

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

SUMMER 2019

healthy

together

**A FATHER-
SON KIDNEY
TRANSPLANT**

**AQUATIC
THERAPY
FOR BETTER
MOVEMENT**

**WEIGHT LOSS
SUCCESS**

**FITNESS TIPS
FROM BASEBALL PROS**



Celebrating a Good Year

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

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

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

We are proud of our team at RWJUH for their tireless dedication to innovative cancer care. The Cancer Program at RWJUH, in partnership with the Rutgers Cancer Institute of New Jersey, is committed to offering patients the most advanced cancer-defeating therapies. For example, RWJUH was the first cancer hospital in the state to offer peptide receptor radionuclide therapy, an innovative targeted treatment for rare neuroendocrine tumors. Moreover, RWJUH is one of only a few facilities in the region to offer CAR T-cell therapy for adults with diffuse large B-cell lymphoma and children with acute lymphoblastic leukemia. This hospital also offers proton beam therapy, a type of radiation therapy that precisely targets tumors while minimizing the impact on healthy tissue.

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

Yours in good health,

BARRY H. OSTROWSKY
PRESIDENT AND CHIEF EXECUTIVE OFFICER
RWJBARNABAS HEALTH

JOHN J. GANTNER
PRESIDENT AND CHIEF EXECUTIVE OFFICER
ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL



HEALTH NEWS

A TOP HOSPITAL IN THE U.S.

Becker's Hospital Review, a publication for hospitals and health systems, has named Robert Wood Johnson University Hospital (RWJUH) one of the "100 Great Hospitals in America." The designation recognizes the hospital's excellence in clinical care, patient outcomes, and staff and physician satisfaction. In addition, the Human Rights Campaign Foundation has recognized RWJUH as a leader in LGBTQ Healthcare Equality for four consecutive years.

RAISING FUNDS FOR PEDIATRIC CARE

The Middlesex County Prosecutors Office, PBA #214, hosted the first annual Charity Softball Tournament to raise funds for The Bristol-Myers Squibb Children's Hospital (BMSCH) at RWJUH. The effort raised \$5,500, which will be used to support the thousands of children treated at BMSCH. Group members plan to host another tournament with more teams to increase their support of BMSCH.

A STATE-OF-THE-ART NEUROCRITICAL CARE UNIT

In May, RWJUH opened a state-of-the-art Neurocritical Care Unit. The unit features advanced technology designed for the care of critically ill and injured neurology and neurosurgery patients. The Moberg CNS Monitor enables physicians to monitor the brains of injured patients in real time. The 15,000 square-foot unit includes:

- 15 patient rooms designed to meet the needs of the critically ill
- Glass walls to optimize patient monitoring
- Quiet spaces for family members

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

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A SYMBOL OF HIGH-QUALITY CARE

Robert Wood Johnson University Hospital (RWJUH) recently earned The Joint Commission's Gold Seal of Approval for its Hip and Knee Joint Replacement Programs and its Bariatric Surgery Program. To achieve this certification, RWJUH underwent a rigorous on-site review in the fall of 2018. The Gold Seal of Approval is awarded for complying with national standards of care. "Our program went through some of the most vigorous testing and evaluation to make sure that it's at the highest level of safety, efficiency and outcomes," says Ragui Sadek, MD, Medical Director of Bariatric Surgery at RWJUH. "We meet all standards and are actually above the national average for most of these standards."

Janet Scratchley enjoys a more active lifestyle, including walks with her dog, Chelsea.

A NEW LEASE ON LIFE

AFTER WEIGHT-LOSS AND HIP REPLACEMENT SURGERIES, ONE PATIENT'S HEALTH WAS TRANSFORMED.

Janet Scratchley, 57, struggled with her weight her entire life. “I’ve gained and lost weight many times, and I thought that was never going to change,” she says. For nearly a decade, the elementary school teacher in West Long Branch lived with worsening back pain. “I tried everything—physical therapy, aquatic therapy, anti-inflammatory medications, epidural injections, a back brace and acupuncture,” she says. “I would feel better for a little while, and then my symptoms would worsen.”

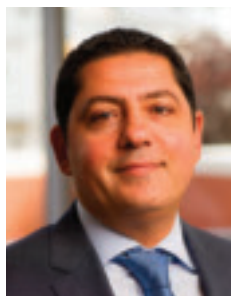
Eventually, the pain became so debilitating that Janet stopped taking her dog, Chelsea, a golden retriever mix, to the beach, and did little more than go to work and come home. “I went to a store twice in two years and out to dinner maybe two times,” she says. Meanwhile, Janet’s weight crept upwards, which only made matters worse. The school eventually got her a motorized scooter to get around at work.

