

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

Winter 2022

healthy *together*

**SECRETS OF
A HEALTHIER
STOMACH**

**WINNING AT
WEIGHT LOSS**

**SUSPECT STROKE?
ACT FAST**

A photograph of a man and a young girl hugging. The man is on the left, wearing a grey knit beanie and a striped scarf, smiling with his eyes closed. The girl is on the right, wearing a grey knit beanie and a blue jacket with yellow accents, smiling broadly. They are outdoors in a snowy or winter setting.

**PROTECT YOUR HEART
THIS WINTER**

MESSAGES FROM LEADERSHIP



“At RWJBarnabas Health, we enter the new year with renewed strength. We’ve taken the challenges of the pandemic and used them to find ways to better serve our communities, patients and staff. Additionally, we are expanding telehealth, offering advanced genomic testing for infants and pushing toward breakthroughs in pediatric cancer research, with a focus and dedication to creating a healthier 2022 for all.”

BARRY H. OSTROWSKY

PRESIDENT AND CHIEF EXECUTIVE OFFICER, RWJBARNABAS HEALTH



“We are pleased and proud of our Leapfrog ‘A’ for patient safety —our eighth. As a high reliability organization, patient safety is our focus and it requires our continuous attention. We look to the new year with continued attention to patient and employee safety, as well as programs and services that better the health of the many communities we serve.”

KIRK C. TICE

PRESIDENT AND CHIEF EXECUTIVE OFFICER
ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL RAHWAY

**Robert Wood Johnson
University Hospital
Rahway**

**RWJBarnabas
HEALTH**
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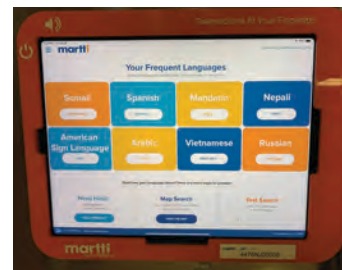
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HEALTH NEWS



AN ‘A’ FOR SAFETY

Robert Wood Johnson University Hospital (RWJUH) Rahway has been awarded an “A” Hospital Safety Score rating by The Leapfrog Group, an independent national nonprofit. It is the hospital’s eighth “A” rating. The Leapfrog Hospital Safety Grade uses up to 27 measures of publicly available hospital safety data to assign grades to more than 2,700 U.S. acute-care hospitals twice per year.



HEALTHCARE IN 260 LANGUAGES

RWJUH Rahway is rolling out an interpretation system that uses video telecommunication to access real-time signed or spoken language interpretation. The system, called MARTTI, which stands for My Accessible Real-Time Trusted Interpreter, can access 260 languages, 60 of them with video interpretation, and is part of a system-wide RWJBarnabas Health project.

“Our patients really love this,” says Cardiac Services Director Helen Peare. “It helps everyone communicate clearly.” The goal is to have more than 30 MARTTI tablets in all departments and units at RWJUH Rahway, as well as at Physical Therapy in Scotch Plains and Carteret.



PHYSICAL THERAPY IN SCOTCH PLAINS

The newly renovated RWJ Rahway Physical Therapy in Scotch Plains reopened on November 1 following devastating flooding from Hurricane Ida that shuttered the 55,000-square-foot RWJ Rahway Fitness & Wellness Center on September 1.

“We are delighted to welcome patients back.” says RWJ Rahway Physical Therapy Manager Jennifer K. Soares, DPT. RWJ Rahway Physical Therapy cares for sports and overuse injuries, oncology, orthopedics, balance and vestibular conditions, Parkinson’s disease and much more. To book an appointment, call 908.389.5400.

healthy *together* contents

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BE GOOD TO YOUR GUT

WHY DIETARY FIBER IS EVEN BETTER FOR YOU THAN YOU THOUGHT

Dietary fiber is the parts of plants and carbohydrates your body can't digest. Because it isn't digested, it adds bulk to your stool and helps prevent constipation.

That's a very good thing, but it's only the beginning of the benefits dietary fiber provides. "Most people know that fiber is good for bowel movements, but they might not know about all the other important roles fiber can play in your overall health," says Lindsay Whelan, MS, RDN, inpatient/outpatient registered dietitian at Robert Wood Johnson University Hospital (RWJUH) Rahway. Here, she answers common questions people have about fiber.

Besides helping with bowel movements, what else can fiber do for me?

"Fiber has been shown to be protective against colorectal cancer. It also helps your body get rid of 'bad cholesterol' by binding to the cholesterol to help your body excrete it," Whelan says. "Fiber

slows the absorption of sugar, so it can help keep blood sugar down. And fiber helps if you're trying to lose weight because it makes you feel full longer without having to increase portion size."

What foods are good sources of dietary fiber?

There are two kinds of fiber, and a healthy diet includes both:

- **Soluble fiber**, which dissolves in water and helps slow digestion and absorb nutrients. It's found in oats, peas, beans, apples, citrus fruits, carrots and barley.
- **Insoluble fiber**, which bulks up the stool and can be found in wheat bran, whole grains, cereals, seeds and the skins of many fruits and vegetables.

How much fiber should I have daily?

"The recommended daily intake for adult women is 25 grams a day; for men, it's 38 grams per day," Whelan says. "However, most people don't meet that

recommendation—the average daily fiber intake is just 13 grams. People tend to underestimate how much fiber they need. If you have only an apple each day or a few bites of broccoli with dinner, that's not going to do the trick."

However, it's easy enough to add fiber, Whelan says, by choosing whole-grain pastas and breads, and adding nuts and seeds to everything from salads to yogurt to oatmeal to smoothies. "Incorporate some fiber into every meal and into snacks throughout the day," she advises. "You can even find pasta made of chickpeas or lentils. Fresh fruits and vegetables are cool and refreshing in the summer, but in the winter cooked vegetables, with added protein such as beans, are a great alternative." (See "Satisfying and Healthy Winter Soups," opposite page.)

I've been hearing about prebiotic and probiotic supplements to improve gut health. Should I be taking them?

Probiotics are live cultures known as "good bacteria" that counteract any harmful bacteria in the gut. There are all different kinds of probiotics out there, and what works for one person will not necessarily work for the next person. Prebiotics are compounds that act as food for the probiotics and promote their growth.

"If you're eating a sufficient amount of foods with fiber, you should be getting enough prebiotics and probiotics through your regular diet," Whelan says. "If you're consistently having digestive problems, consult your physician to determine the best next steps for you."

CONSEQUENCES OF CONSTIPATION

Occasional constipation—infrequent bowel movements or difficult passage of stools—is, of course, uncomfortable. Chronic constipation, defined as lasting for several weeks, can also cause a number of health problems, such as swollen veins in the anus (hemorrhoids) and torn skin (anal fissure).

To learn about outpatient dietitian services at RWJUH Rahway, call 732.499.6210.



SATISFYING AND HEALTHY WINTER SOUPS

“Experts recommend we get our fiber from plant-based foods rather than relying on fiber supplements,” says Diane Weeks, RDN, MS, CDE, who gives Healthy Cooking demonstrations in person and virtually for RWJUH Rahway. “These satisfying recipes can help you meet your daily recommended fiber intake, while also providing additional valuable nutrients that can keep you healthy this winter.”



ULTRA VEGETABLE SOUP

About 9 cups

INGREDIENTS:

- 4 tablespoons extra-virgin olive oil, divided
- 1 large onion, diced
- 2 red or yellow bell peppers, diced
- ½ pound carrots, diced
- 2 stalks celery, diced
- 1 15-ounce can no-salt-added diced tomatoes
- 1 bay leaf
- 3 sprigs thyme
- ½ pound zucchini, diced
- 1 cup basil leaves, loosely packed
- 1 clove garlic, minced
- ¼ cup grated parmesan
- 1¼ teaspoon kosher salt

DIRECTIONS:

- In a large, heavy pot, heat 2 tablespoons of the oil over medium heat until hot. Sauté the onion and peppers until they start to brown, 5 to 7 minutes.
- Stir in the carrots, celery, tomatoes, bay leaf, thyme and 5 cups of water. Simmer until the vegetables are tender, 10 to 15 minutes.
- Stir in the zucchini and simmer until tender, 4 to 5 minutes.
- Combine the basil, garlic, parmesan and remaining 2 tablespoons of oil in a small food processor. Pulse until minced.
- Remove the soup from the heat. Discard the bay leaf and thyme sprigs. Stir the basil mixture into the soup and season with up to 1¼ teaspoons of salt.



