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HEALTH

healthy *together*

A LIFE-CHANGING
SEIZURE
TREATMENT

SMARTER
KNEE REPLACEMENT

SPECIALIZED
SPINAL CARE
FOR CHILDREN

WHY GUT HEALTH
MATTERS

*Women's
Health*

A NEW APPROACH

Care Rooted in Kindness



As New Jersey's largest academic health system, RWJBarnabas Health has a mission to partner with our communities to build and sustain a healthier New Jersey. This commitment does not begin and end with a visit to a doctor or a hospital. It starts with proactively addressing social factors that have an impact on health equity and outcomes.

We ensure access to healthy food and affordable medications, create educational and economic opportunities, promote safe and affordable living conditions and expand access to primary care. We are

working with community partners on innovative ways to address those factors well before our patients need medical care.

We funded construction of a new public elementary school and offer a variety of career-path programs for students, and subsidize affordable housing. We also help increase access to healthy food in our communities by distributing tens of thousands of meals, supporting local community gardens and providing nutritional education throughout the state.

RWJBarnabas Health is in and of the communities we serve. Our anchor mission to hire local/buy local has led to recruitment of more than 3,000 team members from asset-limited, income-constrained neighborhoods and injected millions of dollars into local communities.

Being an anchor institution of our great state is an honor and a privilege, and we thank the residents of New Jersey for trusting RWJBarnabas Health to care for them in every sense of the word.

Sincerely,

MARK E. MANIGAN
PRESIDENT AND CHIEF EXECUTIVE OFFICER

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FALL 2024



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BACK FROM THE BRINK

HOW ADVANCED THERAPIES FOR SERIOUS HEART EMERGENCIES SAVE LIVES

Doctors call it cardiogenic shock—a condition that’s as serious as it sounds. “It’s often the result of an acute heart attack,” says Isaac Tawfik, MD, Chief of



ISAAC TAWFIK, MD

Cardiology and medical director of the cardiac catheterization lab at Monmouth Medical Center, and a member of RWJBarnabas Health Medical Group.

During a heart attack, a blockage in one or more coronary arteries obstructs blood flow to the heart. Circulation to the body may fail, heart cells may die—and the entire body may follow.

“In cardiogenic shock, the heart is not able to pump efficiently enough to meet the body’s demands, and organs fail for lack of oxygenation,” Dr. Tawfik says. “That’s an emergency. In addition to happening from a heart attack, it can occur as a result of having a severely leaky or narrowed heart valve or myocarditis [inflammation of the heart muscle] like the kind we’ve seen in



devices, which help control blood flow. “Most of these are used in an intensive-care phase of treatment when the heart is failing and too ill to pump enough blood on its own,” Dr. Tawfik says.

A classic and common example is a device known as an intra-aortic balloon pump, which is placed in the aorta, the major artery that delivers blood from the heart to the rest of the body. “Using an external module, the device inflates and deflates to help draw blood from the heart and pump it back into the body to places like the brain,” Dr. Tawfik says.

An intra-aortic pump can boost blood delivery by about half a liter per minute. “But even when treated with a balloon pump, patients with cardiogenic shock carry a close to 50 percent mortality,” Dr. Tawfik says. “There was a need for next-stage technologies in certain patients.”

In recent years, a new type of device has become available that boosts blood flow dramatically. The device features a small pump at the end of a flexible tube called a catheter. The catheter is threaded to the heart through an artery in the patient’s leg. Once in place, it pumps blood to the aorta from inside the heart.

“This device provides between 2.5 and 5 liters of blood per minute instead of the half liter from a balloon pump,” Dr. Tawfik says. “That’s a lot more support.”

The improvement can amount to the difference between life and death. Dr. Tawfik recalls the case of a young woman who had a heart attack in which multiple arteries were blocked.

“Despite our best efforts to reopen them, her situation was rapidly deteriorating,” he says. “We installed this more advanced mechanical circulatory assist device, and she made it to the operating room and eventually made a full recovery. I don’t think she would have survived without this device.”

association with COVID-19.”

Cardiogenic shock carries a high mortality rate, Dr. Tawfik says: “It’s often a fatal condition.”

That’s why advanced lifesaving therapies to rescue people experiencing cardiogenic shock or other critical cardiovascular emergencies is a rapidly evolving area of innovation and a focus of investment for RWJBarnabas Health.

A DRAMATIC IMPROVEMENT

At the heart of advanced lifesaving therapies are a category of technologies called mechanical circulatory assist

more advanced care at specialized centers such as Robert Wood Johnson University Hospital (RWJUH) in New Brunswick. “It’s lifesaving to stabilize people in order to send them to a higher-acuity center,” Dr. Tawfik says.

At centers such as RWJUH, even more advanced lifesaving therapies are available. These include ECMO (extracorporeal membrane oxygenation), which circulates oxygen-rich blood and removes carbon dioxide using an external heart-lung machine. Another technology is LVAD (left ventricular assist device), which helps the heart’s main pumping chamber deliver blood to the body.

RWJUH can also provide critically ill patients with heart transplants. “But there are only a finite number of heart transplants done in the country,” Dr. Tawfik says. “The number of patients with cardiogenic shock and heart failure far outnumbers the organs available.”

As technologies improve, cardiologists have taken advantage of new opportunities for advanced care. “The whole field of heart failure is rapidly evolving,” Dr. Tawfik says. “There’s a push to help patients until they get an organ or receive destination therapy in which they may need devices for the rest of their lives.”

He points to how LVAD devices have changed. “When I was training 20 years ago, they were restricted to hospitalized patients because of their complexity and size,” he says. “Today, they’ve advanced and shrunk so much that patients can have them implanted in their chest with an external battery and take them home. People can continue to live their lives as best they can without being hospitalized with a device at their bedside.”

RWJBarnabas Health continues to invest in advanced lifesaving therapies both in terms of technologies and expertise. “We want to do everything we can to try and give people their best chance at life and health,” Dr. Tawfik says. “Our investments are a sign of the commitment we have to making sure patients get the best-quality care possible.”

NEW OPPORTUNITIES

Sophisticated devices like the one that saved the woman’s life can help patients survive so they can receive even



Erin Buchalter received state-of-the-art care, including participation in a clinical trial, throughout her breast cancer treatment.

ATTACKING ADVANCED CANCER

PHOTO BY JOHN OBOYLE

A WOMAN SURVIVES LATE-STAGE BREAST CANCER THANKS TO LEADING-EDGE THERAPIES.

Erin Buchalter remembers the day she noticed a lump in her right breast. “One day it was normal, then one day it felt rock-hard—like a large baseball had taken over my breast,”

she says. “I never noticed anything in between; it happened so quickly.”