THE TURNING POINT

Janet saw around eight physicians for the back pain. Finally, she discovered that her pain wasn’t coming from her back but from her hip. “I had osteoarthritis in my hip, in which the cartilage that cushions a joint breaks down,” she says. She needed hip replacement surgery to relieve the pain.

Unfortunately, Janet wasn’t eligible for the surgery because her body mass index (BMI), a height-weight ratio that can signal a person’s risk for health problems, was 53. Studies show that when a person’s BMI is above 40, the risk for complications from surgery, such as infection, rises significantly. In addition, postoperative rehabilitation can be difficult for these patients. Janet also had diabetes, which interferes with healing. “I thought, ‘I’m just going to wait to die now,’” she says.

Luckily, a friend suggested that Janet see Ragui Sadek, MD, Medical Director of Bariatric Surgery at Robert Wood Johnson University Hospital (RWJUH), who takes a team approach to managing complex cases like hers. He explained that she could



RAGUI SADEK, MD



DAVID HARWOOD, MD

drop excess pounds through a procedure called sleeve gastrectomy. The surgery involves making several small incisions in the abdomen and placing small instruments and

a tiny camera through those incisions. The surgeon then creates a small, sleeve-shaped stomach about the size of a banana, which helps patients consume less food and can lead to significant weight loss. “The majority of patients lose 75 to 80 percent of their body weight,” says Dr. Sadek. Sleeve gastrectomy also reduces levels of hormones that contribute to hunger, decreasing appetite.

Janet had the surgery in August 2018 and did well. “We were able to help her lose a significant amount of weight, cure her diabetes, resolve her sleep apnea, and prepare her for joint replacement surgery,” says Dr. Sadek.

Janet wanted to see an orthopedist affiliated with RWJBarnabas Health, so she made an appointment with David Harwood, MD, an orthopedic surgeon at RWJUH and Clinical Associate Professor of Orthopedic Surgery at Rutgers Robert Wood Johnson Medical School. “I often see patients like Janet who are in tears because they are in extreme pain and have been told by multiple people that they are not surgical candidates and there is no hope,” says Dr. Harwood.

When Janet saw Dr. Harwood in September 2018, she hadn’t lost enough weight to qualify for hip replacement surgery. By January, however, she had dropped an additional 50 pounds and was able to have the surgery. “Some people think bariatric surgery is a drastic way to lose weight, but for some patients it’s the only way forward,” says Dr. Harwood. “It’s safe, and it helps patients improve their mobility.”

THE ROAD TO RECOVERY

Janet has been in physical therapy since January—not only to adjust to her hip implant, but also to recondition her body. “People need to recover not just from the surgery but also from the months or even years of disuse and atrophy of their muscles,” says Dr. Harwood.

Janet, who has now shed more than 100 pounds, has already noticed a dramatic difference in her lifestyle. She uses a treadmill at physical therapy, is getting out more, and even takes Chelsea on walks. “Between the two surgeries, people are literally metamorphosed,” says Dr. Harwood. “They go from being wheelchair-bound to functioning normally. I fully anticipate that Janet will be back to a normal life.”

“My life after my surgeries is like night and day,” says Janet. “These procedures have made it possible for me to do the work to lose the weight. My experience at RWJUH has been nothing but positive and supportive. I tell Chelsea, ‘Hang in there. We’ll go to the beach soon.’”

To learn more about bariatric surgery at Robert Wood Johnson University Hospital (RWJUH), visit www.rwjbh.org/rwjhbariatric. To learn more about orthopedic surgery at RWJUH, visit www.rwjbh.org/rwjhortho.

FAMILY TIES



Greg Bayard Jr. didn't have any doubts about donating a kidney to his father, Greg, who has resumed his favorite activities.

THANKS TO THE GENEROSITY OF TWO RELATIVES, A KIDNEY TRANSPLANT RECIPIENT IS ABLE TO MAINTAIN HIS ACTIVE LIFESTYLE.

Greg Bayard is passionate about sports. The 58-year-old sales representative from Scotch Plains played basketball in college and coached basketball and baseball when his children were young. In 1999, he was working full-time and coaching his son's teams in the evenings when he started to feel unusually tired. "I had so little energy I could barely climb into the shower in the mornings," he recalls.

