which form of exercise is best to prevent chronic disease. Historically, aerobic (or cardio) exercise was always recommended for heart and lung health with little attention paid to strength (or resistance) training. What's clear now, however, is that strength training is as



ANTHONY ALTOBELLI III, MD

important to heart health as aerobic exercise and that a combination of both yields the best heart outcomes with regard to blood pressure, body composition,

fitness, strength and metabolism. In turn, beneficial change in a person's physiology yields a lower risk of diabetes, hyperlipidemia (high cholesterol), heart attack and stroke.

What's the best way to combine these exercises?

Physical Activity Guidelines for Americans, a 2018 report from the Department of Health and Human Services, recommends that each week, adults aged 18 to 64 do at least 150 to 300 minutes of moderate-intensity aerobic activity, 75 to 150 minutes of vigorous-intensity aerobic activity or an equivalent combination of both. Strength training should be performed at least twice a week on nonconsecutive days to allow a period of rest for the muscle groups being stressed.

How does age affect the type of exercise(s) a person should do?

As we age, safety becomes an issue. The aging adult should do both forms of exercise, but participation should take into account chronic medical conditions,

such as musculoskeletal disorders, that may place the individual at risk for injury. For people at risk for falls or with balance issues, resistance exercises, such as chair squats, heel lifts, rowing, resistance bands, bicep curls and shoulder presses, may be effectively and safely performed. Research continues to support strength/resistance training for older individuals.

What advice do you have for the average person who wants to start an exercise regimen to improve their heart health?

Recommendations are based on age and whether the individual is new to an exercise program. First, choose exercise that you may find enjoyable. Second, set realistic expectations for how often and how long you'll exercise. Third, choose exercises that you can safely perform. Fourth, consider partnering with others for motivation and socialization. Fifth, communicate with your physicians.

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.



WORLD-CLASS CARE FOR BLOOD CANCERS CLOSE TO HOME

RENOWNED CANCER DOCTORS ARE HELPING TO ENHANCE AND EXPAND THE HEMATOLOGIC MALIGNANCIES PROGRAM AT RUTGERS CANCER INSTITUTE OF NEW JERSEY AND RWJBARNABAS HEALTH.

The Hematologic Malignancies Program at Rutgers Cancer Institute of New Jersey and RWJBarnabas Health is known in New Jersey and beyond for its world-class multidisciplinary team of cancer experts and for its coveted place at the forefront of cancer research. As the state's only National Cancer Institute-Designated Comprehensive Cancer Center, it offers patients access to the most advanced treatment options for blood cancers, including blood and marrow transplantation, CAR T-cell therapy, immunotherapies and innovative clinical trials, many not available elsewhere.

Now, the highly regarded program

has extended its reach—and its potential—with the addition of two nationally recognized leaders in the field of hematologic malignancies to lead and complement the already outstanding team in place.

As the new Chief of Blood Disorders, Matthew Matasar, MD, MS, brings extensive expertise to the program and is among the nation's most experienced clinicians and researchers in routine, rare and complex hematologic malignancies, with extensive expertise in treating these types of cancers with clinical trials, immunotherapy and other cellular therapies. Dr. Matasar will lead the enhancement of multidisciplinary clinical services, including programmatic growth of the bone marrow transplant and cellular therapy programs across the health system.

“My goal is to grow what already is an amazing program with extraordinary physicians,” says Dr. Matasar. “My vision is to continue to develop the health system's ability to give best-in-class care; to deliver the most promising novel

therapies in the context of ongoing and new clinical trials; to educate our patients, their families and the community; and to train physicians how best to take care of these patients.”

Ira Braunschweig, MD, Chief of Transplant and Cell Therapy, is an expert at treating blood cancers with blood and marrow transplantation as well as with CAR T-cell therapy, in which, he says, “We take the cells of a patient's own immune system and reengineer them to become super-powerful cancer-fighting cells.” Dr. Braunschweig was one of the physician-scientists leading the pivotal study in late 2015 that established CAR T-cell therapy as a standard for relapsed and refractory aggressive lymphoma.

“The Rutgers Cancer Institute/RWJBarnabas Health program has a strong foundation,” he says. “I want to take it to the next level by expanding it and ensuring that more patients have these therapies available to them close to home, and by further enhancing the availability of cutting-edge therapies.”



MATTHEW MATASAR, MD, MS



IRA BRAUNSCHWEIG, MD

To learn more about the Hematologic Malignancies Program at Rutgers Cancer Institute of New Jersey/RWJBarnabas Health, please visit www.rwjbh.org/beatcancer.





BETTER WOMEN'S HEALTH AT EVERY AGE

**WHAT WOMEN NEED TO KNOW TO STAY WELL—
FROM ADOLESCENCE TO AGELESS.**

Throughout a woman's life, her body and her healthcare needs evolve. From adolescence through menopause and beyond, women experience many changes. Staying healthy through all those changes can be daunting—but it doesn't have to be. We asked doctors at RWJBarnabas Health to share some of their best advice on how women can maintain optimal

health at every age and stage.