It was spring 2021. She was working as a party server at a restaurant, carrying heavy trays on her right side. “I thought it was a

muscle strain,” she says. “Cancer crossed my mind, but I thought, ‘No way. Cancer doesn’t grow this fast.’”

Erin assumed the lump would go away and initially took no action. Having recently moved back to New Jersey, her home state, she didn’t have a primary care physician.

But over time, the lump changed shape, dimpling her skin. Unable to ignore it any longer, she saw a doctor and had a breast biopsy. She was diagnosed with stage 3 breast cancer, an advanced disease that is considered curable with aggressive treatment but often recurs.

Facing this dire diagnosis, Erin’s first thoughts were for her adolescent daughter and son. “I’m a single mom, and they’re my whole world,” she says. “From day one, I told them: ‘I’m going to be fine. I am not leaving you without a mother.’ I had to believe that.”

SEIZING AN OPPORTUNITY

After looking into health care options with help from her father, Erin chose RWJBarnabas Health in partnership with Rutgers Cancer Institute, the state’s only NCI-designated Comprehensive Cancer Center, to provide state-of-the-art care.

In May 2022, she saw breast surgical oncologist Cynthia Lee, MD, at Robert Wood Johnson University Hospital (RWJUH) Somerset, an RWJBarnabas Health facility. “Dr. Lee said I was not yet a candidate for surgery—the tumor was too large to remove,” Erin says. “I needed chemotherapy to try and shrink it.”

The impact of receiving care at RWJBarnabas Health quickly became evident. Erin had access to a nationwide clinical trial called I-SPY 2, she learned from medical oncologist Mridula George, MD, Associate Program Director of Breast Medical Oncology at Rutgers Cancer Institute.

“Many patients like Erin enter the trial to shrink their tumors and become eligible for surgery,” Dr. George says. “The trial uses the molecular subtype of the tumor to assign novel drugs that have shown early benefit.”

Erin jumped at the chance. “It offered



RICHARD AGAG, MD



MRIDULA GEORGE, MD



BRUCE HAFFTY, MD



CYNTHIA LEE, MD



LINDSAY POTDEVIN, MD

IMPORTANT REASONS FOR WOMEN TO GET THEIR ANNUAL MAMMOGRAM



Annual mammograms can **detect breast cancer** early, when the prognosis is best.

40

Women should begin getting an annual mammogram at **age 40**.



Male breast cancer accounts for less than 1 percent of all breast cancer diagnoses.



More than **85 percent** of women diagnosed with breast cancer have **no family history** of the disease.



Dense breasts may **increase your risk** for breast cancer.



Having your **first menstrual period before age 12** or **starting menopause after age 55** increases your risk for breast cancer.



About **1 in 8 women** will be diagnosed with breast cancer during her lifetime.



There are more than **3.8 million breast cancer survivors** in the United States.

Learn more and [schedule your mammogram at rwjbh.org/mammo](http://rwjbh.org/mammo).

the opportunity to receive the latest treatments being tested,” she says.

Her chemotherapy consisted of a combination of drugs, including some that are typically given intravenously but which she could take orally as part of the clinical trial. She also received immunotherapy.

The treatments achieved their goals: Erin’s lump became smaller, and her skin improved. She would now be a candidate for surgery once she recuperated from chemotherapy side effects and regained strength.

MULTIPLE METHODS

Erin received a skin-sparing mastectomy in December 2022 from Lindsay Potdevin, MD, a breast surgical oncologist at RWJUH Somerset and Rutgers Cancer Institute. The surgery preserved skin that had improved due to chemotherapy.

Chemotherapy also had significantly

improved nearby lymph nodes so that fewer of them needed to be removed during the procedure. “This typically leaves patients with less chance of developing lymphedema [fluid buildup], improving their quality of life,” Dr. Potdevin says. Of five lymph nodes removed, one had a small area of cancer.

Not a candidate for standard breast reconstruction with an implant, Erin instead received a DIEP (deep inferior epigastric perforator) flap reconstruction, which uses abdominal skin and tissue, from Richard Agag, MD, Chief of Plastic and Reconstructive Surgery at RWJUH in New Brunswick.

After the eight-hour procedure, “I didn’t need to take any pain medication,”

Erin marvels. “And I was more than satisfied with the appearance of my breast.”

Due to her advanced disease and lymph node involvement, another step in her treatment remained: radiation therapy.

Instead of using traditional photon-based radiation therapies such as X-rays, Bruce Haffty, MD, System Director of Radiation Oncology at RWJBarnabas Health and Associate Vice Chancellor for Cancer Programs at Rutgers Cancer Institute, proposed using proton beam therapy.

Like photons, protons destroy cancer cells, but protons can target tumors more precisely, potentially lowering doses to nearby healthy tissue. “In Erin’s case, we found the heart and lung doses to be significantly lower with protons,” Dr. Haffty says. “That was an advantage for her.”

Erin received 25 radiation treatments over a five-week period at the Laurie Proton Therapy Center at RWJUH, one of about 43 specialized centers in the U.S. offering this therapy.

Now back at work, Erin feels increasingly better. She takes hormone therapy to reduce the risk of recurrence, and her doctors monitor her closely.

“My kids are happy that things are back to normal,” Erin says. “They were scared—but the good news is that everything worked out pretty much how I told them it would.”



BEAT CANCER

RWJBarnabas Health, in partnership with Rutgers Cancer Institute—the state’s only NCI-designated Comprehensive Cancer Center—provides close-to-home access to the most advanced treatment options. To schedule an appointment with one of our cancer specialists, call **844.CANCERNJ** or visit www.rwjbh.org/beatcancer.

To learn more about breast cancer care at RWJBarnabas Health, visit www.rwjbh.org/beatcancer.

Deborah Cogill can bend and walk pain-free thanks to a knee replacement surgery in which a wireless implant helped with recovery.



SMARTER KNEE SURGERY

**NEW TECHNOLOGY HELPS A WOMAN RECOVER
FROM HER SECOND JOINT REPLACEMENT.**

Nobody wants to have knee replacement surgery, but sometimes it's the best—or only—option for fixing painful or debilitating knee problems or injuries.

Few people know this better than Deborah Cogill, a 69-year-old widowed mother of two from Brick who works as a public school kitchen aide. “My knee was bone-on-bone with the breakdown of cartilage in the joint,” says Deborah. “It was a chronic

condition that I'd had for about four years, caused by wear and tear. Standing at work made it worse, causing severe pain and swelling."

In March 2022, Joel Fechisin, MD, an orthopedic surgeon at Monmouth Medical Center (MMC) and partner practice Seaview Orthopaedics Medical Associates, diagnosed Deborah with osteoarthritis in both knees and initially treated her with conservative measures such as cortisone shots and viscosupplementation (gel injections).

"Unfortunately, her condition was already quite advanced, and she didn't see improvement with physical therapy, medications and injections," says Dr. Fechisin.