Greg was diagnosed with a degenerative kidney disease called focal segmental glomerulosclerosis (FSGS), which destroys the filters in the kidneys. "By 2003, I was on dialysis and knew I would need a kidney transplant," says Greg.

"FSGS can cause a rapid decline in kidney function," says Ronald Pelletier, MD, a transplant surgeon and Program Director at the Kidney and Pancreas Transplant Center at Robert Wood Johnson University Hospital (RWJUH). "In cases like these, finding a living donor, such as a family member, is the first option."

Healthy people have two kidneys, and the body can function normally with one. To perform a living donor transplant, surgeons remove a healthy kidney from the donor and transplant it into the recipient. The transplanted kidney resumes function immediately. Afterward, the recipient must take medications that suppress the immune system and prevent rejection of the kidney for the "lifetime" of the organ.

A NEW KIDNEY

Greg soon found a donor: his sister, who was 42 at the time. After receiving the transplant in 2005, Greg was looking forward to resuming his active lifestyle. "Unfortunately, the disease immediately attacked the new kidney," he says. "It came back 10 times more aggressively. I was coming to terms with that when my doctor got me approved for a procedure called plasmapheresis." This procedure involves filtering the blood and removing antibodies, which had attacked the donated kidney.



RONALD PELLETIER, MD



ADVAITH BONGU, MD

Against the odds, the procedure was a success. Greg spent the next 14 years living a fairly normal life, aside from taking an intensive regimen of medications.



FINDING A DONOR

One of the biggest challenges patients like Greg Bayard face is finding a suitable donor. Ronald Pelletier, MD, transplant surgeon and Program Director at the Kidney and Pancreas Transplant Center at Robert Wood Johnson University Hospital, says he's seen donors come forward in unexpected ways over the years. He recommends that patients enlist a friend or family member who can serve as a "donor champion" to search on the patient's behalf through friends and family, social media networks and word of mouth. "One recent development that's really helping kidney transplant patients is the concept of a donor exchange," says Dr. Pelletier. "If a patient has a donor who isn't a match, we can potentially match him or her with another patient in the same situation, so both can get the kidney they need."

In the summer of 2018, the new kidney failed, and Greg went back on dialysis. "There are many variables that affect how long a transplanted kidney will work, including the source of the kidney and the overall health of the patient," says Dr. Pelletier. About 50 percent of donated kidneys are still functioning after 15 years.

Greg's son, Greg Bayard Jr., 30, a salesperson for a building supply company, told his father he would be the next donor. "I knew the kidney from my aunt wouldn't last forever," he says. "I decided long ago that when the time came, I would donate."

A SECOND "GIFT"

Both father and son saw Dr. Pelletier and his colleague, Advait Bongu, MD, at the Kidney and Pancreas Transplant Center. After testing their blood types and tissue to ensure compatibility, the surgeons determined that the younger Greg was an ideal match.

On February 12, father and son went into the operating room together. "After the procedure, we were placed in adjoining rooms," says Greg. "The first time we were able to get up and move, we met in the hallway and hugged. It was emotional, to say the least."

They were released from the hospital within five days. So far, the new kidney is working well with no complications. "The whole process was fairly simple," says Greg Jr. "I didn't hesitate or have doubts for a minute about donating. My dad is the reason I am who I am today."

Greg and his son look forward to sharing their favorite pastimes again: playing golf, attending New York Jets, Mets, Knicks and Rangers games, and spending summer weekends at the family's home on Long Beach Island. "Seeing my son's commitment to donating his kidney was awe-inspiring," says Greg. "I have a wonderful family. The love and commitment we share is constant and permanent."

To learn more about the Kidney and Pancreas Transplant Center at Robert Wood Johnson University Hospital, call **732.253.3699** or visit www.rwjbh.org/rwjhtransplant.



INSPIRING HEALTHY HABITS

A FREE PROGRAM TEACHES AREA CHILDREN ABOUT HEALTHY EATING, COOKING AND EXERCISE.

Broccoli can actually be tasty. That's just one lesson children learned during Project Inspire, a free five-day program that teaches 10- to 14-year-old New Brunswick children about leading a healthy lifestyle through nutrition and exercise. The program was started in 2009 and is funded by a grant from Johnson & Johnson.