PREVENTIVE AND GENERAL HEALTHCARE

Being proactive about preventing illness and injury should start early in a woman's life. "Adolescent women should be encouraged to establish healthy eating and sleeping habits, exercise regularly and avoid excessive screen time," says

Robert A. Graebe, MD, Chair and Program Director of the Department of Obstetrics and Gynecology at Monmouth Medical Center. Preventive care, he says, can include taking seemingly simple but important measures such as consistently using sunblock and always wearing a seat belt.

Dr. Graebe also stresses the importance of caring for mental health and says that adolescent and young women should be encouraged to seek support for feelings of anxiety and depression or other mental health problems. In addition, women should schedule an annual well-woman visit. "During this visit, the care you receive will focus on you, your body and your reproductive health," says Dr. Graebe. "A well-woman visit also provides a time



ROBERT A. GRAEBE, MD



LENA L. MERJANIAN, MD



JULIE MASTER, DO, FACC



NICOLE M. MONTERO LOPEZ, MD

to discuss fertility questions and family planning options and to get screened for sexually transmitted diseases.”

GYNECOLOGIC AND REPRODUCTIVE HEALTH

• First OB/GYN Visits

“The American College of Obstetricians and Gynecologists recommends that a girl establish care with a gynecologist between the ages of 13 and 15,” says Lena L. Merjanian, MD, an obstetrician and gynecologist at Rutgers Health. “This visit is an opportunity for her to establish a trusting rapport with her physician. It’s a confidential visit to discuss reproductive health concerns, contraception, relationships, adolescent sexuality and avoiding risky behaviors.”

According to Dr. Graebe, the first OB/GYN visit is also an opportunity to establish the diagnosis of common problems such as polycystic ovarian syndrome, hypothyroidism, eating disorders, etc. “The majority of bone formation occurs during the early years, so discussion concerning proper bone health is vital to prevent future osteoporosis,” says Dr. Graebe. A first gynecologic visit usually doesn’t include a pelvic exam or Pap smear.

• Reproductive Years

During a woman’s reproductive years, maintaining optimal health can increase her chances of a healthy pregnancy and birth if she chooses to start or grow a family. Folic acid supplementation is important, especially when planning a pregnancy. In addition, women should be proactive with age-appropriate screenings, such as Pap and HPV (human papillomavirus) tests. They should use condoms with new sexual partners to prevent sexually transmitted diseases, such as chlamydia and gonorrhea, which can negatively impact fertility. And, says Dr. Graebe, they should be aware that “a woman’s peak fertile years are from about age 27 to 29, with a steady decline starting in the mid-30s.”

Some women, including those receiving cancer therapies and those wishing to postpone pregnancy until beyond their mid-30s, may want to consider egg freezing and subsequent

HEALTH EQUITY

The importance of women’s health equity cannot be understated. According to Meika Neblett, MD, MS, Chief Medical Officer at Community Medical Center,



MEIKA NEBLETT, MD, MS

“Women’s health equity requires an integrated approach that recognizes the need for progress in understanding the social determinants of health, diversity and inclusion, and their intersectionality.

“RWJBarnabas Health has made equity a priority in women’s health,” says Dr. Neblett, “and it has taken steps toward removing barriers to preventive screenings that lead to earlier diagnosis and treatment of certain types of cancers as well as improving access to family planning services.”



in-vitro fertilization, says Dr. Graebe.

• Breast Health

Breast self-awareness should start at about age 20, when women should focus on knowing what’s normal for their breasts. If changes are noticed, women should talk to their primary care provider or OB/GYN. Regular breast screening can help detect cancer at an early and more treatable stage. For women at average risk for breast cancer, a clinical breast exam is recommended every one to three years between the ages of 25 and 39, and a mammogram is recommended every one to two years beginning at age 40. “It’s important for women to be aware of their family history,” says Dr. Graebe. “Women at increased risk, such as those with a family history of breast cancer and other hereditary cancer syndromes, may benefit from seeing a genetic counselor.”

HEART HEALTH

“It’s important for a woman to know her risk factors for heart disease, including her cholesterol numbers, blood pressure, family history and smoking status,” says Julie Master, DO, FACC, Director of Noninvasive Cardiac Services at Monmouth Medical Center. “There are also novel risk factors such as pregnancy complications that can put a woman at

higher risk of heart disease in the future. A history of cancer treatment may also increase her risk. Having a yearly physical and not ignoring symptoms are of the utmost importance.”

BONE HEALTH

Most women don’t think about their bones until there’s a problem with them, but bones need care to stay healthy just like the rest of the body.