BASIC STEWED WHITE BEANS

Makes four 1-cup servings; with any of the variations, four 1½ cup servings.

INGREDIENTS:

- 2 large carrots, finely chopped
- 1 large onion, finely chopped
- 3 tablespoons extra-virgin olive oil
- 2 tablespoons tomato paste
- 1 teaspoon dried oregano or thyme
- 2 cans no-salt-added cannellini beans
- ½ teaspoon kosher salt
- ¼ teaspoon freshly ground black pepper

DIRECTIONS:

- In a large skillet over medium heat, sauté the carrots and onion in the oil until lightly browned, 4 to 5 minutes.
- Stir in the tomato paste. Cook, stirring often, until the paste starts to darken, 2 to 3 minutes.
- Stir in the oregano or thyme. Cook until fragrant, about 30 seconds.
- Stir in the beans and their liquid. Cook until heated through, 1 to 2 minutes. Season with the salt and pepper.

VARIATIONS



GARLIC SHRIMP

Sauté ½ pound shrimp and 3 cloves minced garlic in 2 tablespoons extra-virgin olive oil until cooked through, 2 to 3 minutes. Stir in 1 tablespoon lemon juice, ¼ teaspoon kosher salt and 2 tablespoons chopped parsley. Spoon over basic stewed beans.



SPINACH AND SUN-DRIED TOMATOES

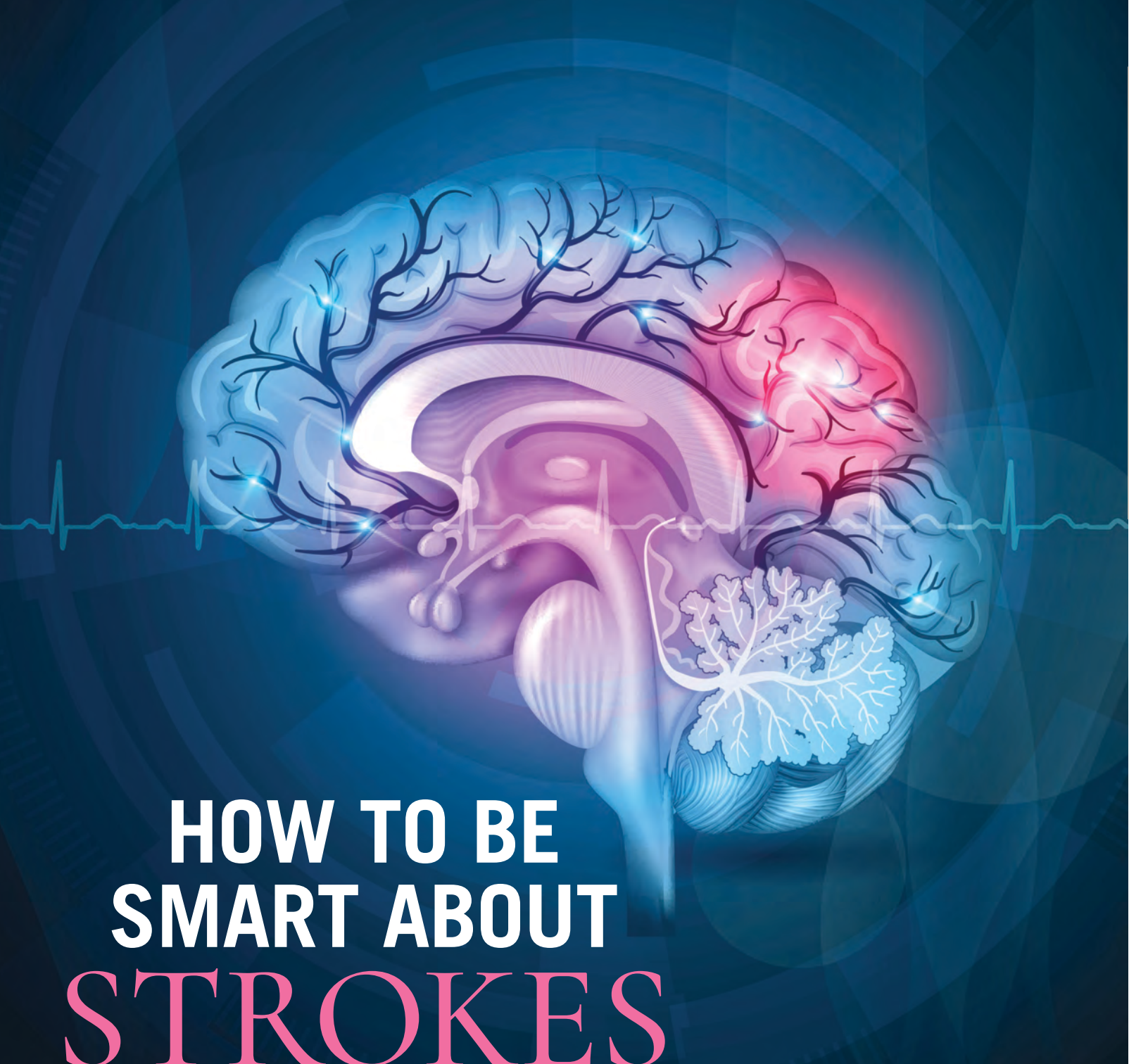
Stir 4 cups baby spinach and ¼ cup chopped sun-dried tomatoes (oil-packed) into basic stewed beans. Garnish with 2 sliced scallions.



CHERRY TOMATO AND BASIL

Chop 1 pint cherry tomatoes and ¼ cup basil leaves. Mix with ⅛ teaspoon kosher salt and 1 tablespoon extra-virgin olive oil. Spoon over basic stewed beans. Top with ¼ cup shredded parmesan.

Recipe source: Nutrition Action Healthletter, www.nutritionaction.com



HOW TO BE SMART ABOUT STROKES

**KNOWING THE SIGNS AND
ACTING FAST CAN MAKE ALL
THE DIFFERENCE.**

Do you know the signs of a stroke? Recognizing them could save a life—perhaps your own—and minimize a stroke’s potential life-changing effects.

“Unfortunately, people with stroke symptoms often put off calling for an ambulance because they think the symptom will pass or doesn’t signify a more significant health issue,” says

Karen Vargas, RN, MSN, Stroke Program Coordinator for Robert Wood Johnson University Hospital (RWJUH) Rahway.

“When someone notices a friend or family member not acting like themselves, they should call an ambulance and also make note of the time,” she says. “The sooner a doctor sees a patient, the sooner they can

THE 3 TYPES OF STROKES



No matter what type of stroke a person suffers, time is always of the essence when it comes to treatment.

- **Ischemic stroke:** The most common type of stroke, it occurs when artery-blocking blood clots travel to the brain.



- **Transient ischemic attack (TIA):** A “warning” or “ministroke,” this is a precursor to an ischemic stroke. “A patient might have blurred vision on Monday and then it happens again on Wednesday, and each of these might be ministrokes,” explains Karen Vargas, RN, MSN, Stroke Program Coordinator at RWJUH Rahway. “Having a physician check for possible stroke is the best way to prevent another, more serious stroke from occurring.” In fact, according to the Centers for Disease Control and Prevention, the chance of having a stroke within 90 days of a TIA is as high as 17 percent, with the greatest risk during the first week.



- **Hemorrhagic stroke:** Occurring when a blood vessel in or near the brain ruptures, these strokes are less common. They can occur because of a trauma, such as a fall, or uncontrolled high blood pressure and typically require surgical intervention, says Vargas.

determine whether the underlying cause of the symptom is a stroke—and the more effective treatment is likely to be.”

The memory trick known as “B.E. F.A.S.T.” makes it easier for people to better connect suspicious symptoms with the possibility that a stroke is causing the issue. Warning signs include:

B for Balance: Dizziness, a fall, or vertigo.