Deborah underwent a left total knee replacement in April 2023 and, after a smooth recovery, asked Dr. Fechisin when she could have the other knee replaced. "I knew it wouldn't improve without surgery," she says.

But during the next go-round, Deborah wouldn't just benefit from Dr. Fechisin's expertise. In early 2024, MMC became the first hospital in the region to offer the world's only smart knee implant for total knee replacement surgery. Called Persona IQ, the new technology lets doctors remotely monitor patients' progress and activity in real time using implant sensors to collect motion data after surgery.

MEASURING RECOVERY

Dr. Fechisin felt that Deborah would be an ideal candidate for smart knee technology. "She was already familiar with the basics of the surgery itself, the postoperative protocols and what to expect in terms of recovery," he says. "The smart knee offered her a unique opportunity to enhance her operative experience and potentially make her



JOEL FECHISIN, MD

postoperative recovery even easier."

Deborah opted to have the smart implant, and in February, Dr. Fechisin performed the surgery at MMC. The entire

procedure took about 90 minutes, and Deborah went home the following day.

The smart knee implant records and wirelessly transmits a wide range of data to a patient's personal base station at home for a year following knee replacement surgery. The data is securely delivered to a cloud-based platform that both the surgeon and patient can access.

"I have a Wi-Fi device called a Canary by my bed," says Deborah. "An app on my watch, phone and iPad is synced to it, and my gait, steps and exercises are monitored for Dr. Fechisin to see."

The technology allows doctors to measure other metrics as well, including average walking speed and distance; range of motion; cadence; stride; and other indicators of knee function. Such information is typically collected during physical therapy and reviewed at office visits, but the smart knee technology puts it at doctors' fingertips at any point after surgery.

"Having this information allows me to adjust certain aspects of the patient's recovery protocol when needed, especially if we see negative trends in the data," Dr. Fechisin says.

The transmitted data is an add-on to traditional recovery protocols, not a replacement. "It is never a substitute for an actual patient visit in the office," Dr. Fechisin says.

ONE MORE TOOL

Deborah discovered firsthand how a multipronged approach to recovery is necessary—and how the technology is just one beneficial instrument in a larger toolkit.

"Postoperatively, she required in-person, one-on-one physical therapy three days a week," says Dr. Fechisin. "The smart knee system provided exercises for the other four days."

Deborah needed a walker to stand or walk during her first week after surgery but steadily progressed and improved

TOP HONORS FOR JOINT REPLACEMENT

U.S. News & World Report has named Monmouth Medical Center to its 2024-2025 Best Hospitals as a High Performing hospital for total hip replacement surgery and total knee replacement surgery. This is the highest distinction a hospital can earn in *U.S. News'* Best Hospitals Procedures & Conditions ratings.

The annual Procedures & Conditions ratings are designed to assist patients and their health care providers in making informed decisions about where to receive care for challenging health conditions or elective procedures.

over the next six weeks. Then in mid-April, the unexpected happened: She tripped and fell, causing the incision to open up.

"Fortunately, it was a superficial issue and didn't cause any long-term damage to the joint," Dr. Fechisin says. After making sure the implant was OK, he stitched the wound back together.

"I was glad Deborah notified our office of this issue herself," says Dr. Fechisin. "The smart knee implant wouldn't have been able to tell us about the nature of this particular event."

Despite her brief setback, Deborah's recovery has been excellent. "I've returned to work and can walk without pain," she says. "I'm walking between 4,000 and 6,000 steps daily."

She'd recommend the smart knee to others and is grateful to Dr. Fechisin for giving her the option of using it.

"The smart knee gave me incentive to follow the necessary exercises during my physical therapy," says Deborah. "If the doctor had any concerns, his assistant would call me. I felt comfortable knowing there was someone on the other end to help if I needed it."

To learn more about joint replacement surgery, visit www.rwjbh.org/ortho.





UROGYNECOLOGY: A GUIDE FOR WOMEN

THIS IMPORTANT MEDICAL SUBSPECIALTY TREATS COMMON CONDITIONS THAT ARE OFTEN IGNORED.

When we think about women's health care, the specialty of obstetrics and gynecology (OB-GYN) probably springs to mind.

But while it's important to see a gynecologist regularly starting

around ages 13 to 15, women may need specialized care that goes beyond reproductive health for a variety of reasons:

- Women's bodies are complex, and their intricate reproductive systems interact or connect with nearby organs and related bodily functions.
- Health care needs change throughout women's lives—well past childbearing and menopausal years.
- Often, women develop problems in the pelvic area that are not solely gynecologic.

The multifaceted nature of women's health has given rise to a subspecialty

called urogynecology that can address diverse issues related to female anatomy.

Here's what you need to know about this important medical field and the conditions it treats.

THE FIELD IS GROWING

Urogynecology has been recognized as a discipline for decades but was only established as a certified subspecialty in 2011, with the first urogynecologists being board certified in 2013. The field requires urogynecologists to undergo specialized education and training in an intensive fellowship on top of a general residency in either OB-GYN or urology.



MEGAN ABRAMS, MD



KATHERINE SHAPIRO, MD

THE PELVIC FLOOR IS KEY

“Urogynecology is a subspecialty of both gynecology and urology that focuses on pelvic floor disorders [PFDs],” says Megan Abrams, MD, a urogynecologist at Monmouth Medical Center and a member of RWJBarnabas Health Medical Group.

The pelvic floor is a funnel-shaped, sling-like area of muscles, ligaments and connective tissue between the coccyx (tailbone) and pubic bone that supports the bowel, bladder, uterus and vagina.

Urogynecologists are experts at diagnosing and treating PFDs with a variety of methods, including medications, devices and surgery, often working with other providers.

TREATMENTS ARE AVAILABLE

“About one in three women will experience at least one pelvic floor disorder in her lifetime,” says Katherine Shapiro, MD, a urogynecologist at Robert Wood Johnson University Hospital Somerset and a member of RWJBarnabas Health Medical Group. “Often, childbirth can lead to these disorders, and women may experience them immediately postpartum or even decades down the road.”

Among the most common PFDs are:

- **Pelvic Organ Prolapse:** One or more pelvic organs slip from their normal position and protrude into the vagina. “Prolapse is often managed with a pessary—a silicone device inserted into the vagina to support the uterus or bladder and rectum,” says Dr. Abrams. Physical therapy may also be helpful as an adjunct or even a stand-alone treatment. Some cases may benefit from reconstructive surgery. “Surgery is minimally invasive and can be done laparoscopically or vaginally,” Dr. Shapiro says. “Recovery time is usually two to four weeks.”
- **Stress Incontinence:** Pressure on the bladder from movement or activities such as coughing, sneezing, laughing or heavy lifting causes urine to leak. Treatment options include physical therapy, a surgically placed urethral sling or urethral bulking agents that are injected

into the walls of the urethra to help strengthen its sides, allowing tighter seals that prevent leakage.