During the course, children learn about making healthy choices, reading nutrition labels and how to increase physical activity on a daily basis. They're also taught how to handle kitchen tools. "At the end of the week, participants try diverse types of foods, such as garbanzo beans, and learn to prepare different meals with little to no supervision," says Leslie Malachi, MS, program coordinator. The process promotes self-esteem, teamwork and leadership. "We give kids the confidence to try new things

and let them explain to the class what they prepared and how they liked it, pushing them to be more assertive," she says. "By the end of the program, all have tried or enjoyed a vegetable they thought they didn't like."

Parents are impressed by the skills and independence their kids learn. "My kids now wake up early and cook breakfast and snacks independently," says Ingrid Rodriguez, mother of Cami and Sam, 11-year-old twins. "They are so proud of what they make. It's amazing how just a few lessons gave them the skills to manage kitchen tools."

FITNESS INSTRUCTION

At every session, the children participate in 60 minutes of exercise with trainers at the RWJ Fitness & Wellness Center in New Brunswick. They do yoga, Zumba, aqua aerobics and cycling. "My son loved working with the trainers," says Arsama Raju, father of Aaron, who is 10. "He learned that exercise is important for staying healthy."

Children who participate in the Project Inspire program enjoy learning how to prepare healthy snacks and meals on their own.

Children are evaluated on what they learn at the beginning and end of the program. "Ninety-one percent of participants have learned something new that has been implemented in their homes," says Malachi.

The program receives rave reviews from parents and children alike. "Parents thank us for getting their children excited about new foods," says Malachi. Says Kavya, 10: "I really enjoyed the program. I learned how to make better snacks at home."

Project Inspire is held three times a year—during spring break in April, summer break in August, and Thanksgiving break in November. About 25 to 30 children attend each session, and applications are accepted on a first-come, first-serve basis.

For more information or to register for the program, call **732.247.2050**.



CRANIAL TUMORS: HELP FOR HARD CASES

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

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

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

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

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

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

GRATIFYING RESULTS

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

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

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

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

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

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

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

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

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

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



ANIL NANDA, MD

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



PEAK PERFORMANCE:

SECRETS OF BASEBALL PROS

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

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

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

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

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

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



ALFREDO RODRIGUEZ

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

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



JACK PERKINS

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

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



GARRETT WHITLOCK

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

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



CONRAD GREGOR

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

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

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

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

NEW CANCER TREATMENT, NEW HOPE

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

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

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

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

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

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

NEW POSSIBILITIES

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

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

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

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

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

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

MOVING AHEAD

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

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

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

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


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



ANDREW BROWN, MD



DENNIS COOPER, MD



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

PHOTO CREDIT: JOHN O'BOYLE.



RWJBarnabas Health and The Cancer Center at Saint Barnabas Medical Center, in partnership with Rutgers Cancer Institute of New Jersey—the state's only NCI-Designated Comprehensive Cancer Center—provide close-to-home access to the latest treatment, including clinical trials. Visit www.rwjbh.org/beatcancer.

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

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

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

AN EXCITING FUTURE

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

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

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

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

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

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



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

PARTNERING TO FIGHT PAIN

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



Children's Specialized Hospital®
An RWJBarnabas Health facility

at
Rady Children's Hospital

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

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

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

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

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

MASTERING THE PAIN

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

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

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

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

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

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

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

At Children's Specialized Hospital, we provide world-class care for children and young adults who face special health challenges across the state of New Jersey and beyond. Our locations in Bayonne, Clifton, East Brunswick, Egg Harbor Township, Hamilton, Jersey City, Mountainside, New Brunswick, Newark, Toms River and Warren treat everything from chronic illnesses and complex physical disabilities like brain and spinal cord injuries, to developmental and behavioral issues like autism and mental health.



HEART HEALTH: KNOW YOUR NUMBERS

KEEP ON TOP OF THESE SIMPLE TESTS TO STAY HEALTHY.

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

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

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



SERGIO WAXMAN, MD



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

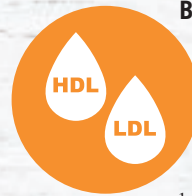


HEART RATE (PULSE): The number of times your heart beats per minute. “This is helpful if you’re exercising and want to see if your training is significantly affecting your heart rate,” says Dr. Waxman. The American Heart Association recommends at least 150 minutes of moderate-intensity exercise per week.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

sooner your heart rate returns to normal after exercise.



