

HEALTH **U**



Hackensack
Meridian *Health*

*What's
that lump?*

page 12

**NEW SCREENING
FOR PANCREATIC
CANCER**

page 10

WHAT TO KNOW
ABOUT MALE
BREAST CANCER

page 9

**6 SIGNS
OF AN
UNHEALTHY
HEART**

page 15

Awareness Is Power



PARA LEER ESTA REVISTA EN ESPAÑOL,
VISITE [HMHforU.org/Spanish1](https://www.HMHforU.org/Spanish1).

Contents Fall 2022



10 **Innovation** *transforming medical research into treatments*
Stopping the Silent Killer
 Genetic screening for inherited pancreatic cancer risk is now available at Hackensack University Medical Center.



Tune in to our HealthU podcast!
 For more details, visit
HMHforU.org/Podcast.



Are you up to date with your COVID-19 booster? Find the latest guidance at HMHforU.org/COVIDBooster.

On the cover: iStock.com/lemono

iStock.com/spaxiax/Ratana21/Eugen_Prozhyrko



You may soon be able to buy a hearing aid without a doctor's prescription. Learn more at HMHforU.org/HearingAid.



In an episode of the HealthU Podcast, David Leopold, M.D., shares tips for coping with chronic stress. Listen at HMHforU.org/StressLess.

Visit HMHforU.org for these stories and other great health care content.

HealthU is a 2022 APEX Award winner and a 2021 Content Marketing Awards finalist.



04 **Hi. Welcome to this issue of HealthU**
 A message from Robert C. Garrett, FACHE, CEO of Hackensack Meridian Health.

Better U *quick tips to help you live your healthiest life*

05 **Kickstart Your Workout ... Safely**
 Plus: ■ Does addiction run in families? ■ Grocery shop on a budget ■ Recipe for hearty chicken harvest dinner ■ What's trending?

Spotlight on U *health topics that matter the most to you*

12 **What's That Lump?**
 Here's what you should know about screening and lowering your risk. Plus: Show must go on for professional dancer fighting breast cancer.

14 **When Your Mammogram Is Abnormal**
 Know what to expect if you are called back for follow-up after a screening mammogram.

15 **Signs of an Unhealthy Heart**
 What to watch for and when to talk with your doctor about taking a closer look.

16 **In Reverse**
 Can heart failure be reversed? Plus: Runner back in the race after lifesaving heart surgery.

18 **Weighing Your Options**
 Seven things you didn't know about bariatric surgery. Plus: Debunking common myths about surgical weight loss.

20 **Dementia and Alzheimer's: What's the Difference?**
 Clearing up common misperceptions around these two neurological conditions. Plus: Dementia strikes husband and father at a young age.

22 **No Stone Unturned**
 Is it possible to pass a kidney stone without surgery or medical intervention? Plus: Doctors discover rare cause of kidney stones in young boy.

24 **Clear the Path**
 Once arteries become clogged, there's no quick resolution, but there are less-invasive alternatives to bypass surgery.

26 **Your First Mammogram: What to Expect**
 If you are prepping for your first screening, these seven tips can put your mind at ease.

28 **No Bones About It**
 Osteoporosis often develops undetected, but is a bone-density test right for you? Plus: Orthopedic oncology patient cancer-free after innovative surgery.

30 **Helping Kids Cope**
 How to provide support and context to help kids process traumatic events.

Doctor Spotlight

31 **Getting to Know Olufunke Olushoga, M.D.**
 Internal medicine specialist at HMH Primary Care – Hoboken and North Bergen.

Schedule *event and class listings*

32 **Your Calendar for Fall 2022**
 Live and virtual events and classes you won't want to miss.

Foundation *meaningful gifts from U*

34 **A Life of Consequence**
 John Apovian, M.D., provided decades of service to patients, medical students and Hackensack University Medical Center.

By the Numbers *a snapshot view of an important health issue*

35 **Put Yourself First**
 Five things women should do today to stay healthy.

Better quick tips to help you live your healthiest life



Bob Garrett happily received his updated COVID-19 booster and flu shot at the same time in September 2022 and encourages all who are eligible to do the same.

Be Proactive With Your Health

These days, you'd be hard pressed to find someone who hasn't been personally affected by cancer—whether they've fought it themselves or a friend, family member or colleague has. One in three Americans will be diagnosed with cancer during their lifetime, according to the American Cancer Society.

Fortunately, early detection can save lives. Diagnosing cancer in earlier stages, before it's spread, means treatment is more likely to be successful. We've broken down screening guidelines for men and women by age to remove the guesswork and make it simple: [HMHforU.org/Screening](https://www.hmhforu.org/screening).

In my own family, my father had a cancer scare. But thanks to early detection, he is living a long and healthy life! If you've fallen behind with your scheduled screenings, there's no time like today to catch up. Schedule a screening near you at [HMHforU.org/ScheduleScreening](https://www.hmhforu.org/schedule-screening).

In this issue, we've provided a quick guide to the different types of lumps you might find and what you should know about



Bob Garrett's father this past summer, celebrating his 91st birthday with his five great-grandchildren.

them (see "What's that Lump?") Of course, if you see or feel something that concerns you, don't take chances—talk to your doctor.

Another weapon in our collective fight against cancer: Research is leading to improved cancer prevention, screening and treatment. Breakthroughs continue to alter the future of cancer care. At **Hackensack University Medical Center**, we've launched an innovative surveillance program that screens individuals at high risk for developing pancreatic cancer—the first of its kind in New Jersey. Pancreatic cancer accounts for nearly 80 percent of all cancer-related deaths in the U.S., so advancements like this have the potential to save lives. Read more on page 10.

Every October, we celebrate Breast Cancer Awareness Month. Make a pledge this year to educate yourself and others about screening—not just breast cancer screening but screening for all types of cancer. 🌸

Robert C. Garrett, FACHE, CEO
Hackensack Meridian Health



Chair Frank L. Fekete, CPA **CEO** Robert C. Garrett, FACHE **COO** Mark Stauder
Medical Advisor Ihor Sawczuk, M.D.
Production Team Michael McCauley, Marisa Tranchina, Jacki Kronstedt, Joe Colón
Editorial & Creative Services Donovan Foote, Michelle Jackson, GLC

This free magazine is prepared by the Marketing and Communications Team of Hackensack Meridian Health. Inquiries or ideas can be addressed to HealthU@hmn.org. © 2022 Hackensack Meridian Health. The material provided in this magazine is intended to be used as general information only and should not replace the advice of your physician. Always consult your physician for individual care.