E for Eyes: Blurred vision or loss of vision.

F for Face: A slight droop, an uneven smile or a change in the way the eyes look.

A for Arm: Is one arm weak or does it feel heavy and difficult to lift?

S for Speech: Is there slurred speech or an inability to get words out?

T for Time: Time to call 911.

Don’t delay help for a potential stroke victim. Call 911 rather than calling a doctor or driving the ill person to the emergency department. Emergency responders can communicate effectively with the hospital and even begin treatment on the way there, Vargas explains.

A TEAM FOR TREATMENT

Once at the hospital, a stroke patient requires a team of specialists, including a physician, nurse, neurologist, radiologist, lab technicians and stroke coordinator, Vargas says.

“We work as a team to ensure that the hospital provides the highest level of care in the diagnosis and treatment of patients affected by strokes and other cerebrovascular diseases,” Vargas explains. She collects and analyzes the data associated with established clinical practice guidelines so she can collaborate with the team in the creation, implementation and evaluation of standards of care.

“Another important aspect of the role is educating the community about the signs and symptoms of stroke, as well as stroke prevention,” she explains. One of her most important duties is turning complicated scientific information into usable and easy-to-understand terms.

“The words I might use to explain what a stroke feels like are ‘Pay attention when you feel something different or something you’ve never felt before,’” Vargas says.

This awareness is especially important

WHO’S AT RISK FOR A STROKE?

RISK FACTORS YOU CAN’T CONTROL:

- **Age.** Strokes are more common after the age of 65, although 10 to 15 percent of people who have a stroke are between the ages of 18 and 45.
- **Gender.** Women have more strokes than men.
- **Family history.** If your parent, grandparent, sister or brother has had a stroke, you may be at greater risk.
- **Race.** Blacks have a higher risk of stroke, in part because they have higher risk of high blood pressure, diabetes and obesity.
- **Prior stroke, TIA or heart attack.**

RISK FACTORS YOU CAN CONTROL:

- **High blood pressure.** This can be managed with dietary changes, activity and medication.
- **Smoking.** Quitting smoking will reduce your stroke risk.
- **Diabetes/high blood sugar.**
- **Physical inactivity.** Move more, sit less. Aim for being active at least 150 minutes per week.
- **Obesity/unhealthy diet.** Five or more servings of fruits and vegetables per day may reduce risk.
- **High cholesterol.**
- **Carotid artery disease, peripheral artery disease, atrial fibrillation and other forms of heart disease.**

because many people suffer ministrokes before having a bigger one. “Your family might notice slurred speech or a facial difference, but you’re the best person to know that something’s not right,” she adds. “You know your own body.”

To educate your group, club or organization on the signs and symptoms of stroke, call RWJUH Rahway Community Education at **732.499.6193**.



GIVING FOR GOOD HEALTH

RWJUH RAHWAY REACHES OUT TO SUPPORT THE COMMUNITY IT SERVES.



Christine Kline and
Dr. John Kline at
the Rose Ball

A GENEROUS LEGACY

The Robert Wood Johnson University Hospital (RWJUH) Rahway community mourns the death of Christine Kline, a beloved benefactor and tireless former president of our Auxiliary, whose efforts led to a number of scholarships for local students pursuing healthcare careers. Her family is dedicated to continuing that legacy and has created the Christine Kline Nursing Scholarship Fund.

To donate, send a check to RWJUH Rahway Development, 865 Stone Street, Rahway, NJ 07065. For assistance in making a donation, contact the Development Department at 732.499.6135 or visit www.rwjrahwaygiving.org.



SWINGING INTO ACTION

RWJUH Rahway's 37th Annual Golf Classic took place on September 13 at Echo Lake Country Club in Westfield. Proceeds from the festive day support the hospital's Healthcare Heroes Program and the Emergency Response Fund.

Local sponsors included NJ Advance Media, Lee & Associates, Buist Incorporated, East-Com Solutions, Envision Physician Services, Merck & Co., Phillips 66 Bayway Refinery, the Leddy family, EBSCO Health, Investors Bank, Jefferson Medical & Imaging Inc., SpiraLithCa by Micropore Inc., the Lepri family, Central Jersey Property Maintenance Services, Healthtrust Purchasing Group, MacNeill, O'Neill & Riveles and more.

The 38th Annual Golf Classic will take place at Echo Lake Country Club on September 12, 2022. For more information, contact the RWJUH Development Department at 732.499.6135 or write to Foundation.Rahway@rwjbh.org.

At the 37th Annual Golf Classic, from left: RWJUH Rahway Board of Governors member Allen Geyer, local executive Jay Coughlin, RWJUH Rahway President and CEO Kirk Tice and Board of Governors member Brian Leddy.



HELP FOR A HEARTY MEAL

Families of children who are receiving Special Education Services in the Rahway Public Schools district received ShopRite gift cards to purchase all the fixings for a Thanksgiving dinner. This is the second year the RWJUH Rahway Development Department has provided holiday support to families, many of whom are affected by

the enduring consequences of the pandemic. The gifts were greatly appreciated.

"It is such an amazing feeling when a community contributes and provides for the needs of its residents. For many of these families, the struggle is constant. The gift cards during the holiday season gave them some peace, knowing that their families would have a delicious meal on Thanksgiving," says Jill Burkhard, Special Education Case Manager for Rahway Public Schools.

To make a donation to RWJUH Rahway, call **732.499.6135** or visit www.rwjrahwaygiving.org.





FAST ANSWERS FOR VERY SICK BABIES

ADVANCED GENOMIC TESTING RESULTS ALLOW DOCTORS TO BEGIN TARGETED TREATMENT WITHIN DAYS.

Baby girl Frankie was born early—at 35 weeks—but all seemed well, except for some minor health complications that kept her in the Neonatal Intensive Care Unit (NICU) at Cooperman Barnabas Medical Center (CBMC).

However, within a few days of birth, Frankie had developed severe blisters on her feet and was losing skin.



KAMTORN VANGVANICHYAKORN, MD

Even routine screenings now posed a risk, and the baby was vulnerable to life-threatening bacteria entering her body. Her family was afraid to

hold her. A diagnosis was needed, right away.

Not long ago, genetic testing for infants could test just a few genes at a time, and results took weeks or months to come back. But thanks to a collaboration between Rady Children's Institute for Genomic Medicine and RWJBarnabas Health (RWJBH), Level III and Level IV NICUs in the RWJBH system can offer rapid Whole Genome Sequencing (rWGS). For medically urgent cases, preliminary diagnoses are available in three to five days.

Using a blood sample, rWGS can scan a child's entire genetic makeup for thousands of anomalies. The test results provide vital information that leads to individualized care and fewer costly, invasive procedures.

“Rapid genome sequencing is a game changer,” says Kamtorn Vangvanichyakorn, MD, Director of Neonatology at CBMC. “It allows us to provide critical answers and targeted treatment at a time when the therapeutic window is often narrow.”

“A SENSE OF RELIEF”

The testing revealed that Frankie has a type of epidermolysis bullosa (EB), a rare group of diseases that are most often caused by a genetic mutation. Frankie's mother, Jeri Berinato, knew that her own mother lived with a severe form of EB, leading to constant blistering and pain, difficulty swallowing, loss of her fingernails and dental problems.

“As soon as we received the results, I felt a huge sense of relief,” Jeri says. “Not knowing what was wrong with my beautiful newborn baby was the worst feeling I've ever had. Now I know that, with proper care from the beginning, Frankie will have a much better quality of life than my mom has.”

In addition to CBMC, rWGS is available to critically ill infants at Bristol-Myers Squibb Children's Hospital at Robert Wood Johnson University Hospital; the Unterberg Children's Hospital at Monmouth Medical Center; Children's Hospital of New Jersey at Newark Beth Israel Medical Center; and Jersey City Medical Center.

The use of rWGS at RWJBH came about through a long-standing partnership between Rady Children's Hospital in San Diego, the parent organization of Rady Children's Institute for Genomic Medicine, and Children's Specialized Hospital, an RWJBH facility.