- **Overactive Bladder (OAB):** Bladder muscles tighten involuntarily, triggering a need to urinate urgently or often. Treatments for OAB include physical therapy and medications that help suppress involuntary bladder contractions or relax certain muscles, increasing bladder capacity. Procedures such as injecting the bladder with Botox or placing nerve-stimulating devices can also help.

YOU DON'T HAVE TO SUFFER

“These problems are common, but that doesn't mean they're normal, and you shouldn't have to live with them,” says Dr. Shapiro. Older patients in particular often believe that conditions such as incontinence and pelvic organ prolapse are normal consequences of childbirth or aging and that they must “deal with it.”

“A phrase I often hear from patients is ‘I wish I had known about treatment sooner,’” Dr. Abrams says.

COLLABORATION IS KEY

PFDs often accompany or mimic gynecologic, urologic, gastrointestinal or other conditions, making collaboration between urogynecologists and other health care professionals important.

For instance, urinary symptoms such as OAB or incontinence can be caused by fibroids that a gynecologist might treat by performing a hysterectomy. But the same symptoms could be caused by a PFD. A gynecologist may refer the patient to a urogynecologist for urodynamic testing, which evaluates how the bladder, sphincters and urethra store and release urine. Together, the doctors can reach a correct diagnosis and determine the best treatment.

In some cases, patients with more than one condition may undergo a combined surgery in which a urogynecologist teams with an OB-GYN, colorectal surgeon or other specialist to treat both problems in a single procedure.

A MINIMALLY INVASIVE SOLUTION

For several years, Bette Uhrmacher, a retired superior court judge, had lived with what she assumed was a prolapsed bladder. She also assumed that correcting her uncomfortable bladder and bowel problems would require invasive surgery and a lengthy recovery.

“My husband was ill, and I didn't want to be unable to drive,” Bette says. “I also remembered my mother's hysterectomy and thought, ‘I can't do this.’”

Bette tried using a pessary, a vaginal device that supports the uterus or bladder/rectum, but it didn't provide much relief. Then, during an unrelated appointment, Propa Ghosh, MD, a urologist at Monmouth Medical Center (MMC), told Bette that her prolapse could readily be addressed by a urogynecologist.


In March 2024, she saw Megan Abrams, MD, a urogynecologist at MMC, who diagnosed a uterine and bladder prolapse and reviewed minimally invasive treatments. “I chose the option that offered the fastest recovery and would allow me to return to the gym soonest,” says Bette.

The procedure consisted of a vaginal hysterectomy and uterosacral suspension, which restores support of the top of the vagina after hysterectomy. “The procedure is entirely vaginal, so no incisions are made in the abdomen,” Dr. Abrams says.

Bette spent one night in the hospital, was driving in 10 days and went back to the gym in six weeks. “Dr. Abrams and her team were very good and very reassuring,” she says. “I felt like I got my life back.”

To learn more about comprehensive women's health services available through RWJBarnabas Health, visit www.rwjbh.org/womenshealth.





Meredith Pabon underwent specialized spine surgery to correct scoliosis, a condition that's especially common in girls.

STANDING TALL

A GIRL'S SEVERE SCOLIOSIS LEADS TO SURGERY—AND INSPIRATION FOR A FUTURE CAREER.

In summer 2023, Jane and Walter Pabon of Sayreville noticed something different about their now-11-year-old daughter, Meredith. “Even when she was sitting up straight, it looked like there was a bump on one of her shoulders,” says Jane.

When the deformity grew larger, the Pabons took Meredith to the doctor, who made a startling diagnosis: Meredith had scoliosis, an abnormal sideways curve in the spine that often emerges in childhood or adolescence and is particularly common among girls.

Suddenly the Pabons needed specialized pediatric care that went beyond a normal trip to the pediatrician.

Meredith was referred to J. Andrew Bowe, MD, Chief of Pediatric Orthopedics at The Bristol-Myers Squibb Children's Hospital (BMSCH) at Robert Wood Johnson University Hospital—part of the Children's Health network at RWJBarnabas Health—and a member of RWJBarnabas Health Medical Group. BMSCH was named among the Best Children's Hospitals for 2023-2024 by *U.S. News & World Report*, which ranked the hospital 34th nationally for pediatric orthopedics, and Dr. Bowe has expertise in conditions such as scoliosis.

Dr. Bowe took a progressive approach that started with conservative measures. These included seven months of physical therapy along with use of a specially fitted brace to hold Meredith's spine in place.

Such measures are often successful in holding scoliosis at bay but ultimately couldn't forestall the worsening of Meredith's spinal curvature. "She had a severe torso shift to one side because of progressive scoliosis," says Dr. Bowe.

TIMELY TREATMENT

Meredith's scoliosis wasn't uncomfortable and didn't make movement overly difficult. But it's important to correct the problem at the right stage of development, Dr. Bowe notes.

"Teenagers won't necessarily have a lot of pain," he says. "But if scoliosis is left untreated and progresses into adulthood, they will see further worsening of their condition, increased deformity and the onset of back discomfort."

In addition to these concerns, young patients tend to become self-conscious about their appearance when scoliosis becomes more obvious and clothing starts to fit less well, says Dr. Bowe.

The family took all these concerns to heart and scheduled Meredith for spine surgery at BMSCH. She and her parents were understandably nervous, but a trip to the hospital beforehand helped calm their anxieties.



J. ANDREW BOWE, MD

"During the initial tour and rundown of what was going to happen, they let us walk the floor and see the rooms where Meredith would be," says Jane. "That put all our minds at ease."

Meredith, who loves swimming and creating art, was especially struck by activities available to recovering patients. "When she saw there was a room with video games and art supplies, she was hooked," Jane says. "That was something to focus on beyond the surgery."

The successful seven-hour procedure in March 2024 involved both implanting two rods to straighten Meredith's spine and performing a spinal fusion in which bone grafts are used to encourage new bone growth.

Meredith spent five days in the hospital but quickly began recovering. "Even though it was a major surgery, she was up and moving the first day," says Jane.

CHILD LIFE SPECIALISTS

During recovery, Meredith was struck by something else: the impact of interactions with child life specialists. "These are professionals who try to allay some of the angst that children may experience by engaging them and getting them to worry less about treatment," says Dr. Bowe.

"We use a lot of different interventions to help the child and family cope," says Barbara Romito, Director of Child Life and Family-Centered Care at BMSCH. "These include teaching children about their condition in an age-appropriate way, preparing them for surgery and guiding them through pain management techniques such as relaxation, guided imagery and distraction."