INSIDE THIS SECTION

- 6 Does addiction run in families?
- 7 Grocery shop on a budget
- 7 Recipe for hearty chicken harvest dinner

Kickstart Your Workout ... Safely

Doing physical activity on a consistent basis is good for your health, your mood, your sleep habits and weight control. But resuming workouts too intensely after a break may lead to injury if you aren't careful.

Stephen Silver, M.D., an orthopedic surgeon at **Hackensack University Medical Center**, offers tips to minimize your risk of injury while resuming regular workouts.

Go light. Forget about lifting the same amount of weight you lifted in the past. Do more reps with lighter weights, then gradually build to heavier weights as you get stronger.

Dress appropriately. Wear supportive walking or running shoes when you're hitting the pavement. For bike rides, wear a helmet for safety.

Rotate your workouts. Alternating the type of exercise you do should help you vary the muscles you use, reducing risk of injury.

Take days off. Don't do strength training more than two or three days a week, so your muscles have time to recover.

Stretch before and after workouts. Doing a short warmup and cooldown with gentle stretches may help you become more limber, which may minimize your risk of injury.

Start slowly. Walk, run, bike or swim for shorter distances at a slower speed than you did in the past, and gradually build to your old abilities. Increase distance and/or speed by no more than 10 percent every week.

Adopt healthy lifestyle habits. Stay well-hydrated before, during and after workouts. Eat nutritious foods and get enough sleep, so your muscles can heal while you're resting.

Stop if you feel pain. If you're exercising for the first time in a while, it's normal to feel some soreness. But if you feel sharp twinges of pain, don't work through it. Stop, rest and seek medical advice as needed.

Stephen Silver, M.D.
Orthopedic surgeon
800-822-8905
Hackensack

Go Online
For more exercise tips, visit [HMHforU.org/Exercise](https://www.hmhforu.org/exercise).



Does Addiction Run in Families?

What to know about addiction's impact on generations of families—and how to stop the cycle.

Addiction is a complex disease that affects a person's biological, psychological, social, emotional and spiritual life in all aspects.

Several factors can lead to addiction, including a search for ways to relieve stress, cope with trauma and manage injuries (such as becoming dependent on opioid medications originally prescribed for pain relief). "There's also a nature-versus-nurture debate, which has been resolved in a lot of ways—it's both," says Rachel Heath Wallace, senior director of substance use counseling services at **Blake Recovery Center at Carrier Clinic**.

Is There a Gene for Addiction That Gets Passed Down?

"It is a genetic disease," Rachel says. In fact, the American Addiction Centers states that first-degree relatives of someone with a history of addiction are 4–8 times more likely to develop problems with addiction themselves when compared to those who do not have a family member with an addiction.

"If you come from a family that has addiction in it, you should certainly be very careful, as there is a likelihood you may develop an addiction yourself," Rachel says. "But it's not just genetic—growing up in that environment can play an equal role."

In households of parents suffering from addiction, there is likely turmoil, anxiety, stress, depression and possibly trauma associated with that upbringing. "Just imagine if there's constant drinking or using drugs, fighting and chaos—children will think that's normal," Rachel says. This can create a cycle within the family of those misusing substances.

Hope for Families with a History of Addiction

Children in the family can be offered a safe space, therapy, educational resources and early intervention programs to understand the disease and prevent a life of active addiction.

It's important for families to avoid hiding the addiction or dismissing the disease. "Addiction teaches the family three rules: Don't talk, don't trust and don't feel because we must protect the family secret," Rachel says. "By doing this, families don't learn how to properly cope."

With proper help and support, there is hope and a future of recovery. Rachel recommends seeking professional help if you or a loved one suspect problematic substance use. "There are more ways now than ever to get help, and not all treatment is created equal, so do your research," she says. "There is hope, and people do recover. I've seen it many times. Don't give up!"

Find a location for addiction recovery services near you at [HMHforU.org/Addiction](https://www.HMHforU.org/Addiction).

iStock.com/dimidi_86

iStock.com/peterspiro

Grocery Shop on a Budget



You don't have to sacrifice healthy eating when on a tight budget. Jihade Rizk, R.D., manager of clinical nutrition at **Palisades Medical Center**, shares five tips for saving at the grocery store while serving up healthy meals and snacks for your family.

1 Plan around sales. Plan meals that include produce, lean-proteins and low-fat dairy items that are on sale and in season. Compare national brands and private store labels for the lowest price. Use the unit price to compare costs between different sized packages of the same product.

2 Create a shopping list, and stick to it. Prioritize vegetables, fruits, low-fat dairy, lean proteins and whole grains. To keep your grocery list from growing too long, prepare meals that include similar ingredients throughout the week.

3 Look for frozen or canned alternatives. Canned and frozen fruits and vegetables are picked at peak freshness and can be just as nutritious as fresh foods because canning and freezing preserves many nutrients. Check the ingredients list to avoid items with added sugar or salt.

4 Buy in bulk. Consider purchasing a larger quantity of meat that is on sale and preparing enough for two or more meals. Enjoy leftovers later in the week, or freeze for future use. Stock up on nonperishable whole grains and dried beans, peas and lentils when on sale, or take advantage of the bulk bin by purchasing only the amount you need.

5 Reduce waste. Only buy the amount of perishable foods you will use, or freeze portions to prevent waste. Plan to use highly perishable items—such as fish and seafood, salad greens, berries and fresh herbs—early in the week, and save more hearty items for later in the week. Enjoy leftovers for lunch, or create new meals from leftover ingredients. Cooked meat and vegetables can be revamped as a filling for a casserole, frittata or soup.

Find a healthy cooking demo or other nutrition event near you at [HMHforU.org/Events](https://www.HMHforU.org/Events).