“We're proud to be the only health system in New Jersey to partner with Rady Children's to offer rapid genetic testing,” says William Faverzani, Senior Vice President of Children's Services at RWJBH. “With this test, our physicians have access to cutting-edge technology, enabling them to intervene quickly to improve the lives of our tiniest patients and their loved ones.”

To learn more about rapid Whole Genome Sequencing at RWJBarnabas Health, visit www.rwjbh.org/pediatricgeneticstesting.



HOW COVID-19 IS RESHAPING HEALTHCARE

A CRISIS HAS LED TO SOME BIG CHANGES FOR THE BETTER.

COVID-19 created challenges that healthcare providers had never experienced in their careers. But the pandemic, while taking a toll on providers and patients alike, has also



ANDY ANDERSON, MD



JOHN BONAMO, MD

enabled the discovery of deep reserves of resilience and innovation. “Many of the changes we’re seeing in healthcare,” says John Bonamo, MD, Chief Medical and Quality Officer at RWJBarnabas Health, “are good things that came out of a terrible situation.” Here are six examples:

1 The rise of telehealth.

The technology for video healthcare visits has existed for decades, but providers as well as patients resisted virtual care—until the onset of

COVID-19 and social distancing.

“Before the pandemic, we were doing some virtual urgent care visits, but not routinely doing scheduled visits,” says Andy Anderson, MD, President and CEO, Combined Medical Group of RWJBarnabas Health and

Rutgers Health. “However, at the peak of the pandemic we were doing 10,000 scheduled visits weekly, and even today we continue to do thousands each week.”

The increased





2 Increased awareness of preventing the spread of disease. In response to the pandemic, healthcare providers have redoubled their efforts to sanitize spaces and even filter the air, and the use of hand sanitizer and disinfectant wipes has become commonplace.

“We’ve always been committed to infection control through our system-wide journey to become a high reliability organization,” says Dr. Bonamo. “We amplified those principles to keep our facilities even safer, such as using new ventilation techniques, employing UV-C lights to clean rooms, paying continued attention to visitation policies and more.”



3 Enhanced teamwork. “At the peak of the pandemic, the needs were so great that our people began working together much more collaboratively,” says Dr. Bonamo. “Instead of staying in their own lane and handing off a patient or a procedure to a specialist, providers worked together—respiratory therapists teamed with nurses, primary care doctors worked in intensive care units at the elbow of intensivists, and so on. We learned how professionals can be ‘skilled up’ and trained to help in a crisis, and that has broken down levels of hierarchy and increased esprit de corps.”



4 An emphasis on mental well-being. “Mental health has become a bigger issue due to the pandemic. People are afraid of becoming ill, they may have greater financial burdens and they’re missing social interaction,” says Dr. Anderson. “Our behavioral health providers have been very busy.”

All kinds of healthcare providers are tuning in to their patients’ state of mind. “As doctors, we realize the importance of reaching out to people and asking them how they’ve been doing during the

pandemic,” he says. “Everybody has a story, and it’s important for us to take the time to listen and, if necessary, become an advocate or a resource for the patient.”

That kind of outreach is equally important for people who work in healthcare, Dr. Anderson says: “In the RWJBarnabas Health Medical Group, we set aside time each week to text or call people we work with to see if they’re doing OK, and provide help or a note of encouragement as needed.”



5 A brighter spotlight on healthcare disparities. “At RWJBarnabas Health, we’ve had an ongoing and important system-wide effort in regard to social justice and anti-racism,”

says Dr. Bonamo. “However, the disparity in the rates of COVID-19 sickness and death among people of color was so blatant that it brought many things to the surface and made us, as well as the healthcare industry as a whole, take a closer look. We’ve realized that saying ‘we treat everybody the same’ isn’t enough because some populations have many more resources than others.” To learn more about RWJBarnabas Health’s Ending Racism Together initiative, visit www.rwjbh.org/endingracism.



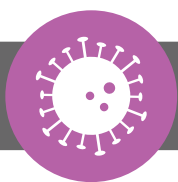
6 A new flexibility. “Healthcare is intensely regulated, and because of that we have a tendency to be very prescriptive about what we can do and how we do it,” says Dr.

Bonamo. “The COVID-19 need was so intense that we had to learn to be more flexible. For example, medical-surgical floors were turned into ICUs and we learned, OK, it may not be the ICU we would have built, but we can make this work. A lot of the old regulations were lifted during COVID-19, which enabled us to be flexible, but some of what we had been doing was just a result of old habits. Now we’ve expanded our horizons and have become much more nimble.”

demand led to technology upgrades, he says, such as making it easier to have visits that include multiple attendees—patient, family members, other providers or an interpreter if needed.

“Telemedicine has opened up access for patients, who can stay in a home environment to get the healthcare they need, whether it’s acute, chronic or preventive, and that will continue,” Dr. Anderson says. “We’re moving toward a good balance of in-person and remote appointments so patients can receive care more efficiently and effectively.”

For resources and information about COVID-19, visit www.rwjbh.org/covid19.



CHILDHOOD CANCER: FINDING THE BEST CARE

WORLD-CLASS PEDIATRIC
HEMATOLOGY/ONCOLOGY
SERVICES ARE CLOSE TO
HOME FOR NEW JERSEYANS.

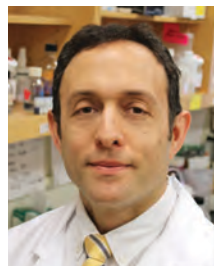


JODI CRANDELL PHOTOGRAPHY



RWJBarnabas Health and 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. For more information, call 844.CANCERNJ or visit www.rwjbh.org/beatcancer.

“Cancer doesn’t travel well—especially cancer in children,” says Peter Cole, MD, Chief of the Division of Pediatric Hematology/



PETER COLE, MD

Oncology at Rutgers Cancer Institute, the state’s only National Cancer Institute-Designated Comprehensive Cancer Center. “New Jersey families dealing with a

diagnosis as significant as cancer shouldn’t have to leave their neighborhood and support systems to travel to another state for treatment.”

The Pediatric Cancer Center at Rutgers Cancer Institute partners with RWJBarnabas Health (RWJBH) facilities throughout the state to provide the most advanced treatments for children with cancer and blood disorders.

“I tell my friends and family and anyone who asks that whenever you get an unexpected diagnosis, it’s always good to get a second opinion,” Dr. Cole says.

◀ The \$10 million in state funding was championed by Grace Eline, a 12-year-old survivor of brain cancer and a childhood cancer awareness advocate, and her mother, Aubrey Eline, in collaboration with the American Childhood Cancer Organization. Grace was treated at Rutgers Cancer Institute and Children's Hospital of New Jersey at Newark Beth Israel Medical Center.

“But when you have the option to get cutting-edge care close to home, where you have access to your support system, you should do it. At Rutgers Cancer Institute and RWJBarnabas Health, your child will get the highest level of expertise and treatment, right here in New Jersey.”

The pediatric hematology/oncology team takes a multidisciplinary approach to providing the most advanced treatments for pediatric cancer and blood disorders, such as complex surgical techniques, precision medicine, immunotherapy and innovative radiation therapy procedures, including the state's only hospital-based proton therapy center. In addition, as New Jersey's only NCI-Designated Comprehensive Cancer Center, Rutgers Cancer Institute offers access to cutting-edge clinical trials and cellular therapies that may not be available at other programs.

A HOLISTIC APPROACH

The specialists at Rutgers Cancer Institute and RWJBH know that, in addition to treating the body, it's important to pay close attention to the emotional and social challenges of the patient and family. “A diagnosis of cancer turns a family's life upside down, so we have a robust psychosocial support team to address the needs not just of the patient, but of parents and siblings as well,” says Dr. Cole. That team includes psychiatrists, psychologists, counselors, social workers, nutritionists and educators.

“We're committed to keeping kids on top of their studies,” says Dr. Cole. “At Rutgers Cancer Institute, we have a full-time teacher on staff in the building on school days. I'll often sit with our patients and do math problems with them, though I suspect I may enjoy that much more than they do,” he says with a laugh.