BLOOD SUGAR: High glucose (blood sugar) levels are strongly correlated with cardiovascular disease because over time they damage blood vessels and nerves. “An annual blood test after overnight fasting is all that’s needed, unless your levels are elevated,” says Dr. Waxman. “If they are, the other number you should know is your Hemoglobin A_{1c}, which is a measure of your average glucose levels over the past three months.”



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

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



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

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

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

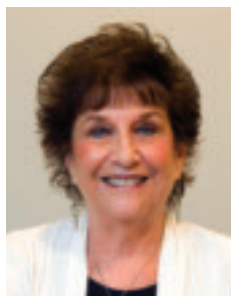


THE KEY TO QUITTING SMOKING OR VAPING

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

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

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



CONNIE GREENE

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

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

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

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

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

A NEW APPROACH

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

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

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

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

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

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

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





John Lancaster, PTA, and Mary Jo Bronson, PT, DPT, help patients with a variety of medical conditions move better without pain.

AQUATIC THERAPY CAN HELP PATIENTS REGAIN MOBILITY, STRENGTH, CONFIDENCE—AND A HEALTHIER LIFESTYLE.

Taking a dip in a pool is a great way to unwind in the summer, but it also has therapeutic benefits—especially when the temperature is warm. At the RWJ Fitness & Wellness Center at Robert Wood Johnson University Hospital, patients with a variety of conditions, such as arthritis and obesity, participate in “aquatic therapy,” a form of physical therapy. “Many people with medical conditions stop exercising because they’re fearful to do it without assistance,” says Mary Jo Bronson, PT, DPT, Senior Physical Therapist. “Aquatic therapy can help them become more confident and can open a door to a more active, healthy lifestyle.” Here’s how patients can benefit:

ARTHRITIS (OSTEOARTHRITIS AND RHEUMATOID ARTHRITIS)

These patients suffer from inflamed joints, chronic pain, a decreased range of motion and weakness. Walking on land can be difficult, and patients are at risk of falls. Arthritis patients can move more easily in the water because it reduces the amount of force on the joints. The water’s buoyancy allows patients to go through the motions of walking and work on skills, such as balance, without the risk of falling.

POSTSURGICAL PATIENTS (JOINT REPLACEMENT AND SPINE SURGERY)

A small percentage of patients with hip and knee replacements have difficulty bearing full weight and have balance challenges. Aquatic therapy allows them to move more freely and work on balance, which can be challenging on land. Water exercises can also help postsurgical patients become comfortable with everyday movements, such as getting in and out of a chair without putting excessive weight on the joint, for instance. “The water helps to support the core and spinal column, promoting proper body mechanics for the transition to land activities,” says Bronson.

CHRONIC PAIN (FIBROMYALGIA, CHRONIC NECK AND BACK PAIN)

These patients often stop participating in their usual activities due to pain, so they lose strength and mobility. Starting an exercise program in the water (walking

and upper and lower extremity workouts, for instance) helps these patients move better without pain and prepares them for land exercises.

SPINAL CORD INJURIES

Many of these patients are weak, and some are in a wheelchair. Water exercise helps them discover their capacity for movement. “The most important component is psychological,” says John Lancaster, PTA. “When patients are more confident, they can move more freely.” Those with partial spinal cord injuries can work on core stability exercises. “We find that spinal cord injury patients who participate in aqua therapy are better able to perform the activities of daily living, such as cooking and reaching into a cupboard,” says Bronson.

OBESITY

Exercising in the water helps to improve mobility, endurance and strength in patients who are obese—and those who have had weight-loss surgery. These patients typically suffer from joint pain and decreased mobility. “After participating in aquatic therapy, they are better able to tolerate land exercise,” says Bronson.

To learn more about aquatic therapy at Robert Wood Johnson University Hospital, visit www.rwjbh.org/rwjuhaquatic.



David Crockett no longer suffers from urination problems thanks to a procedure performed by urologic surgeon Sammy Elsamra, MD.

BATTLING PROSTATE PROBLEMS

**ONE PATIENT
EXPERIENCED A
DRAMATIC RECOVERY
AFTER ROBOTIC-
ASSISTED SURGERY.**

David Crockett, 68, knew he had a problem with his prostate, a small, walnut-shaped gland that creates fluid for semen. During the night, David, who lives in Brooklyn, N.Y., had to get up several times to use the bathroom. Long car trips required frequent breaks. The assistant professor in the Department of Neuroscience and Cell Biology at Rutgers Robert Wood Johnson Medical School remembered that his father had struggled with benign prostatic hyperplasia (BPH), in which the prostate gland enlarges, causing urination problems.