Hearty Chicken Harvest Dinner

Serves 4

Ingredients

- ¾ pound chicken breast, boneless and skinless
- 1 tablespoon olive oil
- Olive oil spray
- 1 medium onion, thinly sliced
- 2 yellow or red bell peppers, sliced
- 1 garlic clove, minced
- 1 14-ounce can low-sodium diced tomatoes
- ¾ cup low-sodium chicken stock
- 1 tablespoon each, dried oregano and basil
- 1 cup canned low-sodium cannellini beans, rinsed and drained

Nutritional Information

Per serving: 324 calories, 28g protein, 29g carbohydrate (6g fiber), 8g fat (2g sat, 6g mono/poly), 293mg sodium

Steps

- 1** Over medium heat, sauté the chicken breast in olive oil until golden brown. Remove from pan.
- 2** Spray pan with olive oil spray. Add onion, peppers and garlic, and sauté until onions are translucent, 3–5 minutes.
- 3** Add tomatoes with juice and stir. Place the chicken over mixture, add stock and sprinkle with herbs.
- 4** Cover the pan and simmer for 30 minutes, stirring occasionally. To test when chicken is done, poke a knife in meat; juices should run clear.
- 5** Mash half of the beans, then add to pot and stir into liquid until sauce thickens. Add the rest of beans and simmer for 5 minutes.

Seasoned Cook

This is the perfect make-ahead dinner. You can even prepare it the night before through step 3. Consider doubling the recipe for great leftovers.

Find more recipes and tips for healthy eating at [HMHforU.org/HealthyEating](https://www.HMHforU.org/HealthyEating).

When should I have "the talk" with my kids?


Noor Al-Husayni, M.D., weighs in:

You should initiate a conversation about puberty with your kids before the process begins. Girls typically start puberty between ages 8 and 13; for boys, between 9 and 14.

Let younger kids know in age-appropriate terms about what's to come, then keep talking about it as they mature. That doesn't mean you need to sit your kids down for multiple editions of "the talk." It means looking for opportunities to start small conversations sparked by, for example, children's questions and observations.

Here's a general guide to discussions by age:

Under 2	Ages 2-5	Ages 6-8	Ages 9-12	Teenagers
Use the correct terminology for all body parts, including genitalia.	Teach your kids about boundaries and consent—what is and is not appropriate when it comes to touching or being touched by other people.	Introduce an age-appropriate book to explore the early signs of puberty, including growth spurts, body odor, acne and cracking voices.	Normalize conversations about changes during puberty related to sexuality, such as when girls get their periods and begin to menstruate, and when boys first experience erection and nighttime ejaculation.	Teens need honest conversations about birth control, safe sex and healthy relationships.



Noor Al-Husayni, M.D.
Adolescent medicine specialist
800-822-8905
Hackensack and Edison

Learn more at [HMHforU.org/Puberty](https://www.hmhforu.org/puberty).




How early can you go through menopause?

Judi Rachel Gerardis, M.D., weighs in:

On average, women in the U.S. go through menopause around age 51 or 52. But about 5 percent of women experience menopause before age 45, and 1 percent experience it before age 40.

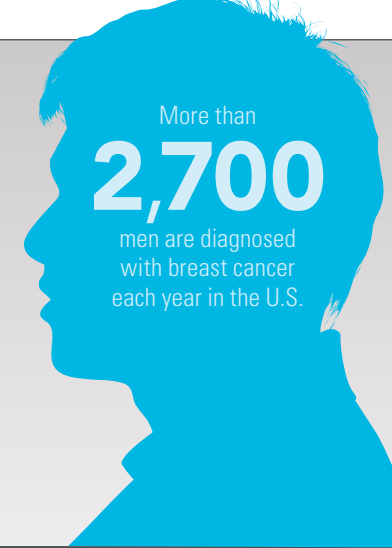
There are a variety of reasons why some women go through menopause early:

- ▶ **Certain procedures** to a woman's reproductive organs may put her in early menopause, including oophorectomy (ovary removal).
- ▶ **Some cancer treatments** may lead to early menopause, including certain chemotherapy drugs and radiation to the pelvic region.
- ▶ **A variety of conditions** may be linked to early menopause, such as thyroid disease or uncontrolled Crohn's disease or ulcerative colitis.
- ▶ **Other factors** may increase a woman's risk of early menopause, such as smoking and having a family history of early menopause.



Judi Rachel Gerardis, M.D.
OB/GYN
800-822-8905
Hackensack

Learn more at [HMHforU.org/Menopause](https://www.hmhforu.org/menopause).



Can men get breast cancer?

Deena Mary Atieh Graham, M.D., weighs in:

Although it is less likely for a man to develop breast cancer than a woman, it does happen. More than 2,700 men are diagnosed with breast cancer each year in the U.S. Awareness of any changes and a proactive approach to risk assessment are important, because, as with any disease, the key to increased options and successful treatment is early diagnosis.

The most common signs and symptoms of breast cancer in men include:

- ▶ **Lumps** or thickening of the breast tissue, with or without the presence of pain
- ▶ **Discharge** from the nipple
- ▶ **Nipple changes**, such as swelling, redness or the development of scales
- ▶ **Nipple retraction** (inward turning nipples)
- ▶ **Changes in breast skin**, such as dimpling or puckering

If you are experiencing any of these conditions, speak to your doctor as soon as possible. Additionally, if you have a family history of male breast cancer, discuss this with your doctor, as it could indicate genetic predisposition to breast cancer.



Deena Mary Atieh Graham, M.D.
Breast oncologist
800-822-8905
Hackensack and North Bergen

Learn more at [HMHforU.org/MaleBreastCancer](https://www.hmhforu.org/malebreastcancer).

How can I reduce asthma triggers at home?

Juan C. Ravell, M.D., weighs in:

Knowing what triggers your asthma symptoms can help prevent asthma exacerbations. There are a wide variety of factors that can trigger asthma, including allergens, respiratory tract infections, inhaled irritants, weather changes and exercise. Your asthma triggers may be different from those of someone else. Keeping track of your symptoms and allergy testing can help identify your triggers. While some asthma triggers are out of our control, here are some measures you can implement at home to help:

- Eliminate carpeting when possible, and use vacuums with HEPA filters.
- Use mini-blinds instead of curtains and drapes.
- Encase pillows and mattresses in allergen-proof covers.
- Keep humidity between 30-50 percent, and avoid humidifiers.
- Ban smoking at home, and shower after exposure to secondhand smoke.
- Keep windows closed during pollen season, especially during the day.
- Skip cleaning products with harsh scents; consider scent-free options instead.
- Keep pets out of your bedroom, limit exposure to pets, and wash hands and face immediately after touching an animal.
- Take your asthma medications as prescribed.