He recalls a teenage patient who had acute lymphoblastic leukemia, the most common cancer in children but also one of the most curable. “He had to spend the first month of treatment in the hospital, away from his support network of friends and coaches,” says Dr. Cole. “Some of the side effects of his treatment, such as vomiting, were



CENTERS FOR EXCEPTIONAL CARE

RWJBarnabas Health and Rutgers Cancer Institute of New Jersey partner to provide world-class care to New Jersey cancer patients. Specialists from the Pediatric Cancer Center at Rutgers Cancer Institute work with experts to provide care at the following RWJBarnabas Health facilities:

- Bristol-Myers Squibb Children's Hospital at Robert Wood Johnson University Hospital, New Brunswick, under the direction of Peter Cole, MD, Chief, Division of Pediatric Hematology/Oncology
- The Valerie Fund Children's Center for Cancer and Blood Disorders at Children's Hospital of New Jersey at Newark Beth Israel Medical Center, under the direction of Teena Bhatla, MD, Director, Pediatric Hematology/Oncology
- The Valerie Fund Children's Center for Cancer and Blood Disorders at the Unterberg Children's Hospital at Monmouth Medical Center, Long Branch, under the direction of Richard Drachtman, MD, Section Chief, Clinical Pediatric Hematology/Oncology

Children with cancer or blood disorders are also seen for consultations at Cooperman Barnabas Medical Center in Livingston.

miserable, and he was embarrassed to lose his hair. He was depressed, but he received the support he needed from our psychosocial team.

“I'm happy to report that he's doing much better now. He's back in school on a modified schedule and if he needs any continued support from our team as he fully reenters his routine, we'll be there for him.”



AN INFUSION OF FUNDS FOR RESEARCH

Survival rates for children with cancer have improved significantly in the past 50 years, but pediatric cancer remains the leading cause of death from disease among children. It is among the least funded areas of cancer research.

Advocates cheered when a \$10 million appropriation to support pediatric cancer research at Rutgers Cancer Institute was included in the New Jersey 2022 state budget.

“The funding allows us to expand our ongoing efforts. One of our areas of focus is research in children that will help reduce acute side effects of treatment and the risk of it resulting in long-term organ damage,” explains Peter Cole, MD, Chief of the Division of Pediatric Hematology/Oncology and Embrace Kids Foundation Endowed Chair at Rutgers Cancer Institute, who is also Director, Pediatric Hematology, Oncology and Cellular Therapies at Bristol-Myers Squibb Children's Hospital and Professor of Pediatrics at Rutgers Robert Wood Johnson Medical School. Dr. Cole's laboratory is also supported by the Hugs for Brady Foundation.

“Another area of focus is bringing innovative treatment modalities to children with cancer and blood disorders,” Dr. Cole says, “including cellular therapies like CAR T-cell therapy, blood and marrow transplants and immunotherapies, which use the patient's own immune cells to fight cancer.”



HEADING OFF WINTER HEART ATTACKS

READ THIS BEFORE YOU SHOVEL SNOW.

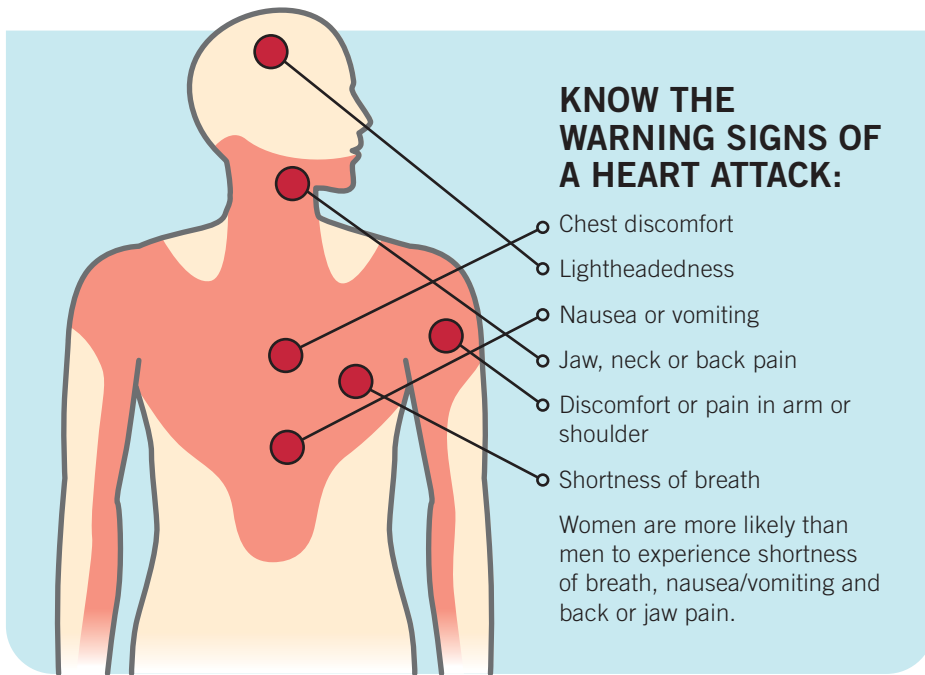
Winter is prime time for heart attacks, as research studies show and doctors know all too well. “It’s expected in the hospital community that we’ll see a bump in the number of heart attacks coming in during the winter season, especially around the holidays and during the first couple of months of the year,” says Isaac Tawfik, MD, Chief of Cardiology at Monmouth Medical Center and a member of RWJBarnabas Health Medical Group.

“It’s been theorized that if your core temperature is lower because you’re outside and not really bundled up, the body’s natural response is for arteries to vasoconstrict, or to narrow,” Dr. Tawfik explains. “If somebody already has a narrowing or blockage in the artery, it’s going to interfere with normal blood flow, and that’s the definition of a heart attack.”



ISAAC TAWFIK, MD

Ruptured plaque is another main culprit for heart attacks in cold weather, he says. “Any exertional work that’s heavy and not gradual, like



KNOW THE WARNING SIGNS OF A HEART ATTACK:

- Chest discomfort
- Lightheadedness
- Nausea or vomiting
- Jaw, neck or back pain
- Discomfort or pain in arm or shoulder
- Shortness of breath

Women are more likely than men to experience shortness of breath, nausea/vomiting and back or jaw pain.

shoveling snow, puts stress on coronary arteries. If those arteries have plaque, it may crack or rupture, which can lead to a whole cascade of platelet aggregation and other inflammatory mediators that eventually lead to a heart attack.”

In winter, middle-aged patients—people in their 40s, 50s, 60s—may be more prone to heart attacks than seniors. “They feel that they’re healthy enough for shoveling snow and other types of outdoor exertion, so they don’t warm up first and may not wear warm enough clothing,” Dr. Tawfik says.

Unlike older patients, they may be unaware of their limitations, he notes, and may not understand the possible consequences of existing conditions, such as hypertension, uncontrolled diabetes or tobacco use. The risk of a heart attack increases with every additional risk factor a person has.

“All of this is not to say that shoveling snow is automatically going to give you a heart attack,” says Dr. Tawfik. “What we are saying is that if you have known heart disease, or one or more risk factors for heart disease, you should think carefully before going out to shovel snow.”

SAFEGUARD YOUR HEART

How can people protect themselves against heart attacks in cold weather? “Number one, make sure you speak to your doctor so that any risk factors you have are addressed—if you have hypertension, that your blood pressure is well controlled, if you are diabetic, that your blood sugar is under control, if you are a smoker, that you are working on a cessation plan,” says Dr. Tawfik.

Stay warm when you’re outside and take frequent breaks to go inside and assess how you feel. “If you’re breathing in cold air, it cools your chest a little bit. You don’t necessarily have the burning in the chest that can be a symptom until you go inside,” he says. “Do the work in short intervals so you’re not outside for hours at a time.”

Be aware of anything different in the way you feel. “A heart attack symptom doesn’t have to be chest pain, because not everybody gets that. If you’re nauseous, or if you’re more fatigued or breathless than you expected to be, those can be red flags,” he says.