The activity lounge in the adolescent unit and a playroom in the pediatric unit offer settings for recreational activities. "Our goal is to normalize the hospital experience and offer emotional support to the entire family," Romito says.



EXPERT THERAPY FOR SCOLIOSIS

Physical therapy (PT) often plays a key role in treating scoliosis. That's why

RWJBarnabas Health offers a highly specialized PT technique called the Schroth method that helps children counteract spinal curvature and realign posture.

"It addresses scoliosis on a three-dimensional level," says Karen Cohen, MPT, BSPTS-C2, a Schroth therapist at Children's Specialized Hospital (CSH). "While scoliosis is a curvature of the spine, there's also a rotational component, and this therapy addresses that." A certified therapist helps patients locate and retrain muscles involved with posture to elongate and straighten the spine while doing special breathing exercises.

Schroth-certified therapists are available at CSH outpatient centers in East Brunswick and Toms River, and at Cooperman Barnabas Medical Center in Livingston.

One or two child life specialists came to Meredith's room each day to talk and answer questions, get her walking, encourage activities and allow her parents to occasionally step out.

The support made a big impression on Meredith—in fact, she is considering becoming a child life specialist herself someday, beginning as a volunteer in the department. Volunteers can start at age 18. "She is counting down until that birthday," Jane says.

Back home, Meredith's recovery rapidly progressed. "Within a month or so, she was back to normal," Jane says. "You never want to put your child through surgery, but we realized this was the best time in the best place with the best surgeon. I wouldn't change a thing."

To learn more about the Children's Health network at RWJBarnabas Health, visit www.rwjbh.org/childrenshealth.





A 'SECOND CHANCE FOR TEENS'

HOW A NEW PROGRAM HELPS YOUTH WITH SPINAL CORD INJURIES EXPAND THEIR HORIZONS

Isaac Lima of Roselle Park remembers the 2021 injury that severely limited his movement and required him to use a wheelchair.

He was a 14-year-old cheerleader and a flip went terribly wrong, causing him to land on his head. He tried to stand—or even move—but couldn't. "I kept telling myself, 'Get up, get up,'" he says. "In the ambulance, I remember screaming, 'What happened to me?'"

Isaac had sustained a spinal cord injury and spent four inpatient months at Children's Specialized Hospital (CSH), where he embarked on the arduous process of rehabilitation.

"At first, I was in denial and depressed, wanting to shut out the world," he says. A fellow patient changed his outlook. "I saw a boy who



was in a coma start walking after just a month," he says. "That inspired me to think, 'I can't sit still. I need to get on with life.'"

Isaac credits staff at CSH for helping him navigate a challenging journey. "My care team was definitely a team of angels in disguise," he says. "They never gave up on me."

Three years later, the CSH team continues to support Isaac, now 17, and other young patients with spinal cord injuries through a unique and innovative new initiative from CSH and the Rutgers School of Health Professions called the True Grit Spinal Cord Program. The groundbreaking program is designed to empower youth



ages 16 to 21 through an immersive five-day sleepaway experience that helps participants gain independence, skills, confidence and a sense of community.

"We wanted a program with peer support where teens could explore entering the workforce, going to college and trying new leisure activities and sports," says occupational therapist Kassandra Boyd, OTD, OTR/L, Clinical Coordinator of Spinal Cord Programs at CSH. "I worked in inpatient rehabilitation for 10 years, and there was always a sense of needing to do more for teens with spinal cord injuries."



Above: Isaac Lima (right) and Kassandra Boyd, OTD, OTR/L, at the first residential session of the new True Grit Spinal Cord Program, which Boyd helped establish and directs. Six youths with spinal cord injuries participated in a wide variety of adaptive activities and received various forms of individualized therapy.

LEARNING FROM PEERS

Boyd got a doctorate specifically “to address this second chance for teens,” she says. Adolescents with spinal cord injuries are often isolated at a time when they’re defining who they are, striving for independence and developing ideas about the future. But few if any programs existed nationwide to support them.

True Grit provides opportunities for these youths to gain self-sufficiency, improve quality of life and expand their horizons through staying in a dorm on the Rutgers University Livingston campus with support from both therapists and peers. Six teens attended the program’s first annual residential session in July.

A typical day begins with breakfast in the dorm dining hall—in itself an accomplishment for teens who are often away from family members or other familiar caregivers for the first time. The rest of the day includes group activities from adaptive



sports like boxing, yoga, basketball, baseball, pickleball and hand cycling to workshops on vocational skills, sexuality, adaptive driving and college life. The program also includes individualized physical and occupational therapy along with psychotherapy.

Just as important is peer support. “What they learn from each other is remarkable,” Boyd says. “Anybody who has a strength is able to teach others. That’s really the magic of the week.”

Isaac was nervous about attending at first. “But after the first day, I was

comfortable and it was immediately easy to form friendships,” he says.

“Every day we got closer and closer.”

Bonds extended to both participants and staff. He especially connected with a caregiver who coached him on activities from self-care to cooking.

“When it was time to leave, we were both crying,” Isaac says. “I can’t wait until next year!”

SCAN THIS QR CODE TO LEARN MORE ABOUT THE SPINAL CORD REHABILITATION PROGRAM AND THE TRUE GRIT SPINAL CORD PROGRAM.



MORE SERVICES FOR MENTAL HEALTH



STATEWIDE EFFORTS INCREASE AND ENHANCE BEHAVIORAL HEALTH CARE PROGRAMS.

It's a trend that predates COVID-19 but that health care providers have increasingly noted since the pandemic: There's a growing need for mental health services.

Organizations such as the Centers for Disease Control and Prevention note a steep rise in rates of depression, anxiety, loneliness and suicide. Providers also see these trends locally as they are caring for more and more patients.



FRANK GHINASSI, PHD

“Young people have been hit especially hard,”

says Frank Ghinassi, PhD, Senior Vice President of Behavioral Health Services at RWJBarnabas Health and President and Chief Executive Officer of Rutgers University Behavioral Health Care (UBHC). “The impact of this hidden health crisis is becoming clear, and it's critical that we invest resources to address the mental health needs of our communities.”

In response, RWJBarnabas Health and UBHC together have recently established or enhanced a number of programs, initiatives and facilities throughout the state such as a new Center for Recovery and Well-Being in Plainfield; Coordinated Specialty Care/First Episode Psychosis Programs in Edison and Cherry

Hill; and TMS (transcranial magnetic stimulation) in Piscataway. RWJBarnabas Health, together with UBHC, is a leading provider of integrated mental health and substance use treatment services, serving over half a million people each year.

Some new initiatives have benefited from recent grants that the New Jersey Department of Human Services awarded to Monmouth Medical Center (MMC) and UBHC to provide services to people in immediate need of crisis intervention and stabilization.