Juan C. Ravell, M.D.
Allergist and immunologist
800-822-8905
Hackensack

Learn more at [HMHforU.org/AsthmaTriggers](https://www.hmhforu.org/asthmatriggers).

Stopping Silent Killer

High-risk screening for inherited pancreatic cancer risk is now available at Hackensack University Medical Center.

The incidence of pancreatic cancer has risen significantly since 2000, especially in women younger than 55. According to the American Cancer Society, an estimated 62,210 Americans will receive a pancreatic cancer diagnosis this year alone, and nearly 50,000 people will die of the disease.

Pancreatic cancer usually doesn't cause symptoms until the disease is advanced, delaying diagnosis and resulting in a poor prognosis for the majority of patients whose tumors have grown large or spread to other organs. While it accounts for only 3 percent of all cancers in the U.S., it causes 7 percent of cancer deaths, making it one of the most lethal malignancies. Only 13% of patients are diagnosed at an early, curable stage.

Rosario Ligresti, M.D., chief of Gastroenterology at **Hackensack University Medical Center**, explains: "Pancreatic cancer is predicted to become the second-leading cause of cancer death in the world by 2030, overtaking colon cancer. We absolutely need a better way to screen for it."

Early Warning

In response, Hackensack, a National Pancreas Foundation Center of Excellence, has launched an innovative surveillance program that screens individuals who are at high risk for developing familial or hereditary pancreatic cancer. Inherited genetic syndromes account for about 10 percent of cases.

This new initiative is the first of its kind in New Jersey. Patients who are eligible will receive both an imaging test and a recently approved biomarker test that measures the immune system's response to diseases in the blood.

Biomarker testing is a way to look for genes, proteins and other substances that can provide information about cancer. Each person's cancer has a unique pattern of biomarkers.

Some biomarkers affect how certain cancer treatments work.

"Biomarker testing isn't for everyone, but for someone with a strong family history of pancreatic cancer, it can be a lifesaver," says Dr. Ligresti. "Even though this kind of testing is new, it's already been proven to find asymptomatic, early cancers in members of high-risk families."

Know the Signs

Pancreatic cancer is often called the silent killer, and with good reason: Most patients don't experience symptoms until the cancer is big enough to impact the surrounding organs. Even then, the symptoms are often vague, which is why this testing is so important.

If you experience these symptoms, talk to your doctor:

- ▶ Yellowing of the skin and eyes (called jaundice)
- ▶ Belly or back pain
- ▶ Weight loss and poor appetite
- ▶ Unexplained nausea and vomiting

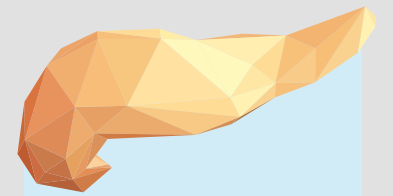
Early pancreatic cancer can also lead to conditions such as gallbladder or liver enlargement, blood clots or the new onset of diabetes. If other tests and symptoms lead to these diagnoses, and you are at elevated risk for pancreatic cancer, your doctor may want to consider pancreatic cancer as a possible cause.

A recent large study from Johns Hopkins confirmed that a clear majority of patients in a high-risk pancreas cancer surveillance program survived longer than patients who did not undergo surveillance.

"If pancreatic cancer is diagnosed while it is still localized, treatment is much more likely to be successful than if it has spread," says Dr. Ligresti. "Localized pancreatic cancer has a five-year survival rate of 42 percent, versus only 3 percent for cancer that has spread beyond the lymph nodes to other organs."

Find Out if You Qualify

If you have a family history of pancreatic cancer, speak with your doctor to see if you meet the criteria to be considered for the screening. 🧬

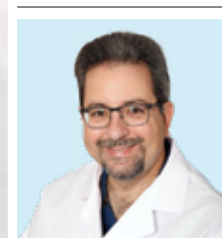


Risk Factors for Pancreatic Cancer

The average lifetime risk of non-hereditary pancreatic cancer is about 1 in 64, according to the American Cancer Society. It rises—sometimes significantly—for people with certain risk factors, including:

- ▶ Smoking
- ▶ Drinking
- ▶ Obesity (BMI 30 or more)
- ▶ Type 2 diabetes
- ▶ Chronic pancreatitis
- ▶ Regular exposure to dry cleaning and metalworking chemicals
- ▶ Older age
- ▶ Male gender
- ▶ African American race

iStock.com/piranka/erancicle



Rosario Ligresti, M.D.
Gastroenterologist
800-822-8905
Hackensack

Go Online

For more information about early pancreatic cancer screening, call **551-795-1675**.

What's That Lump?

Here's a quick guide to the different types of lumps and what you should know about them.

No one wants to discover a lump on their body. Even though most lumps are harmless, they're not especially attractive—and sometimes they signal that something serious is at work, such as cancer.

That's one reason it's smart to see your doctor if you've recently discovered a lump.

"The presence of a lump doesn't mean you're sick. In fact, most often lumps are completely harmless," says **Ann Chuang, M.D.**, director of Breast Surgery at **Palisades Medical Center**. "Still, it's often the right move to check with a dermatologist or primary care doctor to make sure there's nothing to worry about."

Here's a quick guide to different types of lumps and what you should know about them:

Cysts: Most forms of cysts are soft, pliable and noncancerous. Epidermoid cysts are the most common form, often appearing on the face, neck and torso, and sometimes the genitals. They range from quite small to multiple inches in width. Men are twice as likely as women to develop them. Epidermoid cysts don't become cancerous, but some rarer types may.

Lipomas: Another form of lump called a lipoma looks and acts similarly. While they appear in many of the same spots as epidermoid cysts, they also appear on arms and legs. About 1 in 100 people develops a lipoma, according to research group Cancer Research UK. Lipomas are not cancerous and are usually harmless.

Soft-tissue Sarcoma: The cancerous tumor called soft-tissue sarcoma can look similar to a cyst or lipoma and appear in similar places. "It can be difficult to distinguish between a sarcoma and cyst or lipoma, so if a lesion is growing, it needs to be fully evaluated by a professional," says Dr. Chuang.