Dr. Tawfik shows his patients images that illustrate their cardiovascular condition—an X-ray, an ultrasound, a



HOW COLD WEATHER AFFECTS THE HEART

- Low temperatures cause blood vessels and arteries to narrow.
- Blood flow is restricted and the delivery of oxygen to the heart is reduced.
- The heart must pump harder to circulate blood through the constricted blood vessels.
- As a result, blood pressure and heart rate increase.
- A sudden spike in blood pressure, especially when combined with exertion such as shoveling, can lead to heart attack or stroke.
- Narrowing of or stress on coronary arteries may lead to plaque rupture and blood clots that block blood flow to the heart.
- Hypothermia—when body temperature drops below 95 degrees Fahrenheit—affects the workings of the heart, nervous system and other organs.

CT scan—as a means of helping them grasp their risks. “If I have a patient who’s 60 years old and I can tell him his risk for heart disease in the next 10 years is X versus someone who didn’t have those risk factors, they tend to be more compliant,” he says.

Dr. Tawfik advises his patients to consult their primary care physician or cardiologist before undertaking any high-effort physical activity in cold weather. “It’s like driving your car and putting a seat belt on,” he says. “It’s always best to err on the side of safety.”

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**.





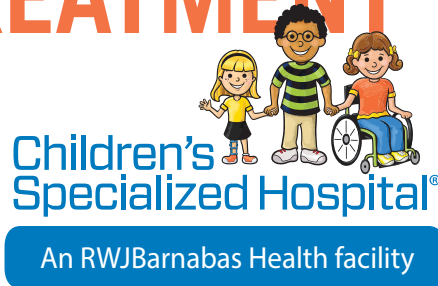
SPECIAL NEEDS, SPECIAL TREATMENT

**NEW LOCATIONS PROVIDE MORE
WAYS TO HELP CHILDREN FULFILL
THEIR POTENTIAL.**

For more than a century, children or adolescents who face special health challenges—from chronic illnesses to complex physical disabilities to developmental or behavioral issues—have been able to turn to Children’s Specialized Hospital (CSH) for inpatient and outpatient care.

Since its 1892 origin as a “summer haven” in Westfield for city children, CSH continued to grow until it became the largest provider of pediatric rehabilitation services in the United States, with locations throughout New Jersey.

Now, in response to an increasing number of outpatient visits and the rising rates of emotional, developmental and behavioral disorders in children and adolescents, CSH is expanding access to the highest level of care. Four new CSH locations, each with state-of-the-art facilities and located close to major highways and bus



routes, have opened or soon will open:
WEST ORANGE: CSH is now managing the Pediatric Rehabilitation Services of its affiliate hospital, Cooperman Barnabas Medical Center, at 375 Mt. Pleasant Avenue.
UNION: All outpatient services offered at CSH’s Mountainside and Warren locations have transitioned to this new, advanced facility at 2840 Morris Avenue.
EATONTOWN: In the spring, Monmouth Medical Center and CSH will open RWJBarnabas Health Family Care & Wellness, located at the Monmouth Mall.
TOMS RIVER: Next year, a brand-new, 80,000-square-foot facility on Route 37 will replace the current CSH Toms River locations. The clinical space will be shared with RWJBarnabas Health Children’s Services and Community Medical Center, which will provide an ambulatory surgery

Children with a wide range of needs receive individualized care at CSH locations throughout New Jersey.

center, imaging, preadmission testing, primary care and orthopedics.

All CSH facilities offer the most advanced technology and a full suite of therapy and physician services, including developmental and behavioral pediatrics, neurology, special needs primary care, psychiatry, psychology, audiology, neuropsychology, neurorehabilitation, nutrition, occupational therapy, physical therapy, speech and language therapy.

“Our vision is a world where all children can reach their full potential,” says Matthew B. McDonald III, MD, President and CEO, CSH. “In order to make that vision a reality, we must continually enhance access to our innovative and individualized therapies and medical treatments. These new sites not only serve as additional access points for our current patients and families, but as an introduction to new communities of patients and families who may need our services.”

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

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

RWJUH Rahway Is Here for You



When in-person meetings can't happen, we can still help. RWJUH Rahway is ready to meet you virtually for a telemedicine appointment, consultation or support. Below are some of our virtual as well as in-person support groups and educational programs. If you have a healthcare need or would like an email invitation to these professionally run meetings, call Community Education at 732.499.6193.

ADULT BEREAVEMENT

SUPPORT GROUP: First Wednesday of each month at 1:30 p.m. at RWJ Rahway Fitness & Wellness Center, 2120 Lamberts Mill Road, Scotch Plains. Registration required. Call **732.499.6193**.

ALL RECOVERY MEETINGS

are for everyone who supports recovery. Find a full calendar of All Recovery meetings that you can join online or by phone at www.rwjbh.org/allrecovery.

BREAST CANCER SUPPORT

GROUP: Virtual meeting on the first Tuesday of each month from 7 to 8:30 p.m. and on the first Wednesday of each month from 5:30 to 7 p.m.

CAREGIVER SUPPORT:

Virtual meeting on the first Wednesday of each month from 7 to 8:30 p.m.

DIABETES SUPPORT:

In-person support group from 6 to 7 p.m., first Thursday of the month, Conference Room 3 at RWJUH Rahway, 865 Stone Street, Rahway.

FIBROMYALGIA SUPPORT:

Virtual meeting on the first Thursday of each month from 5:30 to 7 p.m. or 7 to 8:30 p.m.

LUNG DISEASE SUPPORT

GROUP: For people with COPD, interstitial lung disease, pulmonary fibrosis or breathing problems related to COVID-19. The group meets virtually on the first Friday of every month from 3:30 to 4:30 p.m. This group offers both support and education and is professionally facilitated by a respiratory therapist. The program is free, but registration is required. To register or for more information, call **732.499.6193**.

PARKINSON'S SUPPORT

GROUP: Virtual meeting on the second Wednesday of every month at 1 p.m. The group is open to all people with Parkinson's and their care partners. Call Community Education at **732.499.6193** and provide an email or phone number for an invitation to this meeting. If you don't have a computer, tablet or smartphone, you can join by phone.

SPOUSAL BEREAVEMENT

GROUP: Wednesdays at 10:30 a.m. Eight-week session that meets in person at the RWJ Rahway Fitness & Wellness Center, 2120 Lamberts Mill Road, Scotch Plains. To register, call **732.499.6193**.

WEIGHT LOSS SURGERY SUPPORT

Get started on a path to better health with weight loss surgery. Virtual and in-person seminars and support groups are available. Anish Nihalani, MD, Medical Director of the Surgical Weight Loss Program, is also available for consultations.

Weight Loss Seminars:

- **January 27 at 6:30 pm**
Support group at 5:30 pm
- **February 24 at 6:30 pm**
Support group at 5:30 pm
- **March 24 at 6:30 pm**
Support group at 5:30

To register for a support group or weight loss seminar or to request a consultation, call the program at **732.499.6300**

ONLINE SUPPORT FOR NEW AND EXPECTING MOTHERS

- **Breastfeeding Support**, every Monday from 12 to 1 p.m. International Board-Certified Lactation Consultants will provide guidance. Register at www.rwjbh.org/breastfeedingsupport.
- **Perinatal Mood and Anxiety Disorders**, every Wednesday from 11 a.m. to 12 p.m. Join our judgment-free and supportive virtual community, led by a perinatal mood disorder certified specialist. Register at www.rwjbh.org/PMADsupport.



HEALTHY COOKING DEMOS

Diane Weeks, RDN, MS, CDE. All classes take place from 7 to 8 p.m. To register, call **732.499.6193** and leave your name, email address and phone number.

- **Tuesday, January 25**
Healthy Winter Soups
- **Tuesday, February 22**
Healthy Comfort Foods

THE GOAL IS CONTROL: DIABETES LUNCH AND LEARN

Six Thursdays starting January 13, 11:30 a.m. to 1:30 p.m.
The Gateway Regional YMCA-Rahway Branch, 1564 Irving St., Rahway. Having trouble controlling blood sugar? This Lunch and Learn program is a series of expert-led small classes that include education, support, exercise and a healthy lunch. Program is free, but registration and proof of vaccination are required. To register, call **732.388.0057**.