Bone density testing is one way to measure bone health. This is especially important for women because, according to Nicole M. Montero Lopez, MD, an orthopedist at Clara Maass Medical Center, hormonal changes during menopause can directly affect bone density. Women 65 and older and women under 65 with risk factors, such as a family history of the disease or fracture, should have a bone density test. Frequency of testing depends on age, results of prior tests and individual risk of fracture. The goal in osteoporosis prevention is to slow down the loss of bone mass to reduce the risk of fractures. You can strengthen your bones with certain exercises and lifestyle changes. Weight-bearing exercise is the most important type of exercise for preventing osteoporosis, and a diet rich in calcium and vitamin D is good for bone health.

To learn more about women’s health services at RWJBarnabas Health, visit www.rwjbh.org/treatment-care/womens-health.



CHILDREN'S CARE CLOSE TO HOME

WHERE TO TURN FOR SPECIALIZED OUTPATIENT SERVICES THROUGHOUT NEW JERSEY

As a leading provider of inpatient and outpatient care for children who face special health challenges from birth to age 21, Children's Specialized Hospital, part of the RWJBarnabas Health Children's Health Network of hospitals, partners with families to treat a wide range of developmental, physical, mental and behavioral concerns. You'll find outpatient services close to home at these New Jersey locations.



Children's Specialized Hospital®

An RWJBarnabas Health facility



Outpatient services include facilities and equipment specially designed to meet children's needs.

BAYONNE

- Developmental and behavioral pediatrics
- Occupational therapy
- Physical therapy
- Speech and language therapy

CLIFTON

- Developmental and behavioral pediatrics
- Neurology
- Occupational therapy
- Orthopedics
- Physical therapy
- Psychology
- Speech and language therapy

EAST BRUNSWICK

- Occupational therapy specializing in upper extremity and hand therapy
- Physical therapy specializing in orthopedic and sports medicine

EATONTOWN

- Audiology
- Developmental and behavioral pediatrics
- Neurology
- Occupational therapy
- Physiatry
- Physical therapy
- Psychology
- Speech and language therapy

EGG HARBOR TOWNSHIP

- Developmental and behavioral pediatrics
- Occupational therapy
- Physiatry
- Physical therapy
- Psychiatry
- Psychology
- Speech and language therapy

HAMILTON

- Audiology
- Developmental and behavioral pediatrics
- Neurology
- Occupational therapy
- Physiatry
- Physical therapy
- Psychiatry
- Psychology
- Special needs primary care
- Speech and language therapy

NEWARK

- Developmental and behavioral pediatrics
- Occupational therapy
- Physical therapy
- Speech and language therapy

NEW BRUNSWICK—PLUM STREET

- Developmental and behavioral pediatrics
- Neurology
- Neuropsychology
- Occupational therapy
- Physiatry
- Physical therapy
- Psychiatry
- Psychology
- Speech and language therapy

TOMS RIVER—LAKEHURST ROAD AND STEVENS ROAD

- Audiology
- Developmental and behavioral pediatrics
- Neurology
- Nutrition
- Occupational therapy
- Physiatry
- Physical therapy
- Psychiatry
- Psychology
- Rehabilitation technology
- Speech and language therapy

UNION

- Audiology
- Developmental and behavioral pediatrics
- Neurology
- Neurorehabilitation
- Occupational therapy
- Orthopedics
- Physiatry
- Physical therapy
- Psychiatry
- Psychology
- Special needs primary care
- Speech and language therapy

SOMERSET

- CSH RUCARES Severe Behavioral Program
- Intensive Feeding Disorders Program

WEST ORANGE

- Occupational therapy
- Physical therapy
- Speech and language therapy

To learn more about outpatient programs and services or to schedule an appointment, call **888.244.5373** or visit **www.rwjbh.org/cshoutpatient**.

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, Newark, New Brunswick, Somerset, Toms River, Union and West Orange.



BEYOND BED-WETTING

A TOP PEDIATRIC UROLOGIST SHARES THE LATEST TREATMENTS FOR URINARY TRACT PROBLEMS IN CHILDREN.

Joseph Barone, MD, a nationally recognized expert in the field of pediatric urology, was recently appointed Medical Director of Pediatric Urology for the Children's Health Network of RWJBarnabas Health (RWJBH). Dr. Barone is also Chief of the Division of Urology and Professor of Surgery at Rutgers Robert Wood Johnson Medical School. Here, Dr. Barone talks about children's urologic conditions as well as what's new in the field.

How has the RWJBH pediatric urology program changed recently?



JOSEPH BARONE, MD

We're now a system-based program with all pediatric urologists in all RWJBH children's hospitals working as one group. This allows us to take advantage of

synergistic opportunities for clinical access, safety, quality and diversity. With integration, patients will receive the same pediatric urology care no matter where they are in the system.

How are children's urologic issues different from those of adults?

Children mostly have congenital problems and adults deal with problems that develop during life. Because of this, the practice of pediatric urology now has its own board certification by the American Urological Association.