Breast Lumps: Because of the threat of breast cancer, one of the scariest places to discover a lump is on the breast. Even then, however, lumps are often noncancerous. Fibroadenomas, for example, are firm to the touch and can grow to be several inches wide—yet they aren't cancerous. Benign cysts can also form in the breast, where they often are easy to feel and can be as large as a few inches wide. Likewise, changes to fibrous tissue can appear as a lump on the breast. Women who detect a breast lump should see a doctor even if they suspect the lump is benign. An examination and ultrasound can reveal whether a lump may be cancerous.

"If you feel something, you don't want to take any chances," says Dr. Chuang. "See your doctor right away if you discover a lump on your body. That way, doctors can act quickly if intervention is needed."

Go Online

Have you noticed a lump?
Schedule a screening today:
[HMHforU.org/Screen](https://www.hackensackmeridianhealth.org/Screen).



Ann Chuang, M.D.

Breast surgeon

800-822-8905

North Bergen

iStock.com/the8monkey

The Show Must Go On

Olivia Hutcherson's breast cancer and treatment are not stopping her from dancing and teaching dance to children.

In 2015, Olivia Hutcherson was living her dream as a professional dancer in New York City, working with world-renowned artists such as Madonna and Jennifer Lopez.

Then, on her 26th birthday, she noticed blood coming from her left nipple. She immediately went to her doctor and requested a mammogram and further testing, which revealed ductal carcinoma in situ (DCIS) breast cancer in over 87 percent of her left breast and an invasive tumor on her right.

"Everything changed in a moment's notice," says Olivia. "I didn't have too much time to grieve. It was just, 'Put your gloves on and fight.'"

'Oh No, Not Again'

Olivia's fight started with a double mastectomy and four rounds of chemotherapy. After finishing treatment, she moved home to Ridgefield, New Jersey, to continue her recovery and be with her family. That's when she started seeing **Stanley Waintraub, M.D.**, chief of breast oncology at **John Theurer Cancer Center at Hackensack University Medical Center**.

Dr. Waintraub closely followed Olivia for any signs of her cancer returning and recommended anti-estrogen therapy as a preventative treatment. "For four years, I was completely in the clear," says Olivia. "I felt pretty good, and I was

working, dancing and teaching."

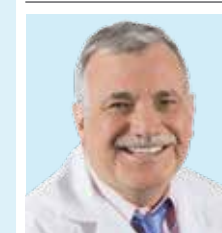
In 2019, she even published a poetry book about her cancer experience called "The Show Must Go." A few days after the release of her book, Olivia felt a lump in her left armpit, immediately raising alarm bells for her. "I remember thinking, 'Oh no, not again,'" she says.

Olivia's cancer had returned, and this time it had spread: stage 4 metastatic breast cancer to her bones and lymph nodes. Although cancer of this type isn't curable, treatment can help control its spread. Olivia started chemotherapy again and also received 20 rounds of radiation to target the tumors on her bones.

"She's now on chemotherapy with immunotherapy and doing very well," Dr. Waintraub says.

Dancing Through It

Despite the pain and fatigue her cancer causes, Olivia continues to dance and teach dance to local children. "We do everything we can to maintain Olivia's dancing career while dealing with her cancer," Dr. Waintraub says. "It is



Stanley Waintraub, M.D.

Breast oncologist

800-822-8905

Hackensack

impossible to not be impressed with this young lady. She doesn't let cancer stop her."

Finding the right care team and support network to help you through diagnosis and treatment is crucial, says Olivia. "You don't need to fight alone," she says. "The four biggest things that keep me going are my family, my faith, my friends and the dance floor. It's so important to have support and have your passion, because you need a reason to keep moving forward."

CANCER CARE

When Your Mammogram Is Abnormal

Getting called back for follow-up after a screening mammogram can be frightening, but knowing what to expect can ease the anxiety.

It's not unusual to get called back for follow-up after a screening mammogram. It's even more likely after a first mammogram, since there are no previous films to compare your images to. Follow-ups are also needed more frequently in pre-menopausal women, who tend to have denser breasts.

It can be frightening to hear you have an abnormal screening mammogram, but knowing what to expect can help ease your anxiety.

Why a Mammogram May Be Abnormal

"There are a lot of reasons someone might be called back for additional testing after a mammogram, and most of them are not cancer," says **Deena Mary Atieh Graham, M.D.**, medical oncologist at **John Theurer Cancer Center** and medical co-director at **Palisades Medical Center**. "Still, it's completely understandable for women to feel worried when it happens."

Reasons for an abnormal mammogram that are not breast cancer include:

- ▶ Suspicious areas due to the way the breast tissue is compressed during the mammogram
- ▶ Pictures that aren't clear or miss an area of the breast
- ▶ Cysts or fibroadenomas, which are almost always benign
- ▶ Benign calcifications (although some calcifications are cancerous)

What Happens After an Abnormal Mammogram?

If you have an abnormal screening mammogram, the next step is a

diagnostic mammogram. A diagnostic mammogram is similar to a screening mammogram, but more images will be taken, and greater compression may be applied.

An ultrasound is often done in the same visit, or instead of, the diagnostic mammogram. Occasionally, a breast MRI may be recommended.

You will not have to wait long for the results of the follow-up tests. In many cases, the radiologist will give the results before you leave the imaging center.

"Some lesions are markers for future breast cancer, and there are others that are not cancerous but look similar to cancerous ones," says Dr. Graham. "That's another reason it's important to evaluate any suspicious findings. You'll want information that can help you and your doctor make decisions."

Staying on Top of Your Breast Health

Most of the time, you will get reassuring news that there's nothing of concern and you can return to your usual mammogram schedule. Sometimes, you may be asked to return for a repeat mammogram in six months to make sure nothing changes.

If a biopsy is needed, you likely will be referred to a breast surgeon, who will interpret the imaging studies and coordinate next best steps. Your appointment will be fast-tracked, so you can get peace of mind faster.

"Most of the time everything is fine, but if it's not, we would rather be proactive and catch cancer early, so prompt follow-up is very important," says Dr. Graham. 🌸



Deena Mary Atieh Graham, M.D.
Medical oncologist
800-822-8905
Hackensack and North Bergen

Schedule a mammogram near you today.



Signs of an Unhealthy Heart

Be on the lookout for common symptoms of heart disease.

Sometimes, signs of an unhealthy heart may be overlooked or may not be obvious. But paying close attention is critical: Heart disease is the leading cause of death for both men and women in the U.S., according to the Centers for Disease Control and Prevention.