“The expansion of our offerings increases access to quality behavioral health care and further strengthens our services,” Ghinassi says. “These enhancements ensure that those in need

A POWERFUL TOOL

Traditionally considered a last-resort treatment, electroconvulsive therapy (ECT) is increasingly seen as one of the most powerful tools available to treat depression, especially when standard methods prove insufficient.

The treatment is available at Trinitas Medical Center, building on an ECT program that began in 2020 at Clara Maass Medical Center and RWJBarnabas Health Medical Group. Though its use is sometimes constrained by misconceptions, ECT is safe and effective as both an acute and maintenance treatment for depression and certain other neuropsychiatric disorders. It can be especially beneficial for behavioral health patients who:

- Have depression that hasn't been relieved by multiple medication trials or who haven't tolerated medication
- Responded well to ECT in the past
- Are at risk for suicide
- Are pregnant or postpartum and want to avoid antidepressants
- Are older and don't respond well to medications or have become more sensitive to side effects
- Need a rapid, definitive response to treatment

receive the comprehensive support they deserve.”

Other increasingly important behavioral health programs include:

AN INTENSIVE OUTPATIENT PROGRAM

Clara Maass Medical Center's Behavioral Health Services introduced a new Intensive Outpatient Program (IOP). The program offers services grounded in evidence-based practices and focuses on treating general mood and anxiety disorders.

Participants attend IOP sessions three days a week for an average of four to six weeks. Each week, participants receive intensive group therapy, psycho-education, individual and family therapy and medication management. The program is intended for patients 18 or older who are experiencing symptoms of anxiety or depression without cognitive impairment, active psychosis or active suicide risk.

CRISIS DIVERSION SERVICES

At MMC, a Child and Adolescent Crisis Diversion Program focuses on meeting the emotional, behavioral and psychiatric needs of children and adolescents from ages 5 to 17, along with the needs of their families.

The program provides rapid access to outpatient mental health services in a

safe, compassionate and trauma-sensitive environment that promises to both decrease the need for higher-level care and promote community safety.

A multidisciplinary team of highly qualified, caring mental health professionals, including advanced practice nurses, licensed clinicians, case managers and support staff, offer specialized experience working with children and families. The team collaboratively strives to help youth acquire skills, strategies and techniques for managing symptoms or concerns in healthy and sustainable ways.

Services include biopsychosocial assessments, medication management, psychotherapy, crisis counseling, family and group therapy, coordination of care and referrals for ongoing services.

A TREATMENT CENTER AND RETREAT

UBHC recently unveiled New Jersey's first youth mental health facility backed by a university or college. Called the Brandt Behavioral Health Treatment Center and Retreat, it combines behavioral health care with evidence-based scholarly research, strengthens the partnership between health care professionals and the communities they serve and helps train the next generation of providers.

Two buildings—

the Blau Wellness Center and the Retreat—include rooms for art and music therapy along with a mind-body studio that accommodates dance and yoga therapies. The Retreat includes private rooms for up to 16 guests and a fitness center. Situated near the university's agricultural research facility, the pastoral site borders horse pastures of the Rutgers Equine Research Facility.

ENHANCED EMERGENCY CARE

Jersey City Medical Center recently expanded its psychiatric emergency services, growing from six to eight adult rooms and adding two pediatric rooms. Rooms are specifically designed for calm and relaxation, with soothing colors, safe furniture and televisions in each room.

An off-unit family consultation room provides a dedicated space for family members to work with the clinical team by, for example, providing information to medical and mental health clinicians.

COMMON CONCERNS

Behavioral health care services treat a wide range of issues, including:

- Depression and social isolation
- Mood swings
- Hyperactivity, restlessness or impulsivity
- School avoidance
- Anxiety and panic
- Behavioral difficulties
- Poor social skills
- Loss of motivation or energy
- Auditory or visual hallucinations
- Appetite or sleep disturbances
- Suicidal thoughts
- Family conflict
- Trauma
- Substance abuse
- Thoughts of self-harm
- Poor self-esteem/self-image
- Gender identity
- Grief and loss

To learn more about behavioral health services, visit www.rwjbh.org/behavioralhealth.

UNLEASHED FROM EPILEPSY

Christian Trucchio has had markedly fewer seizures since undergoing treatment guided by an advanced imaging system.

NEW TECHNOLOGY THAT ENHANCES BRAIN SURGERY FREES A MAN FROM SEIZURES.

For seven years, epileptic seizures have kept Christian Trucchio on “a leash,” he says, that has prevented him from truly living. Now, thanks to advanced technology at Robert



ROBERT GROSS, MD, PHD

Wood Johnson University Hospital (RWJUH), Christian is on his way to trading that leash for a new lease on life.

Christian was the first patient at RWJUH to benefit

from the ClearPoint Navigation System. This advanced system provides surgeons doing neurological procedures with stereotactic guidance—a type of 3D MRI (magnetic resonance imaging).

The ClearPoint system helps with the planning and execution of neurological procedures. During surgery, it allows highly accurate placement or operation of instruments or devices, reducing the chances of damaging healthy brain tissue. The system’s latest software optimizes ease of use for clinicians, enhancing the visualization of medical images, providing new trajectory planning

capabilities and introducing new workflow tools for clinical trials.

CONSISTENT PRECISION

RWJUH surgeons used ClearPoint technology to treat Christian's epilepsy with a laser ablation procedure.

Laser ablation is a minimally invasive technology that uses light energy to target an area of the brain responsible for triggering epileptic seizures. Laser beams are delivered to the target area using an MRI-guided probe that's directed through a 3-millimeter hole in the skull. Energy from the probe heats the target, destroying unwanted tissue and leaving healthy tissue unharmed.

RWJUH is home to the state's first intraoperative MRI, which allows the ClearPoint system to use real-time MRI images. Viewing MRIs during surgery eliminates the need to pause the procedure and take the patient out of the operating room for scans. This can shorten surgeries and reduce patients' potential exposure to nonsterile surroundings.

"The ClearPoint system allows neurosurgeons to achieve the highest level of consistent, accurate precision of any tool available," says Christian's surgeon, Robert Gross, MD, PhD, Chief of Neurosurgery at RWJUH and Senior Vice President for Neurosurgical Services at RWJBarnabas Health. Dr. Gross also serves as joint chair of the Department of Neurosurgery at Rutgers Robert Wood Johnson Medical School and Rutgers New Jersey Medical School. "ClearPoint allows direct visualization of whatever one is attempting to insert into the brain as it gets to its intended target, using the power of MRI," Dr. Gross says.

In addition to enabling laser ablation, ClearPoint can be used in other ways such as supporting deep brain stimulation and delivering gene and cell therapies to the brain. "Its uses span Parkinson's disease, Huntington's disease, epilepsy, brain tumors, psychiatric disorders, pain, Alzheimer's disease and others," says Dr. Gross.