What are some common urologic issues in children?

The most common is bed-wetting, affecting 10 million children in the United States each year. Other

common conditions include urinary tract infections (UTIs) and daytime accidents. There are also some common surgical conditions, such as undescended testes and hernia.

What are some serious pediatric urologic conditions that you treat?

Some children born with neurological diseases, such as spina bifida, lack the nerves that control the bladder. As a result, they're incontinent. To restore continence, we use the small intestine to make a new bladder with a procedure called bladder augmentation. Twisting, or torsion, of the testes—when a boy's testicle twists spontaneously and cuts off its blood supply—is another serious issue that not many people know about. Sudden, severe testis pain is an emergency and parents should take their child to the emergency department if this happens.

What robotic surgical techniques are used for children?

We offer minimally invasive robotic surgery for nearly all pediatric urology conditions that historically would require an incision. The robot is controlled by the surgeon, and three or four laparoscopic ports are placed into the child's abdomen. Robotic surgery speeds recovery and results in less pain. For older children, we offer single-port robotics. There are only a handful of centers that offer this robotic procedure.

Are there any exciting new developments in this area?

We're working on developing a new electrical surgical tool designed for pediatric surgery. We currently use similar tools designed for adults and when working in a very tiny space, they can be cumbersome. We've designed the pediatric surgical tool and are in the process of making a 3D model.

To find a pediatric urologist or for more information on children's urologic issues, visit www.rwjbh.org/childrenshealth.





BANKING ON LIFE

WHERE AND HOW TO DONATE BLOOD THIS WINTER

It's estimated that someone in the United States needs blood every two seconds, and, since January is National Blood Donor Month, there couldn't be a better time to donate. Blood doesn't have a long shelf life—between five and 35 days, depending on the component—so there's rarely, if ever, a surplus. This is especially true in winter, when donations typically slow down because of bad weather, winter holidays and seasonal illnesses like colds and flu.

"Simply put, there's no substitute for blood," says Sally Wells, Business Development Liaison, Robert Wood Johnson University Hospital Blood Services. "Blood cannot be manufactured. We always say that 'it's the blood on the shelf' that makes it possible to treat traumatic injuries, perform surgeries, support premature babies and treat patients who are going through advanced cancer therapies, to name a few of its uses."

While all RWJBarnabas Health facilities run blood drives several times

a year, Wells says that multiple blood drives will occur in January, noting that donor centers in New Brunswick and Somerset will be open daily. "Our message for National Blood Donor Month is 'Donate 3 in 2023,'" she says, referring to three pints of blood.

The ripple effect of the pandemic is still being felt in many areas, including blood donation. "People aren't donating as often as before the pandemic, so we're still experiencing periodic shortages," says Wells. "We haven't been able to build up a reserve, so certain blood types and products are always in high demand."

The blood type that is most in demand is type O-negative (O-). "This is the universal blood type because it can be used in an emergency to transfuse anyone until the person's blood type can be verified," says Wells.

If you don't know your type, don't worry. When you donate, you'll be issued a blood-donor card that will list your blood type.



HOW TO DONATE

The four basic steps to donating blood are:

1. Registration (to gather demographic information)
2. Medical interview and mini physical (to determine if the donor is suitable)
3. Phlebotomy (the actual donation, drawing blood)
4. Rest and refreshments (after blood is donated)



REQUIREMENTS FOR DONORS

To donate blood, you must:

- Be in overall good health
- Be at least 17 years old (16 with parental consent)
- Weigh at least 110 pounds (120 pounds if 16 years old)
- Present a valid photo identification with signature

For more information or to schedule an appointment to donate blood, visit www.rwjbh.org/treatment-care/blood-donation or www.rwjhdonorclub.org, or call 732.235.8100 ext. 221 (New Brunswick) or 908.685.2926 (Somerset).

NATIONAL
**BLOOD
DONOR**
MONTH



2023



HELP FOR OLDER ADULTS

VOLUNTEERS IN A NEW PROGRAM ASSIST HOSPITALIZED PATIENTS AT RISK OF DELIRIUM.



Robert Wood Johnson University Hospital (RWJUH) offers a new volunteer-assisted initiative called the Hospital Elder Life Program (HELP) to reduce delirium among senior patients. Delirium is a sudden mental change that causes confusion and disorientation, making it difficult to pay attention and affecting the ability to be aware of one's surroundings. Delirium is common among older adults who are hospitalized but it can be prevented and treated.

"We are committed to improving the care we provide, especially for older patients," says Dhyana Velez, RN, Geriatric Coordinator at RWJUH. "We are aware of their special needs and challenges; that's why we are implementing best practices such as HELP to improve our quality of care and patients' experience during hospitalization."