"Not everyone will have the same symptoms or experience all the symptoms of an unhealthy heart," says **Michael Lim, M.D.**, interventional cardiologist and chief of the Cardiac Catheterization Lab at **Hackensack University Medical Center**. "Men and women may show different symptoms of heart disease—especially coronary artery disease, the most common heart disease in the U.S."



Michael Lim, M.D.
Interventional cardiologist
800-822-8905
Hackensack

If you experience any of these six signs of an unhealthy heart, talk to your doctor about taking a closer look:

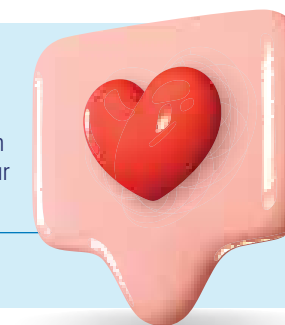
- 1 Chest pain.** Poor blood flow to the heart can cause pain or discomfort in the chest, a condition called angina. You may feel mild discomfort, tightness, squeezing or burning sensations. Most people don't detect a true painful sensation. You may also feel discomfort in the neck, jaw, throat, abdomen or back.
- 2 Fatigue.** Unusual or extreme tiredness can be a sign that something is amiss with the heart, especially if you have a sudden change in energy level.
- 3 Heart palpitations.** You may feel your heart beating quickly or unevenly. An irregular heartbeat can be a sign of arrhythmia or other heart condition. There are many other reasons why you might feel a fast or uneven heartbeat, such as lifestyle factors or drugs and medications.
- 4 Pain, numbness, weakness or coldness in the arms or legs.** These sensations may occur when blood vessels in your limbs narrow, caused by coronary heart disease. A cramping sensation in a leg while walking that goes away with rest is a potential sign of poor leg blood flow.
- 5 Shortness of breath.** Shortness of breath can be a symptom of several different heart conditions. It might be caused by poor blood flow, which can lead to fluid getting into the lungs.
- 6 Swelling in your legs, ankles or feet.** You may also feel swelling in your hands or abdomen. Poor blood flow can also cause blood to back up in the veins and fluid to build up in the tissues.

"If you're not sure if your symptoms are serious, it's best to err on the side of caution and have it checked out," Dr. Lim says. "That's especially true if you have certain risk factors, such as diabetes, high blood pressure, high cholesterol or obesity." 🌸

Know Your Risk

Knowing your risk of heart disease can go a long way toward prevention. A screening such as a CT Calcium Scoring scan is an option offered at various locations throughout Hackensack Meridian Health. This non-invasive screening will help identify your risk for heart disease and stroke, so you can take charge of a heart-healthy life.

Learn more at [HMHforU.org/CalciumScan](https://www.hmhforu.org/CalciumScan).





In Reverse

Can heart failure be reversed?



Robert Berkowitz, M.D.

Heart failure and transplant cardiologist

800-822-8905

Hackensack

Heart failure is one of the top killers in the U.S. While the disease can be severe and life-limiting, it doesn't always get worse and can even be reversed, says cardiologist **Robert Berkowitz, M.D.**, who specializes in heart failure and transplant cardiology at **Hackensack University Medical Center**.

Heart failure is characterized by the organ's inability to pump blood efficiently through the body. Although it can worsen over time, an ever-expanding choice of medications and surgical treatments has transformed the diagnosis from a death sentence to a chronic condition that won't necessarily progress.

"It used to be that once you had a diagnosis of heart failure, you were going to die in three to four years. Now, it's completely reversible in many cases," Dr. Berkowitz says. "We have patients in our program who, many years later, are living a wonderful life."

Mainstay Treatments

The chances of stalling or reversing heart failure are far better for those who seek early treatment. While all therapies seek to relieve major symptoms such as shortness of breath, fatigue and swelling in the legs and abdomen, they also aim to slow disease progression and keep patients out of the hospital.

Treatment options depend on how severe your case is. Most patients benefit from three types of prescribed drugs considered mainstays in heart failure care:

- ▶ Beta blockers, which block excess adrenaline production that can damage heart cells

- ▶ ACE inhibitors (or ARBs), which help relax blood vessels to lower blood pressure
 - ▶ Aldosterone inhibitors, which block a hormone that promotes heart failure symptoms by triggering salt and fluid retention
- "All three medications block hormonal reflexes that can do a lot of damage," Dr. Berkowitz says, adding that lifestyle measures such as eating a low-sodium diet are also important. "Once we block them, the heart starts getting stronger."

Extreme Heart Failure Options

Even for the 1 in 10 patients coping with extreme heart failure, the condition can still be reversed for some. That may require:

- ▶ An implantable heart pump
- ▶ A heart reconstruction procedure
- ▶ A heart transplant