A CLEARER MIND

Christian's family has a history of epilepsy: Both his mother and grandmother experienced seizures, and

his mother's death at 47 may have been linked to her condition.

Shortly after her death, Christian's long, difficult journey with epileptic seizures began. Over a brief period, he also lost his grandmother and uncle along with the family cat. The high stress may have helped trigger his seizures. Episodes became so severe that he lost two jobs, leading his family to move from New York City to New Jersey.

While doctors initially could manage his condition with medications and he was able to return to work, his seizures grew increasingly worse. By the time of the COVID-19 pandemic, seizures that had occurred once every two to six months were happening as often as once every two weeks, Christian says.

Once in New Jersey, Christian found a neurologist at Cooperman Barnabas Medical Center who recognized that Christian's medication regimen was becoming less effective. He thought Christian might be a good candidate for laser ablation and referred him to Dr. Gross.

After meeting with Dr. Gross, Christian became confident that laser ablation was right for him. "He said laser ablation was a minimally invasive option with relatively fast recovery time," Christian recalls.

Dr. Gross performed the procedure in April 2024. Christian has effectively been seizure-free ever since. "I feel much more mental clarity now," he says.

His doctors continue to monitor him and hope to reduce the number of medications he takes. "The goal is no seizures and less meds," Christian says.

Now on disability, Christian looks forward to returning to work and a more active lifestyle that includes skating, handball and a greater variety of daily activities.

"I really want to drive again," Christian says. "But I'm seeing life through a different lens now. I am more positive than I have ever been. If not for my doctors, I'm not sure how much longer I could have gone on."

HIGH MARKS FOR STROKE CARE

Robert Wood Johnson University Hospital (RWJUH) has earned recognition for clinical excellence and its commitment to continuous quality improvement in stroke care from two key national organizations—The Joint Commission (TJC) and the American Heart Association (AHA).

RWJUH recently earned TJC's Gold Seal of Approval for Advanced Certification in Comprehensive Stroke Center for the sixth consecutive time by demonstrating continuous compliance with the organization's performance standards for safe, high-quality patient care. The TJC recognition followed a rigorous, two-day, on-site survey at RWJUH in which a TJC team evaluated compliance with national standards, clinical guidelines and outcomes of care for stroke. Surveyors also conducted onsite observations and interviews.

RWJUH's Advanced Comprehensive Stroke Center also earned the AHA/American Stroke Association's Get With The Guidelines—Stroke Gold Plus with Target: Stroke Honor Roll Elite and Advanced Therapy with Target: Type 2 Diabetes Honor Roll quality achievement award. The honor recognizes commitment to ensuring that stroke patients receive the most appropriate treatment according to nationally recognized, research-based guidelines.

RWJBarnabas Health encompasses a network of highly recognized stroke centers, including primary stroke centers at RWJUH Somerset, RWJUH Hamilton, Monmouth Medical Center, Monmouth Medical Center Southern Campus and Community Medical Center in Toms River.

To learn more about neurosurgery at RWJBarnabas Health, visit www.rwjbh.org/neuro.



COLLABORATING FOR HEALTHIER COMMUNITIES

MULTIPLE PROGRAMS WORK TO IMPROVE QUALITY OF LIFE IN WAYS THAT AFFECT OUTCOMES.

At RWJBarnabas Health, building and sustaining a healthier New Jersey means more than caring for the sick and injured. It also means working with local communities to address key socioeconomic, environmental and behavioral factors known to impact more than 80 percent

of health outcomes.

In cities and neighborhoods throughout the state, RWJBarnabas Health has partnered with local leaders and like-minded organizations to increase access to resources including healthy food, lower-cost medication and high-quality education opportunities.

Such initiatives are part of the health system's Social Impact and Community Investment practice, which leverages a broad range of assets to advance a culture of health, improve quality of life and promote health equity through innovative, evidence-based programs.

Here are several recent initiatives:



Among those celebrating the opening of a new food “farmacy” were (from left) Balpreet Grewal-Virk, Senior Vice President, Community Health, RWJBarnabas Health (RWJBH); Mark E. Manigan, President and Chief Executive Officer, RWJBH; Nicole Fields, President and Chief Executive Officer, Saint James Health; Darrell K. Terry, Sr., President and Chief Executive Officer, Newark Beth Israel Medical Center; and Barbara Mintz, RD, Senior Vice President for Social Impact and Community Investment, RWJBH.

SAINT JAMES HEALTH 340b RETAIL PHARMACY AND FOOD ‘FARMACY’

RWJBarnabas Health, in partnership with Saint James Health Federally Qualified Health Center (FQHC) in Newark, recently opened a new 340b retail pharmacy that provides discounted medication and education to patients at the Saint James primary care office on Lafayette Street. A food “farmacy,” modeled after a similar program that Jersey City Medical Center developed for residents in Hudson County, was also opened in Newark. The “farmacy” offers fresh produce from

locally sourced farms along with refrigerated and shelf-stable items to improve access to healthy provisions in an area identified as a food desert. Nutrition counseling and healthy eating education are also provided.

Both programs help address issues of health equity, access to care and health outcomes in the city of Newark, serving patients of Saint James Health FQHC with help from state funding, local government and other community partners.



Above top: Community Medical Center and RWJBarnabas Health volunteers join partners from the Sadie Vickers Community Resource Center to create a community garden in South Toms River. Above bottom: A similar effort at Robert Wood Johnson University Hospital Hamilton expands a Farm to Family program.

COMMUNITY GARDENS

Community Medical Center (CMC) and RWJBarnabas Health, with the Sadie Vickers Community Resource Center, began work in April to create a community garden in South Toms River. Volunteers set up 100 earth boxes designed for growing thousands of pounds of fresh fruits and vegetables. Harvests are distributed through farmers' markets, food pantry programs and community partner organizations. The program provides not only healthy foods in areas that lack supermarkets but also nutrition and wellness education.

In 2023, Robert Wood Johnson University Hospital (RWJUH) Hamilton also opened a new community garden at Bromley Field and Sports Complex in Hamilton Township. The garden expands RWJUH Hamilton's Farm to Family initiative, which provides nutrition

education, health screening and food security programs hosted at local community centers.

Local families adopt Farm to Family Community Garden plots for a year and learn to grow healthy produce using sustainable practices. The garden is located alongside RWJUH Hamilton Community Field, opened in 2021 to promote children's physical and mental health, with both projects built in collaboration with local government, businesses and organizations. The gardens at CMC and RWJUH Hamilton join numerous other gardens that RWJBarnabas Health supports statewide.

To learn more about RWJBarnabas Health, visit www.rwjbh.org.