IBIYONU LAWRENCE, MD

Estimates

suggest that between 26 and 94 percent of older patients develop delirium during a hospital stay. Linked to factors such as isolation, dehydration and poor nutrition, delirium can slow recovery, extend time in the hospital and increase the likelihood of further illness or even death.

Delirium is considered a short-term condition but has been shown to increase or accelerate long-term cognitive decline in older people. "Patients generally don't return to their pre-morbid or normal mental state after a hospital stay complicated by delirium," says Ibiyonu Lawrence, MD, Division Chief of Geriatric Medicine at RWJUH and Associate Professor of Internal Medicine at Rutgers Robert Wood Johnson Medical School.

Delirium can often be prevented by steps such as keeping patients mentally and physically active. But recognizing and addressing signs of the condition can be challenging. Family can help by communicating to the healthcare team what is normal for the patient and any concerns about changes in mood or behavior.

Volunteers work with staff to spend time supporting hospitalized older adult patients through activities such as reading, eating or playing games to help ward off delirium.

WHAT IS DELIRIUM?

Delirium is a change in mental status that develops over hours to days that makes paying attention or focusing difficult and sometimes affects awareness or interpretation of surroundings. Symptoms may include hallucinations, paranoia, rambling speech, jumbled thoughts, and confusion about events, daily routines and the roles of familiar people. Normal patterns of sleeping and eating are often disrupted, and changes in personality can occur, with some people becoming quiet and withdrawn while others become agitated or hyperactive.

Source: American Geriatrics Society

VOLUNTEERS MAKE A DIFFERENCE

HELP recruits and trains volunteers to care for older hospitalized adults who are at risk of developing delirium based on guidelines from the American Geriatrics Society CoCare HELP, a national model used in hospitals around the world.

Volunteers with HELP fill gaps by being companions for older patients, not only encouraging them to stay active but also making sure they eat and stay hydrated—steps that have been shown to help prevent delirium. Volunteers might play board games or watch TV with patients, cut up food or open soda cans at mealtime, or simply listen to patients who want to talk.

Volunteers learn valuable communication skills and gain hands-on experience with patients. "Volunteering with HELP is a great opportunity for people considering careers in healthcare or any person interested in helping others during a difficult time of life," Velez says.

For more information about volunteering at Robert Wood Johnson University Hospital, call 732.937.8507. To apply, visit www.rwjbh.org/rwjhvolunteer.



‘WE ARE VERY FORTUNATE’

LASER ABLATION THERAPY TREATS A MAN’S BRAIN CANCER WITHOUT OPEN SURGERY.

In April 2022, Paul Reese Jr., a 65-year-old director of construction and property management for a real estate development company, had taken a week of vacation to begin working on a home project. His wife, Sue Ann, a nurse practitioner, noticed that he wasn’t himself that week—for example, his speech was intermittently slurred. Paul thought he was just tired from working on a flooring project.

On Friday of that week, the couple traveled to their shore house to get ready for the summer. As they were painting their front porch, Sue Ann noticed more speech difficulties. They drove to an emergency room close to their home in Sayreville, and within a few minutes, Paul underwent a CT scan of his head.

At first, Sue Ann thought Paul might be having a type of stroke. Then she recalled a patient she had recently cared for who’d had similar symptoms and been diagnosed with a brain tumor. Her thoughts became reality



HAI SUN, MD



After treatment for glioblastoma, Paul Reese Jr. could resume activities like boating, working on home projects and spending time with his wife, Sue Ann (bottom right).

when the emergency department doctor informed them of the CT results: Paul had a mass with swelling of the brain and ultimately was diagnosed with a grade 4 glioblastoma, a highly aggressive form of brain cancer. “Friday afternoon I was working on the house, and Friday night we discovered a brain tumor,” Paul says. “That’s how fast life changes.”

DISCUSSING OPTIONS

Paul was transferred to Robert Wood Johnson University Hospital (RWJUH) and referred to Hai Sun, MD, PhD, Interim Vice Chair of Clinical Affairs in the Department of Neurosurgery at



Rutgers Robert Wood Johnson Medical School and a member of RWJBarnabas Health Medical Group. Despite the shocking diagnosis, Dr. Sun offered the couple hope. “The best chance to fight the disease is by removing as much of the tumor as possible, followed by chemotherapy and radiation,” Dr. Sun says.

He presented Paul with two options. One was a procedure called a craniotomy in which a surgeon opens the skull and removes the tumor. The other was a minimally invasive treatment called laser interstitial thermal therapy (LITT).

With LITT, a probe inserted through a small opening in the skull under the guidance of MRI imaging delivers intense heat directly to the tumor. The laser treatment is highly precise and able to kill cancer cells while leaving healthy tissue unharmed. It would also entail less pain and a shorter recovery than craniotomy.

“Using laser ablation for glioblastoma is not very common,” says Dr. Sun. “Often when a patient is diagnosed with glioblastoma, the tumor is relatively large. It has to be a reasonable size in order for laser ablation to work well and not cause the brain to swell. But Paul’s tumor was relatively small.”