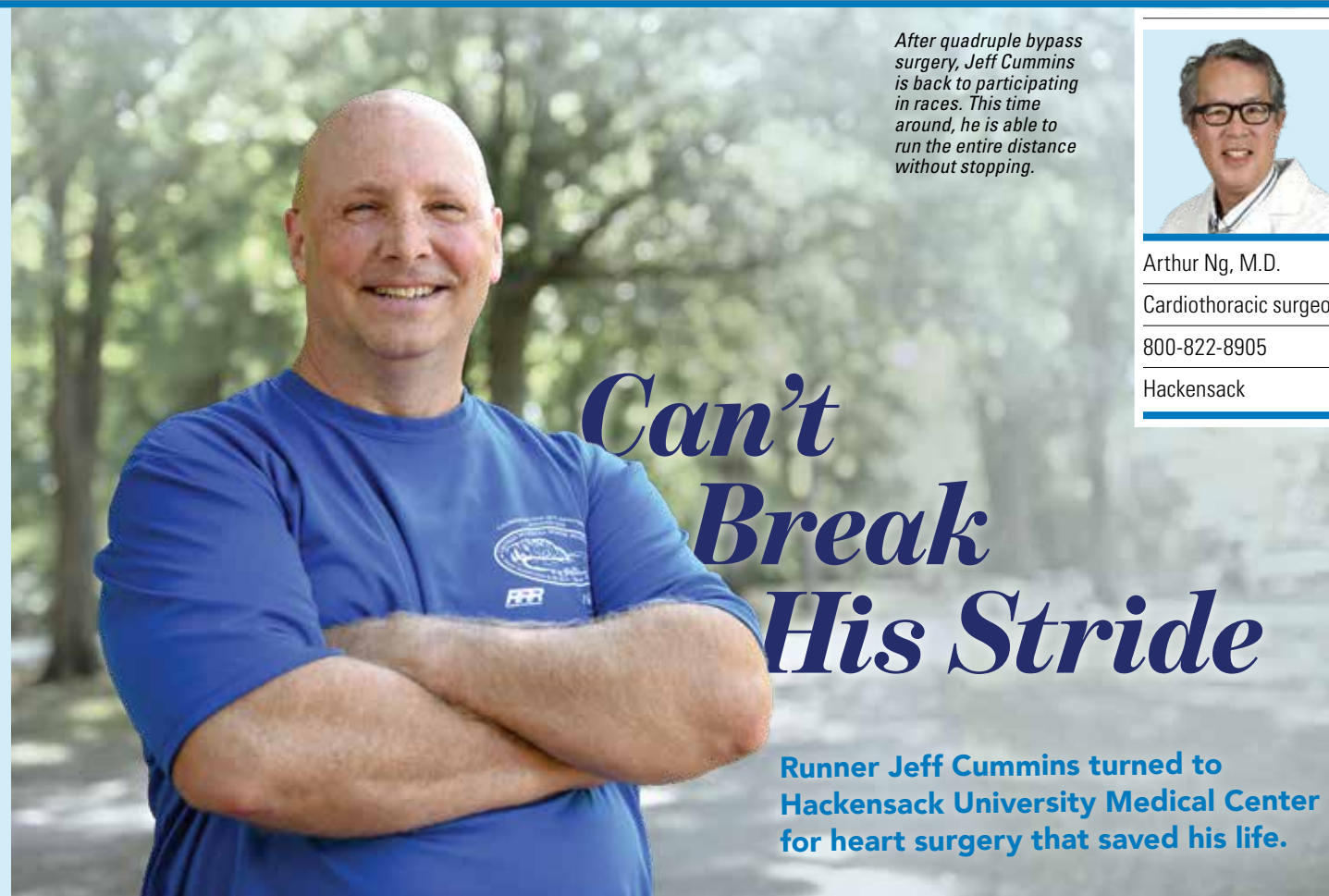
Regardless of whether that's possible, almost all heart failure patients require ongoing medication and regular follow-ups with a cardiologist.

"The mark of good therapy is both treating your symptoms with medications and treating your heart so it gets better," Dr. Berkowitz says. "If you're treating the underlying problem, it gives you a chance of a full recovery." ❄️

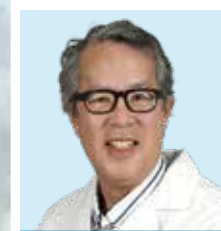
Go Online

Are you at risk for heart failure? Find out if you're a candidate for heart screening: [HMHforU.org/HeartScreen](https://www.hackensackmeridianhealth.org/HeartScreen).

iStock.com/sakmakorn



After quadruple bypass surgery, Jeff Cummins is back to participating in races. This time around, he is able to run the entire distance without stopping.



Arthur Ng, M.D.

Cardiothoracic surgeon

800-822-8905

Hackensack

Can't Break His Stride

Runner Jeff Cummins turned to Hackensack University Medical Center for heart surgery that saved his life.

From all outward appearances, Jeff Cummins, 58 of North Haledon, was doing everything right. He ate a healthy diet, regularly ran for exercise (even taking on a few marathons) and was helping his elderly parents settle into his home. But in 2021, he started having unusual symptoms.

"In March, I began to notice I was having a little difficulty breathing," Jeff says. "I attributed this to excessive stress from taking care of my parents and not running as often as I used to. I noticed it specifically when I was lying down in bed. Getting out of the bed was more of a project than it had ever been before."

Jeff's primary care doctor advised him to see a cardiologist. He wore a heart monitor for a week, but it didn't provide any alarming results. He maintained his already-healthy habits.

By July, Jeff thought that if he got back to his regular regimen of running, he'd feel better. He went to a favorite circuit that took him from Sparkill, New York, over the Tappan Zee Bridge and back. By the time he returned to his car, he felt like he had a concrete block pressing down on his chest. When he got home, his wife and daughter insisted he go to **Hackensack University Medical Center**.

Advanced Heart Disease at a Young Age

At Hackensack, Jeff was sent to the cardiac catheterization lab where an angiography showed several coronary arterial blockages—so many, in fact that he was scheduled for open heart surgery two days later. Cardiothoracic

surgeon **Arthur Ng, M.D.**, performed a quadruple bypass to restore blood flow to Jeff's heart.

"The surgery was scheduled so quickly because Jeff's disease was definitely quite advanced," Dr. Ng says. "When he came to us, he had multiple blockages—some completely closed off. Heart monitors are designed to pick up heart rhythm abnormalities but are not sensitive enough to pick up cardiac ischemia from coronary artery blockages."

Given Jeff's young age, Dr. Ng suspects that genetics may have played a role in his advanced heart disease—especially considering his active lifestyle.

"One of the important things to take home from Jeff's story is that you can be active and fit, doing a lot of aerobic exercise—and that's good. But if you were able to do this all at one point, then find the level of exercise you're able to achieve is decreasing because of something like chest pain or shortness of breath, talk with your doctor," Dr. Ng says.