BPH occurs with aging (about half of men between 51 and 60 have the condition, and up to 90 percent of men over age 80 have it). The prostate gland surrounds the urethra, a tube that carries urine from the bladder to the penis. When the gland enlarges, it can press on the urethra, irritating or blocking the tube. It can also lead to bladder and kidney damage. When the bladder doesn't empty completely, it can stretch and weaken. Pressure in the bladder from retained urine can damage the kidneys.

What David didn't realize was how quickly the condition can deteriorate. In November 2018, he learned that his enlarged prostate gland was pressing against his bladder, preventing him from urinating and causing his bladder to become dangerously swollen. "My belly got so big I looked like I was pregnant," he recalls. "My primary care doctor sent me to a urologist right away, and two liters of urine were flushed out of my bladder."

A MINIMALLY INVASIVE SOLUTION

The urology team at Robert Wood Johnson University Hospital (RWJUH) examined David and found that his bladder had swollen to five times its normal size. David also learned he was developing kidney failure and a diverticulum, a pouch that forms in the bladder wall, often as a result of BPH.

After discussing treatment options with his urologic surgeon, Sammy Elsamra, MD, Director of Robotic Surgical Services, David decided in February to undergo robotic-assisted surgery at RWJUH, which is using the newest robotic technology. Robotic-assisted surgery is commonly used to perform urologic procedures, such as the removal of the prostate gland or a kidney and urinary obstruction surgery. With this technology, the surgeon sits at a console and uses controls to manipulate surgical instruments. He or she make small incisions and uses a laparoscope—a thin tube with a tiny camera and light at the end—to view the patient's anatomy. The images are sent to a computer screen, which magnifies organs, improving the surgeon's field of vision. "In small spaces like the pelvis, the robot offers a level of visualization and precision that isn't possible with open surgery," says Dr. Elsamra.

One of the key benefits of this technology is the robot's wide range of motion. The robot can maneuver in tight areas, allowing physicians to perform surgeries in hard-to-reach places. This minimally invasive approach means that surgeons can provide the same, or better, quality repairs as traditional open procedures with less pain and scarring, shorter hospital stays and faster recovery times. "The traditional procedure is performed in an open manner, but robotic surgery should be the standard," says Dr. Elsamra.

A SPEEDY RECOVERY

David feared that some of the damage to his bladder was beyond repair and that he would not regain full function after the surgery. "We knew there was a chance he'd have trouble urinating and would need a catheter permanently," says Dr. Elsamra. "Luckily, we were able to remove the diverticulum in his bladder and the obstructing prostate tissue. He was back to normal function one week later."

6 BENEFITS OF ROBOTIC-ASSISTED SURGERY

Robotic-assisted surgery may result in the following:

1. A shorter hospital stay. Some robotic-assisted procedures can even be done on an outpatient basis.
2. Less postsurgical pain and a need for fewer opioid pain medications
3. Smaller and less noticeable scars compared to those associated with open procedures
4. Lower risk of infection
5. Lower risk of blood loss requiring a transfusion
6. A quicker return to daily activities (often in days rather than weeks or months with open procedures)



David says the experience wound up being much easier than he had expected. He was able to go home within 24 hours of the surgery, and the pain was so minimal that he took only two prescription pain medication pills before switching to acetaminophen. "The procedure turned out to be a miracle," he says. "My recovery was fast, and I'm happy to report that everything is back to normal."

To learn more about robotic-assisted surgery at Robert Wood Johnson University Hospital, visit www.rwjbh.org/rwjhrobotics.



April Johnson is grateful that her daughter, Emanta, made a complete recovery from a severe case of the flu.



SAVING EMANTA

A SOPHISTICATED THERAPY HELPED A YOUNG CHILD SURVIVE THE FLU AND COLLAPSED LUNGS.

Emanta Adrien was very ill when she arrived at The Bristol-Myers Squibb Children's Hospital (BMSCH) at Robert Wood Johnson University Hospital (RWJUH) last February. The toddler, just 18 months old, was transferred from a Trenton-area hospital with a severe case of the flu. The common illness causes body aches, coughing and fatigue, and in some cases can lead to serious complications. In Emanta's case, the virus had affected her lungs, and she

was struggling to breathe. She was placed on a ventilator, but after improving for a day or so, her condition deteriorated.