The efficacy of LITT in treating malignant brain tumors is being studied, but existing research suggests that LITT compares favorably in terms of outcomes, complication rates, quality-of-life preservation and cost-effectiveness when adequate ablation is achieved.

Laser ablation offered a further advantage as well: It allows a patient to start chemotherapy and radiation sooner than would be possible after craniotomy. “Following an open cranial surgery, you have to allow the wound to heal before you can start other treatments,” Dr. Sun says. “We usually allow at least two weeks before we give chemotherapy and radiation.”

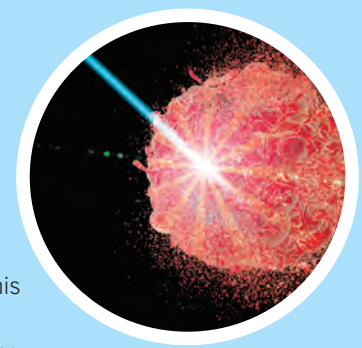
SIGNS OF HOPE

Paul chose the less invasive route and had the surgery on May 6. Immediately after the surgery, his speech got better. He was home two days later. Within a week, Paul and Sue Ann returned to favorite

A BOUNTY OF USES FOR LASER ABLATION

The intense light energy of laser ablation can be used to treat a variety of problems by precisely destroying highly targeted tumors and tissues in the brain and spine. Conditions that this minimally invasive therapy can address include:

- **Epilepsy:** A disorder of the brain characterized by repeated seizures. LITT can be used to eliminate abnormal brain tissue where seizures originate.
- **Astrocytoma:** A type of cancer in the brain or spinal cord that begins in cells called astrocytes, which support nerve cells.
- **Ependymoma:** A tumor that begins in ependymal cells of the brain and spinal cord that line passageways where cerebrospinal fluid flows.
- **Glioblastoma:** An aggressive type of cancer occurring in the brain or spinal cord.
- **Hypothalamic hamartoma:** A noncancerous growth in the hypothalamus, deep in the base of the brain. It can cause hormone imbalances, seizures, cognitive dysfunction and other symptoms.
- **Meningioma:** A tumor that arises from membranes called meninges that surround the brain and spinal cord.
- **Schwannoma:** A type of tumor that forms in the nervous system from cells called Schwann cells.
- **Metastatic brain tumors:** Tumors formed when cancer from one part of the body spreads to the brain.
- **Cavernous malformations:** A collection of abnormally formed veins that can cause brain hemorrhage, headache, cognitive dysfunction, seizures and other symptoms.
- **Spine tumors:** Cancers that originate in the spine or spread to the spine from other areas of the body.



activities such as walking, biking and boating, and Paul was able to complete the project he’d been doing at the time of diagnosis.

Paul was then able to start a course of daily chemotherapy and radiation for 30 days and tolerated the treatment, though it left him fatigued. “I’m feeling much stronger now,” he says. After a brief recovery, Paul is now on a chemotherapy regimen every 28 days. “Paul has been doing extremely well since his laser ablation procedure,” says Dr. Sun.

A follow-up MRI showed no regrowth of the tumor. The couple knows Paul may face future challenges but they are hopeful that his future is bright. “We were really at the right place at the right time,” Sue Ann says. “We are very fortunate.”



BEAT CANCER

RWJBarnabas Health and Robert Wood Johnson University Hospital, 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.

To learn more about neurosurgery at Robert Wood Johnson University Hospital, call **833.656.3876** or visit www.rwjbh.org/neuro.



EMPOWERING VICTIMS OF VIOLENCE

**AN INTERVENTION PROGRAM HELPS
SURVIVORS OF TRAUMATIC CRIMES.**

Hospital Violence Intervention Program (HVIP) team members include (top row, from left) Elaine M. Hewins, HVIP Community Intervention Manager; Jessy Cordova, HVIP Violence Intervention Specialist; Ariel Jimenez, HVIP Violence Intervention Specialist; (bottom row, from left) Lauren Gmitter, HVIP Program Manager; Diana Starace, Injury Prevention Program Coordinator; and Mariam Merced, Director for Community Health Promotions.

In January 2022, Roberto Rodriguez* was walking to breakfast before starting his job at a local car wash when a van pulled up and three men got out. One threatened him with a gun, and another demanded money. Then they assaulted him. Roberto didn't remember much about the incident—but knew that police arrived on the scene and EMS rushed him to Robert Wood Johnson University Hospital (RWJUH), a Level I trauma center, with a head injury.

After he was treated and released, police brought Roberto home, where he began to recover. But as he healed physically, the attack haunted him. Overwhelmed by post-traumatic stress, he became afraid to leave his house. Every car that passed his door triggered a sense of dread. "I lived in constant fear that someone would show up at my house and hurt me," he says.