BLANQUITA B. VALENTI COMMUNITY SCHOOL

The recently opened Blanquita B. Valenti Community School is a key component of a sweeping \$750 million project funded by RWJBarnabas Health. The project includes development of the state's first freestanding cancer hospital—the Jack and Sheryl Morris Cancer Center, slated to open in 2025.

The \$55 million, 127,000-square-foot elementary school is built on land donated by RWJBarnabas Health Board of Trustees founding chair Jack Morris. It was developed in collaboration with the city, Middlesex County, Rutgers Cancer Institute and DEVCO (New Brunswick Development Corporation), replacing a school that had stood at the site of the new cancer center.



The new elementary school in New Brunswick was developed by a coalition of community organizations as part of a larger project to build New Jersey's first freestanding cancer center.



GO WITH YOUR GUT

DIGESTIVE HEALTH IS A KEY TO OVERALL WELL-BEING. HERE'S WHAT YOU NEED TO KNOW.

You've heard the phrase "trust your gut" when it comes to making decisions. But your gut doesn't just give you intuition for

reaching conclusions. It also physically interacts and communicates with the rest of your body in ways that affect your overall well-being.

"The gut microbiome is tremendously important for both immunity and metabolism," says Arvind Trindade, MD, a gastroenterologist with Robert Wood Johnson University Hospital (RWJUH) and a member of RWJBarnabas Health Medical Group. "A diversified and well-structured gut microbiome can help you stay healthy, while any disruption can lead to disease."

Dr. Trindade and his colleague Petros Benias, MD, also a gastroenterologist with RWJUH and a member of RWJBarnabas Health Medical Group, explain why the gut is so critical—and how you can help it thrive.

What is the gut microbiome?

Think of it as a tiny universe of microorganisms living inside your body. "There are more microbial species in the gut than human cells," Dr. Trindade says.

Issues with the gut microbiome are



PETROS BENIAS, MD



ARVIND TRINDADE, MD



linked to many chronic medical conditions, including diabetes, obesity and cardiovascular disease. Gut health also plays a role in several types of cancer, including esophageal and colorectal cancers.

How does the microbiome affect digestive health?

The microbiome breaks down foods that we eat, but its organisms can act differently based on the foods they encounter.

For example, diets high in fatty, processed foods such as deli meats and bacon are linked to increased numbers of cancer cells in the gastrointestinal (GI) tract. “Processed meats are designated Group 1 [highest-level] carcinogens by the World Health Organization,” Dr. Benias notes.

What habits can improve gut health?

Eating a high-fiber diet that includes foods such as berries, whole grains and vegetables like broccoli can promote a range of positive effects.

“Fiber acts like a prebiotic in the gut, which brings two benefits,” Dr. Trindade says. “It stimulates the natural hormone GLP-1, which is essential for weight loss—and obesity is a risk factor in many GI-related cancerous and precancerous conditions, such as Barrett’s esophagus. A high-fiber diet also helps build a strong, thick mucous barrier within the gut, which prevents pathogens from damaging healthy cells.”

Regular exercise further benefits gut health and reduces the risk of chronic disease. “Exercise stimulates weight loss,” Dr. Trindade says.

Does genetics affect gut health?

Family health history can play a role in nearly all digestive health disorders, from irritable bowel syndrome and gastrointestinal esophageal reflux disease (GERD, or heartburn) to conditions such as ulcerative colitis, Crohn’s disease and many GI-related cancers.

Ethnicity may also be a factor:

EXCEPTIONAL CARE FOR DIGESTIVE DISORDERS

To help people maximize their gut health, RWJBarnabas Health is building a comprehensive digestive disorders program. “We want to create an environment where anyone who needs help with their gastrointestinal system can get the highest standard of care locally,” says gastroenterologist Arvind Trindade, MD, a member of RWJBarnabas Health Medical Group.

The program includes specialists with expertise in rare and emerging GI disorders. For example, Dr. Trindade specializes in Barrett’s esophagus, and gastroenterologist Petros Benias, MD, also a member of RWJBarnabas Health Medical Group, has clinical expertise in achalasia (a rare swallowing disorder) and complex digestive tract tumors.

Patients will also benefit from the latest research and a team of surgeons and interventional endoscopists—experts in minimally invasive GI treatments.

“Today, we can treat early cancers in the GI tract endoscopically, with same-day procedures that deliver excellent results,” Dr. Benias says. “We aim to achieve curative resection [removal of an organ, a structure or tissue] in more than 90 percent of patients we treat, removing their cancer without invasive surgery.”

People of Asian descent have a higher risk for gastric or esophageal cancers.

“Have open conversations with your family members about their health history,” Dr. Benias says. “Ask if they’ve experienced any kinds of GI cancers or noncancerous polyps.”

What are some warning signs of GI problems?

Routine symptoms such as abdominal pain, cramping, bloating or flatulence may be signs of various illnesses. “If you experience them regularly, get a thorough exam from your primary care physician,” Dr. Trindade says.

Red flags to watch for include bloody stools, trouble swallowing, unexplained weight loss, early satiety (feeling full very soon after starting to eat) and persistent vomiting. “Take these symptoms seriously,” Dr. Trindade says. “Ask your doctor for a referral to a gastroenterologist immediately.”

Are GI-related cancers becoming more common?

“Cancer data show a 1 to 2 percent increase in colorectal cancer every

year over the last 20 years in people younger than 55,” Dr. Benias says. “That’s a concerning number.”

Additionally, studies show that GI-related cancers (of the colon, appendix and bile duct) are growing fastest among adults 30 to 39. Another analysis has shown that adults 45 to 64 experienced nearly twice the rate of esophageal cancer and a 50 percent increase in Barrett’s esophagus between 2012 and 2019.

Which screenings can help find GI-related problems early?

Colonoscopy remains the gold standard for identifying colon cancer. The American Cancer Society now recommends that adults start screening for colon cancer at age 45.

Dr. Trindade recommends screenings for Barrett’s esophagus for people who have GERD or those with a family history. “Patients can schedule a separate screening for Barrett’s esophagus, or they can have it done at the same time they have their colonoscopy,” he says.

To learn more about digestive health care at RWJBarnabas Health, visit www.rwjbh.org/rwjhdigestivehealth.

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RWJBarnabas Health, together with Rutgers Cancer Institute, the state's only National Cancer Institute-designated Comprehensive Cancer Center, offers the most advanced, patient-centric cancer care for adults and children. Our nationally renowned, multidisciplinary care teams ensure a compassionate, comprehensive approach, creating individualized cancer treatment plans for our patients, who have access to blood and marrow transplant, CAR T-cell therapy, innovative clinical trials, and immunotherapy procedures - all close to home. Together with our NCI Consortium partner, Princeton University, the longest NCI Consortium Cancer Center relationship in New Jersey, we are driving cutting edge research and advancing scientific discoveries into clinical practice.

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