"Emanta developed holes in her lungs," says Shaheen Timmapuri, MD, a surgeon at BMSCH. She had a condition known as pneumothorax, also called a collapsed lung, which occurs in some patients who receive mechanical ventilation. Air leaks into the space between the lungs and chest wall, creating pressure that causes the lungs to collapse, which can be life-threatening. Leaving Emanta on the ventilator was not an option. "We needed to let her



HELP FOR A SERIOUS HEART PROBLEM

Patients who need ECMO “are the sickest of the sick,” says Leonard Lee, MD, a cardiac surgeon at Robert Wood Johnson University Hospital (RWJUH) and Chair of the Department of Surgery at Rutgers Robert Wood Johnson Medical School. That means patients with lung failure, like Emanta Adrien, or those with cardiogenic shock, in which the heart is unable to pump enough blood throughout the body. (This often occurs in people who suffer a massive heart attack.)

In patients with cardiogenic shock, ECMO keeps the patient’s blood pumping through the body until surgeons can repair the heart with surgery or a device, such as an implanted pump. RWJUH receives referrals for ECMO from hospitals throughout the region.

lungs rest,” says Dr. Timmapuri. Emanta’s mother, April Johnson, remembers how scared she was. “We had to take the situation minute by minute and hour by hour,” she says. “I said to the doctors, ‘Please just save my daughter, just save my daughter.’”

Fortunately, a team at BMSCH had been trained to manage this dire situation, and Emanta became the first pediatric patient at the hospital to receive extracorporeal membrane oxygenation (ECMO). This form of life support assumes the roles that the lungs and heart normally play in breathing, allowing these critical organs time to recover from damage caused by disease. Dr. Timmapuri, who is Surgical Director of the Pediatric ECMO Program at BMSCH, says the procedure was likely Emanta’s last hope. “She probably would not have survived the day,” says Dr. Timmapuri. “ECMO saved her life.”

A LIFESAVING TREATMENT

Similar in concept to the cardiopulmonary (“heart-lung”) bypass machines used during some major surgeries, ECMO is designed to be deployed in an intensive care unit (ICU) instead of an operating room. Healthy lungs take in oxygen, which is delivered through the bloodstream to the heart. In turn, the heart pumps blood through the arteries to cells, which need oxygen to function. In exchange, cells release carbon dioxide, which travels back to the lungs to be exhaled. A patient suffering from lung failure may struggle to provide enough oxygen to the body or remove carbon dioxide. ECMO can take over this role, allowing the lungs to expend energy on healing instead. ECMO is also used to support

failing hearts (see “Help For a Serious Heart Problem”).

To administer ECMO, a doctor inserts a tube called a cannula into a large vein, usually in the patient’s neck

or groin. Blood is withdrawn from the body and passed into an artificial lung, which removes carbon dioxide and adds oxygen. Then, a pump returns the blood to the body through a cannula in a vein or artery.

A MULTIDISCIPLINARY EFFORT

BMSCH didn’t yet offer ECMO when Dr. Timmapuri arrived at RWJUH in 2016. By 2017, Dr. Timmapuri had assembled a diverse group of colleagues who would be trained to deliver ECMO to children, making BMSCH one of only two hospitals in New Jersey with such a program. “This is a multidisciplinary effort,” says Dr. Timmapuri, noting that pediatric surgeons, critical care physicians, nurses, pharmacists and respiratory therapists play key roles. Training took place during the past year.

All patients who receive care in the Pediatric Intensive Care Unit (PICU) at BMSCH have a dedicated nurse, but ECMO patients are also attended by an ECMO nurse specialist who monitors the patient’s oxygen levels and other vital signs and watches for evidence of bleeding—a risk with ECMO, since patients are given blood thinners to prevent clots.

Patients may remain on ECMO for hours, days and even weeks. Emanta was connected to the ECMO machine for five days before her lungs began healing and she was weaned off. After spending 18 days in the PICU, she was transferred to the general pediatric unit. Later, Emanta was sent to PSE&G Children’s Specialized Hospital for rehabilitation. “She has recovered quite well,” says Dr. Timmapuri.

Indeed, Emanta is an active toddler, and April is so grateful that she is now donating blood on a regular basis. “The team worked around the clock to make sure Emanta received the best care,” she says. “The physicians and nurses genuinely care about their patients. I thank them from the bottom of my heart.”