Anxiety and fear deepened to depression, and Roberto realized he needed help. That's when the woman who rented the house where he lived offered some advice. Her home had been evaluated by the New Brunswick Healthy Homes Program, a grant-funded initiative led by RWJUH's Community Health Promotions Program. She connected Roberto with outreach workers who then referred him to RWJUH's Hospital Violence Intervention Program (HVIP).

ADDRESSING RISKS

"Our goal is to respond to an underserved population of crime victims—victims of community violence—with wraparound care," says Elaine M. Hewins, Community Intervention Manager for the HVIP. "When trauma patients are injured due to violence, there are often layers of social issues that affect them and their ability to heal, such as poverty, racism and inequality."



RACHEL L. CHORON, MD, FACS

Such social determinants of health often affect patients' ability to access follow-up care and receive necessary services. "If someone lives in poverty, is an

immigrant and perhaps undocumented, or resides in an area with substandard housing or education, they can experience systemic racism on a daily basis and so have relatively few resources and support prior to being injured," Hewins says. "When they are the victim of a gunshot wound, stabbing or assault, it's even more difficult for them to stabilize and rebuild their life."

The HVIP, which serves crime victims in Middlesex County, Plainfield in Union County and Franklin Township in Somerset County, works to eliminate these barriers by providing intensive case management for six to 12 months post-discharge, says Hewins. A multidisciplinary team of physicians, social workers, nurses, violence intervention specialists and therapists helps with a variety of needs including vouchers for transportation to follow-up appointments and financial help for medical bills or food if patients are not able to work.

The HVIP partners with PRAB, a community-based human services organization that provides trauma-informed mental health counseling—a core service, as many survivors of violent crimes develop anxiety, depression or post-traumatic stress disorder (PTSD) after they are injured. All services are free.

The program also facilitates the Working together Against Violence to Empower (WAVE) Consortium, a group of 25 community agencies that assist with resources and referrals for the HVIP and its participants; promote trauma-informed care; and work against racism and violence throughout the community and beyond.

An important aim of the HVIP is to prevent revictimization. "Among the population of people who've already had a violent injury, the average risk of having another violent injury due to gun violence is 12 percent to 16 percent," says Rachel L. Choron, MD, FACS, a trauma and acute care surgeon at RWJUH and Assistant Professor of Surgery at Rutgers Robert Wood Johnson Medical School.

"But once you have HVIP services, that risk has been shown to decrease to around 4 percent. So the program is having a big impact on our patients, particularly gun violence patients."

PERSONAL ATTENTION

When Ariel Jimenez, Violence Intervention Specialist, first meets with victims of violent acts, he seeks to gain their trust. He starts by asking what they need and how he can help.

"We can accompany them to doctor appointments and translate if they need it," Jimenez says. "We also help them apply for disability, charity care and victims' compensation funds."

Roberto's most urgent need was mental health counseling. Through PRAB, he connected with a therapist who addressed Roberto's PTSD, helped him overcome his fears and taught him strategies and techniques to calm anxiety triggered by passing cars. Roberto also received food assistance, clothing and transportation to therapy and medical appointments.

"Ariel has such a good heart," says Roberto. "He took me personally to get clothes and complete all the paperwork I needed [for victims' compensation]. I am so grateful that someone was looking out for me."

"Fixing someone's physical injuries can only help so much," says Dr. Choron. "After you do that, the real work begins. The HVIP is doing the hard work to get people back on their feet."

Roberto, who has returned to work at a cleaning business, agrees. "If I hadn't gone through this program, I don't know what my life would be like," he says, pointing especially to weekly follow-up calls from specialists like Jimenez. "I didn't know there were people like that here. All of their support helped me put my life back on track. My mind is in a better place, and I finally feel like I can move forward. I know how to live without fear."

*Name has been changed to protect privacy.

To learn more about the Hospital Violence Intervention Program at Robert Wood Johnson University Hospital, call 732.532.6202.



‘HAIR IS A SIGN OF LIFE’

CANCER PATIENTS CAN KEEP THEIR LOCKS USING A SYSTEM FUNDED THROUGH A GENEROUS DONATION.

Arie Behar (center) speaks with (left) Carla Schaefer, DNP, RN, OCN, CENP, Associate Chief Nursing Officer, Rutgers Cancer Institute of New Jersey, and (right) Christine Lonigro, MSN, RN, OCN, Infusion Nurse Clinician, about the Paxman Scalp Cooling System.

Arie Behar's wife, Amy, would have understood. "Maybe it's because I'm a man," says Arie, a real estate developer. "Having hair versus baldness—it meant nothing to me." But when Amy had undergone chemotherapy during her battle with breast cancer, losing her hair as a side effect depressed her. "I never understood," Arie says.