NAMI (NATIONAL ALLIANCE ON MENTAL ILLNESS) OF UNION COUNTY

- **FAMILY SUPPORT GROUP:** Virtual meeting, third Tuesday of the month, 7 to 8:30 p.m. Are you feeling stressed and alone in trying to cope with the effects of a loved one's mental illness? This peer-led group for family members and caregivers of persons with mental illness can help. To register, email Denise at namiunioncounty@yahoo.com with your name, town and phone number.
- **SPEAKER PRESENTATIONS:** Fourth Tuesday of the month, 7:30 to 9 p.m., for anyone who wants to find out about mental illnesses, treatments and community resources. Professional speakers on relevant topics with Q&A to follow. Free resource guide for Union County available. To register, go to www.naminj.org/support/affiliates/union for upcoming events.
- **FAMILY TO FAMILY:** NAMI offers a program in which experienced family members help others learn more about the mental illness of their loved one, how to get through crisis periods and practice self-care, and explore recovery, advocacy and better communication. Eight-week course, offered one night a week. If interested, contact patroman2@aol.com.

WEIGHT LOSS CHALLENGE: ACCEPTED

WITH DETERMINATION AND AN EXPERT BARIATRIC SURGERY TEAM, A WOMAN TRANSFORMS HER LIFE.



BEFORE

AFTER



After weight loss surgery, Kathleen Curran walks 10,000 steps a day.

When Kathleen Curran, 54, decided to commit to losing weight and keeping it off, she knew it would be a challenge. But then, she was no stranger to facing down a challenge.

Overweight since childhood, she had spent her teen years in the frustrating cycle of “yo-yo” dieting, where she would lose weight, only to gain it all back. Then, in her early 20s, Kathleen needed surgery for gallstones and a cyst on her spleen.

Just months before that, Kathleen’s father had been beaten badly in a robbery and at first was not expected to survive his injuries.

“When we learned he would live, I had a feeling I’ll never forget,” she says. “The paramedics saved him. After that, I wanted to give back in some way.”

Thirty years of service in Emergency Medical Services was the way she chose to give back. A Colonia resident, she worked as a paramedic based in four area hospitals, including Robert Wood Johnson University Hospital (RWJUH) Rahway.

POWERING THROUGH

As years passed, Kathleen continued to gain weight. “Carrying all that equipment was tough,” she recalls. “My knees hurt so much, but I just put my weight out of my mind. And I was lazy. I didn’t want to diet.”

Still, she kept going, finally learning she had rheumatoid arthritis complicated with autoimmune issues. She left active status as a paramedic but joined the lecturing staff at Kean University in Union.

With medication finally addressing her autoimmune issues, she started to feel better physically. Now, she decided, she would finally tackle her weight. She weighed 346 pounds.



ANISH NIHALANI, MD

“Then the mental change came,” she recalls. “The biggest motivator, though, was the fact I was at the university, teaching nutrition to 18-year-olds. And here

I am, I can’t catch my breath from walking across the campus. Just a little hypocritical, don’t you think?”

A LIFE CHANGE

At Kathleen’s first consultation with Anish Nihalani, MD, Medical Director of the Surgical Weight Loss Program at RWJUH Rahway, he explained that bariatric surgery might be more difficult for her because of scarring from past surgeries.

“He said that the scarring might make it too difficult to do the surgery laparoscopically,” an approach that uses incisions smaller than those of traditional surgery, she recalls. “That meant the recovery would be harder.”

Despite that possibility, Kathleen forged ahead, embracing the presurgical program. She met with a nutritionist to learn how to eat healthier and how to change her relationship with food. Like all bariatric surgery candidates, she met with a psychiatrist so that her commitment to making the necessary eating and physical activity changes could be assessed. She also had a thorough physical workup.

The type of surgery Kathleen chose was a sleeve gastrectomy, the most common type of weight loss surgery. In this procedure, 70 percent of the stomach is removed. The rest is gathered into a small pouch, reducing the amount of food the stomach can hold.

“A sleeve gastrectomy reduces the capacity of the stomach down from two liters to about 14 ounces,” explains Dr. Nihalani. “In addition, it causes a huge hormonal and metabolic impact, specifically on ghrelin, known as the hunger hormone. Patients come back and tell us that they no longer have the cravings and desire to eat they once had.”

With all the preparations completed, Kathleen was ready for surgery. “I hadn’t been sure we could do the operation laparoscopically, but with a little luck, hard work and patience, we were able to get it done,” says Dr. Nihalani. “The procedure usually takes 45 minutes, but



A LEADING BARIATRIC PROGRAM

The Surgical Weight Loss Program at Robert Wood Johnson University Hospital Rahway is accredited by the American College of Surgeons as a comprehensive center with the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP), an organization that sets national quality standards for bariatric surgery centers. This designation means that the program has joined the ranks of the nation’s leading bariatric surgery programs.

hers took two hours.”

Kathleen says she wasn’t surprised to wake up to find only a small incision. “I trusted Dr. Nihalani,” she says. “I knew he’d do his best.”

A year has passed, and Kathleen’s life is quite different. She has lost 113 pounds, and walking no longer makes her breathless. In fact, she walks 10,000 steps a day and works out five times a week. She continues to diet, with the hope of losing a few more pounds. And, she says, she just feels better.

“The difference is amazing. On a scale of 10, the pain in my knees has gone from nine or 10 down to a two, and I’m taking three medications instead of nine,” she says. “My blood pressure is normal. I just feel good.”

Asked for her advice to others who are fighting weight and other challenges, Kathleen offers the philosophy that works for her.

“Believe in yourself,” she says. “It may sound cliché, but it’s true. You have to believe in yourself and just do what you’ve got to do.”

To learn more about weight loss surgery at RWJUH Rahway, call 732.499.6300 or visit www.rwjbh.org/weightloss.



RWJBarnabas Health and RWJUH Rahway, 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.

For more information, call
844.CANCERNJ
or visit
www.rwjbh.org/beatcancer.

Cindy Bryer’s condition has stabilized after advanced treatment for lung cancer at RWJUH Rahway.

‘CANCER’S NOT GOING TO RULE ME’

A DETERMINED WOMAN BEATS THE ODDS FOR ADVANCED LUNG CANCER.

On September 26, 2019, Carteret resident Cindy Bryer was engaged in her normal morning routine. The 54-year-old had finished her coffee and was getting ready to go for a walk in the park with her daughter.



PAWAN GUNDAVARAM, MD

While she had experienced a bit of coughing, “I thought it was just smoker’s cough,” she says. “Otherwise, nothing was really bothering me healthwise.”

But minutes later, she felt a severe burning in her throat. Her daughter called 911, and EMS crews rushed her to Robert Wood Johnson University Hospital (RWJUH) Rahway. “I remember the drive, and I remember being right outside the emergency entrance,” Cindy says. “Then I looked at one of the EMTs, and everything went dark.”

Cindy had suffered ventricular fibrillation—a rapid, life-threatening heartbeat that caused her to pass out. A team of doctors rushed to her side. “Because she had chest pain, shortness of breath and had become unconscious, we did a full workup on her,” says Pawan Gundavaram, MD, a medical oncologist at RWJUH Rahway and a member of RWJBarnabas Health Medical Group, who saw Cindy in the Emergency Department that day.

Imaging studies revealed some sobering news: Cindy had a 4.1-centimeter mass in the upper lobe of her left lung. She had also developed multiple lesions on both sides of her brain that were causing her brain to swell. A CT-guided biopsy of the mass confirmed a diagnosis of stage 4 metastatic lung cancer.

“I don’t think they expected me to go home again,” Cindy says.

CHOOSING TO FIGHT

At first, Cindy struggled to process the news. “I was very upset,” she recalls. “I worried about not being able to see my grandkids get married or graduate high school.”

The unfortunate reality, according to Dr. Gundavaram, is that many patients diagnosed with stage 4 lung cancer choose not to seek treatment. “Stage 4 is a very aggressive cancer, and if it’s left untreated, people usually only have three to four months to live,” he says. “Some people give up at that point.”