SHAHEEN TIMMAPURI, MD



LEONARD LEE, MD

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



James and Alicia Lewis with their adopted daughter, Carl James, in front of the James Lewis III NICU Library at The Bristol-Myers Squibb Children's Hospital.

REMEMBERING JAMES

ONE COUPLE WAS SO GRATEFUL FOR THE COMPASSIONATE CARE THEIR SON RECEIVED THAT THEY DONATED A LIBRARY FOR FAMILIES OF PREEMIES.

When Alicia and James Lewis' son, James III, was born on October 7, 2009, at Robert Wood Johnson University Hospital (RWJUH), the couple was devastated to learn that he only had a few months to live. He was diagnosed with Miller-Dieker syndrome, in which the brain doesn't develop normally. The brain normally has many layers with folds and grooves. With Miller-Dieker syndrome, the brain is smooth and has fewer folds and grooves. This leads to seizures, developmental delays and intellectual disability, and many children die from the condition. "I wanted to do whatever was best for him," recalls Alicia, who works at a hospital in New York City and lives in Metuchen.

James weighed only 3 pounds, 9 ounces at birth. He couldn't eat or breathe on his own, so he was fed through a tube and placed on a ventilator in the Neonatal Intensive Care Unit (NICU) at The Bristol-Myers Squibb Children's Hospital (BMSCH) at RWJUH. "He was so little," she recalls. "I'd never held a baby that small. I was excited to see him and hold him."

EXCEPTIONAL NICU CARE

Alicia wanted to spend as much time with her son as possible, so she found herself in the hospital for 15 hours a day (she went home every night). She bathed James and held him. There wasn't a nurse she didn't know. "They were there for him when I couldn't be there," she recalls. "I could tell how much they loved him. He was a person, not just a patient." On Halloween, they dressed him in a frog costume. In November, they threw him a 1-month birthday party with cupcakes and sang "Happy Birthday" to him. "We knew he would never make it to his first birthday," says Alicia. "So we celebrated



"EVERYONE HOPES THEIR LIFE HAS IMPACT, AND IN A SHORT PERIOD OF TIME, JAMES' LIFE HAD AN IMPACT"

Alicia Lewis, mother of James Lewis III

every day of his life."

Just before Thanksgiving, Alicia and James were able to take James home. He was given two to six months to live. Although he had gained weight and was able to breathe on his own, he continued to be fed through a tube and had to be monitored with a pulse oximeter, a device that measures the amount of oxygen a person receives. "It was so good to have him home," recalls Alicia. "When you're pregnant, you spend nine months preparing to bring your child home." During the holidays, the local fire department brought James a stuffed Dalmatian with a red hat. Sadly, he passed away on January 2, 2010.

HELPING OTHER PARENTS

After their son passed away, Alicia and James wanted to support other parents of preemies. On October 7, 2010, which would have been James' first birthday, they donated 37 preemie outfits to the NICU. "We know how stressful it is to have a preemie," says Alicia. "When you're spending time in the hospital with your baby, you don't have time to shop for clothes or food. Daily activities are difficult." Every year, the couple collects preemie clothing from family and friends to donate to BMSCH. They've donated 1,120 outfits since James' first birthday.

Alicia and James also wanted to honor James in perpetuity. "He made a huge impact on the NICU," she says. They raised \$20,000 to donate a library, the James Lewis III NICU Library

at BMSCH, which is stocked with books about preemies for parents and siblings. "Each book has James' name in it, so everyone who visits the library can take a piece of him home," says Alicia. Parents of preemies can take any book they want free of charge. "The library makes me elated," says Alicia. "It was a huge accomplishment for us and a forever memory for him. Everyone hopes their life has impact, and in a short period of time, James' life had an impact."

The ribbon-cutting ceremony for the new library was held on October 7, 2018, which would have been James' ninth birthday. On the day of the ceremony, Alicia and James' adopted daughter, 6-year-old Carl James, and two family friends sat in the sill of a beautiful, circular window near the library. They noticed a monarch butterfly—which is said to represent the spirit of loved ones—flapping its wings just outside the window. Says Alicia: "I believe James was there with us that day."

To support programs at Robert Wood Johnson University Hospital and The Bristol Myers-Squibb Children's Hospital, visit www.rwjuhgiving.org or call 732.937.8750.

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RWJ Fitness & Wellness Center
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