Years later, another woman who had fought breast cancer illuminated him. "She was a speaker at an event who talked about being a survivor," Arie says. "She came up to me and pulled up her hat and said, 'Look, I've got hair—I'm alive.' The whole thing suddenly connected for me. I thought, 'Gosh, hair is a sign of life.'"

When he learned of a device that could allow cancer patients to keep their hair during treatment, he took interest. "I thought, 'This is great,'" he says, "I want to support it."

CATCHING CANCER EARLY

His support would continue years of benevolence related to breast cancer that led from his wife's cancer to his eventually funding provision of hair-sparing therapy at Robert Wood Johnson University Hospital (RWJUH).

Amy had successfully fought off breast cancer and channeled her battle into advocacy to keep combating the disease. But nine years after her first diagnosis, her cancer came back. This time, Amy was not victorious. She succumbed to breast cancer on March 29, 2007.

"She was a great woman—beautiful, smart, successful," Arie says. "Losing her was devastating for me and our two daughters, who were 21 and 19 at the time." As he struggled to understand how he could manage without her, he made a resolution. "I decided to do whatever I can to prevent somebody else from going through what she and we did," he says.

The organization he formed, the Amy Feiman Behar Foundation for Cancer Prevention, Inc., focused on two realities. One was that it's critical to detect breast cancer early, before it spreads, through screenings such as yearly mammograms. The other was that some women don't get screened regularly because they lack insurance or other means to pay for services.

"The Amy Foundation started a program where any woman who comes to a clinic or hospital for a screening and has no insurance or resources can receive their mammogram or MRI or whatever is needed 100 percent free," Arie says.

Foundation fundraisers included the Ride for Amy, an annual bicycle ride featuring multiple routes of varying length that launched in May 2008. "I have friends who are cyclists, and we knew a lot of people in the sport," Arie says. The first ride alone attracted more than 200 riders. Dedicated volunteers working out of space in Arie's business office organized and promoted the effort.

The foundation also organized a 5K event after Arie's friend Diane Goodwin also died of breast cancer. Called Walk for Diane, the event was held annually during Breast Cancer Awareness Month each October.

The Amy Foundation ultimately raised about \$1 million, spreading funds to hospitals throughout the region, including RWJUH. "The foundation has been very successful," Arie says.

HAIR TODAY, HAIR TOMORROW

But fundraising events ground to a halt for two years during the COVID-19 pandemic. "It was hard to mobilize again after that," Arie says. "I was also getting tired, and it was difficult to continue without paid staff." What's more, measures such as the Affordable Care Act had made it easier for women to receive screenings. He decided the foundation's original mission had run its course. But the organization still had funds available.

It was a hematologist/medical oncologist at RWJUH—who was also an Amy Foundation board member—who called Arie's attention to the Paxman Scalp Cooling System to prevent hair loss during cancer treatment. "I didn't know anything about it," Arie says.

Chemotherapy drugs attack cells that divide rapidly in the body, including those that trigger hair growth. Patients can begin experiencing hair loss as soon as two weeks after beginning chemotherapy. Many patients, often female, find that dwindling hair makes fighting cancer even more emotionally challenging due to feelings such as

loss of control that can deepen into hopelessness.

The Paxman system helps cancer patients retain their hair by lowering the temperature of the scalp before and immediately after treatment through use of a special close-fitting cap that circulates a coolant. The cooling cap reduces blood flow to hair cells, which minimizes the impact of chemotherapy drugs. Cooling-cap treatment costs about \$2,200 for six to 12 sessions and generally is not covered by insurance.

"We decided to pay the cost for patients who can't afford it otherwise," Arie says. Thanks to a generous donation of \$450,000, RWJUH, in partnership with Rutgers Cancer Institute of New Jersey, is now able to offer the scalp cooling therapy to qualifying cancer patients, especially those with breast cancer, at no charge.

The therapy helps RWJUH address psychosocial needs and bolster patients' confidence and courage—an important part of a holistic approach to innovative care for those going through rigorous cancer treatments.

The gift also honors Amy's legacy of support and encouragement for breast cancer patients. "Amy would have used this system if it had been available," Arie says. "She would have appreciated it."



BEAT CANCER

RWJBarnabas Health and Robert Wood Johnson University Hospital, 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.

To learn more about supporting the Robert Wood Johnson University Hospital Foundation, visit www.rwjuhgiving.org.

Whoever your heart beats for, our hearts beat for you.

Robert Wood Johnson University Hospital has a passion for heart health. As New Jersey's largest academic medical center, we are at the forefront of cardiac innovation and teaching with a designated Center of Excellence for heart transplant, minimally invasive transcatheter aortic valve replacement procedures and mechanical circulatory support. In partnership with Rutgers Health, we're a national leader in minimally invasive cardiac therapies and the treatment of heart valve diseases. It's all part of our dedication to every heart in our community.

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

Robert Wood Johnson University Hospital

RWJ Barnabas
HEALTH

Let's be healthy together.