But Cindy, after much reflection, decided to get her cancer treated. Her team at RWJUH Rahway attacked her cancer with three approaches. First came radiation therapy, led by radiation oncologist Eric Karp, MD, which directed radioactive beams to the lesions in her lung and brain.

Next came a combination of chemotherapy, a drug treatment that

kills cancer cells, and immunotherapy, which uses the patient’s own immune system to treat specific tumor mutations. “We have about 15 different tumor mutations we can treat now with immunotherapy, based on a patient’s biologic markers, thanks to advances in medications and the sophisticated testing we do,” Dr. Gundavaram says.

Cindy tested positive for PDL1-positive lung cancer, a subtype that makes up about 10 to 15 percent of lung cancer cases in the U.S., according to the American Lung Association. “Her tumor had a high expression of the marker PDL1, which meant it would be more responsive to immunotherapy,” Dr. Gundavaram says.

PHASES OF TREATMENT

From January through April 2020, Cindy underwent the induction phase of chemotherapy, designed to shrink her lesions. She received infusions during six four-and-a-half-hour sessions.

After the initial phase, she started maintenance immunotherapy, designed to keep the cancer at bay with minimal side effects. She received an infusion for 30 minutes every three to six weeks. All treatments took place in the Oncology Infusion Center on the third floor of RWJUH Rahway.

Throughout her journey, Cindy relied on her friends and family members, who drove her to her treatments and provided an emotional lift. “I have my good and bad days,” she says. “On those days I feel ‘boo-hoo’ for myself, they try to get me out of the ‘boo-hoos.’”

She says she appreciated the way Dr. Gundavaram communicated with her. “He told me about everything up front—and I’m a pretty straightforward person, so I liked that,” she says. “He truly listened, and he respected everything I said about what I wanted to do during treatment and what I wouldn’t do. I couldn’t have asked for a better doctor.”

Two years after her diagnosis,



INFUSION CARE DESIGNED WITH PATIENTS IN MIND

The Oncology Infusion Center at RWJUH Rahway offers patients a calm, private area for cancer treatments. Located on the hospital’s third floor, it includes 12 infusion chairs and a team of chemotherapy nurses with advanced training and many years of experience.

“It’s a one-stop shop for patients,” says medical oncologist Pawan Gundavaram, MD. “Because it’s hospital-based, we have access to patients’ imaging test results. We can perform quick-turnaround lab tests. Patients who need radiation therapy can receive it right next door. And if any dangerous side effects occur, patients can get immediate care in our Emergency Department.”

For longer-term infusions, patients can order breakfast or lunch from a menu and have it delivered directly to the Oncology Infusion Center.

To make an appointment for infusion services at RWJUH Rahway, call **732.499.6207**.

Cindy’s lung cancer has stabilized. The mass on her lung is smaller. “It almost looks like a small scab now,” she says. The lesions on her brain are no longer visible on imaging.

She’s also quit smoking. Despite having advanced lung cancer, she doesn’t have to use oxygen. And while she battles some fatigue and joint pain from her treatment, Cindy is keeping up her fighting spirit. “My motto is, ‘Cancer’s not going to rule me. I’m gonna rule the cancer,’” she says.

To connect with a cancer specialist at RWJUH Rahway, call **844.CANCERNJ (844.226.2376)**.





AN AVOIDABLE EMERGENCY

HOW A SERIOUS INFECTION BECAME A LIFE-THREATENING CRISIS

Kevin Lott, 54, of Clark, is the first to admit that he has never been good about going to the doctor, but his illness in April felt different.

"I hadn't been well for a couple of months," recalls Kevin, who works part-time at a hotdog stand. "I smoked at the time, so I already had a cough, but at that point I couldn't stop coughing. I was having trouble breathing, and it was hard for me to sleep at night."

In the end, Kevin's son finally stepped in and convinced his father that he had to go to the hospital.

A CRITICAL CASE

It took a village to save Kevin Lott's life, and the process started with the skilled

medical professionals in the Emergency Department (ED) at Robert Wood Johnson University Hospital (RWJUH) Rahway.

"By the time I got there, I was really feeling terrible," Kevin remembers. "I had a temperature, but I was freezing cold. They brought me warm blankets. One of the nurses said, 'Close your eyes and relax,' and that's the last thing I remember."

Jordan Greenberg, PA, an emergency medicine physician assistant, oversaw Kevin's care in the ED.

"Mr. Lott arrived complaining of fever, shortness of breath and body aches," Greenberg recalls. "He also had an extremely elevated white

blood count. The staff and I quickly determined that he had pneumonia."

In the ED, Kevin was treated with antibiotics as well as oxygen. Because he had no primary care doctor, the on-call physician was contacted, and Kevin was admitted to the Critical Care Unit.

Kevin's pneumonia triggered a bout of sepsis, a potentially life-threatening complication. Sepsis occurs when the body tries to fight an infection and the immune system goes into overdrive, causing inflammation that can damage organs. Any infection can lead to sepsis, but it most commonly happens with infections of the lungs, such as pneumonia, as well as of the urinary and digestive systems.

Grateful patient Kevin Lott came back to visit his caregivers in the 3C Unit. From left, Arlene Turner, RN, Lilliana Alvarado, RN, Kevin Lott, Nancy Calixte, CNA, and Nalda Lynch, CNA.

FINALLY AWAKE

By the time Kevin awoke, weeks had passed. He was still gravely ill, intubated with chest tubes that drained infection from his lungs. He eventually was moved to a regular room in the 3C Unit at RWJUH Rahway, where he remained for an extended period.

“They told me I’d been on a ventilator for a week,” he says. “The doctors kept trying to find new antibiotic combinations that worked.”

He had lost 90 pounds and was so weak that he was unable to lift his legs onto the bed.

“The nurses were so patient,” he remembers. “I had to keep calling them to help me. I pulled out my tubes several times. Everything tasted bad to me, but one nurse’s aide named Nancy kept trying to get me to eat. When you’re dealing with people who are as sick as I was, it takes a special kind of person.”

“When Mr. Lott got here, he was in such a weakened state due to his infections that he required assistance, even with eating. But as time went, on he fought hard to get stronger. It’s great to know that he’s back to himself and that we helped him get there!” says one of his 3C nurses, Jessica Ojibara, BSN, RN.

In mid-May, Kevin finally left the hospital but had to be readmitted a week later because his condition wasn’t stable. He was finally discharged to rehab on June 7.

In September, he visited the hospital wearing a T-shirt with the words “I Believe” and a picture of Santa. “I wanted to see the folks who took care of me and to thank them,” he says.

The medical personnel were thrilled by his visit. “To see him walking around was amazing,” said Nancy Calixte, one of the CNAs who took care of him. “We were so glad. It gave us goosebumps.”



LISTENING TO YOUR BODY

Kevin Lott’s experience highlights the importance of paying attention to your body and addressing symptoms early.

In some cases, a change in how you feel physically can alert you to a health problem that can be solved with medication or another minor intervention. Alternatively, it could involve early detection of a more serious illness and prevent a more severe stage from developing.



Signs You Should Go to the Doctor

- **Cold and flu symptoms**—cough, earache, sore throat, vomiting, fever—that last for 10 days or get worse instead of better.
- **Diarrhea** that lasts more than three days, severe abdominal pain or blood in your stool.
- **Headaches** that don’t get better with rest or over-the-counter medicine.
- **Digestive issues**—heartburn, painful swallowing, nausea, heartburn—that don’t go away.
- **Back pain** that is constant, spreads down one or both legs or is accompanied by weakness, numbness or tingling in the legs.
- **Changes in menstruation**, including bleeding between periods.

Source: FamilyDoctor.org



Signs You Should Go to the ED

- Trouble breathing.
- Persistent pain or pressure in the chest.
- Sudden confusion or slurred speech.
- Inability to wake or stay awake.
- Possible bone fracture.
- Serious cuts or burns.
- Head injury that leads to nausea, disorientation or loss of consciousness, even briefly.

Source: Centers for Disease Control and Prevention

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