Back in the Race

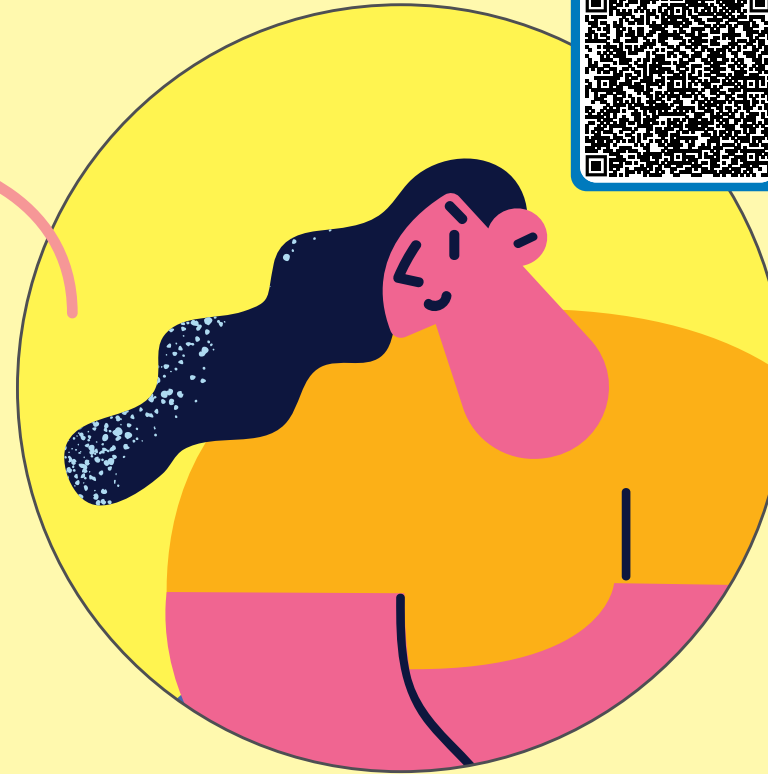
Jeff's surgery was a complete success, and today, more than a year later, he is back in the race.

"Last week, I ran a five-mile trail race in New Paltz, New York," he says. "Unlike many previous races where I ran and walked, this time, I was able to run the whole race without stopping. I was slow, but there's a difference between running and walking, and running the whole thing. My stamina has increased tenfold."

Weighing

Your

Options



Take a Health Risk Assessment to see if you're a candidate for weight-loss surgery.



Coming Soon: Helena Theurer Pavilion

Weight loss surgery at **Hackensack University Medical Center**, along with many other services, is moving to the new Helena Theurer Pavilion on Hackensack's campus late fall.

The Helena Theurer Pavilion is a brand-new nine-story surgical and intensive care tower that will be home to 24 state-of-the-art operating rooms, 50 intensive care beds and 175 medical/surgical beds.

Learn more about the future of health care at the Helena Theurer Pavilion by visiting [HMHforU.org/HTP](https://www.hmhforu.org/HTP).

Are you considering bariatric surgery? Here are seven facts to know about the procedure.

If you're considering surgical weight loss, know that surgery won't mark the end of your weight-loss journey. In many ways, it will actually just be the beginning. That's because bariatric procedures require not only short-term recovery, but also long-term lifestyle changes that can permanently alter your relationship with food, fitness and your body.

"It takes constant work, eating healthy and increasing physical activity to achieve success," says **Sebastian Eid, M.D.**, a bariatric surgeon at **Hackensack University Medical Center** and **Palisades Medical Center**. "The surgery makes these changes sustainable."

Here are seven things you should know about weight-loss surgery.

- 1 Nerves are completely normal.** That goes for surgery as well as what comes after. "I don't know of a single person who comes through the door entirely comfortable," Dr. Eid says. "Surgery is a big step. Fortunately, we're able to put a lot of fears to rest. We are sensitive to patients' issues and concerns, and we walk them through the entire process, so they know what to expect."
- 2 Recovery from gastric sleeve surgery is quick.** "We're usually able to get people out of the hospital within 24 hours. After that, they continue the recovery process at home for the next two to four weeks," Dr. Eid says. Most people can resume moderate physical activity within a few days and can return to work in as little as a week.

- 3 Pain is minimal.** "The stomach itself does not have any sensation, but the incisions do cause some muscular pain for the first five days or so after surgery," Dr. Eid says. "Your muscles will feel sore and tight."
- 4 After surgery, you must make a gradual return to solid foods.** Expect to be on a liquid diet for approximately two weeks, after which you can slowly graduate to pureed foods, soft foods and, finally, regular foods.
- 5 You'll have a decreased capacity for food that affects portion sizes.** Some patients also report changes in their preferred tastes and flavors. The change in appetite is as much chemical as it is physical. "Weight-loss surgery reduces appetite hormones," says Dr. Eid. When you remove a portion of the stomach, you also reduce

its capacity to release ghrelin (the hunger hormone), which makes you feel less hungry.

- 6 Your digestion won't change after gastric sleeve surgery.** Neither your bowel movements nor food absorption will change, although you should take a daily multivitamin to ensure you're getting the nutrition you need. Expect an annual check of your vitamin levels to make sure you're remaining nourished despite your diminished appetite.
- 7 Weight loss is rapid and significant.** Within the first month, you can expect to lose 20 to 30 pounds. After that, you can expect to lose approximately 10 pounds per month until you reach 100 pounds of weight loss, which typically happens within eight months. ⚙️



Sebastian Eid, M.D.
Bariatric surgeon
800-822-8905
Paramus

NEURO HEALTH

Dementia and Alzheimer's: What's the Difference?

Our doctor clears up common misperceptions around dementia and Alzheimer's disease.

Many caregivers struggle to understand the differences between Alzheimer's disease and other forms of dementia, which can prevent patients from getting proper treatment. **Manisha Parulekar, M.D.**, director, Division of Geriatrics, **Hackensack University Medical Center**, and co-director, Center for Memory Loss and Brain Health, breaks it down.



Dementia
Umbrella term for several conditions that affect memory
Multiple types of dementia
Group of symptoms, not a disease
Some causes are reversible or temporary

What Is Dementia?

Dementia refers to a group of symptoms that impact memory, communication and daily activity performance.

"Symptoms of dementia can begin with episodes of forgetfulness or getting lost in familiar settings. Confusion and forgetfulness can grow as dementia progresses," Dr. Parulekar says. "Asking questions repeatedly, poor decision-making, withdrawal from social activities and changes in behavior can also be symptoms of dementia."

There is no single test to diagnose dementia. "Through a collection of tests and analyses, including a medical history evaluation, a physical examination and neurological testing, we can determine if a patient has dementia. However, because the symptoms and brain changes among various types of dementia can overlap, determining the exact type of dementia is more challenging," Dr. Parulekar says.

Types of dementia can include Lewy body dementia, vascular dementia, Parkinson's disease dementia, Huntington's disease and, of course, Alzheimer's disease.

Alzheimer's disease

Condition that falls under dementia umbrella
One specific type of dementia
Disease causing dementia to occur
Nonreversible

What Is Alzheimer's disease?

Alzheimer's is the most common cause of dementia, accounting for about 60–80 percent of dementia cases. It is believed to occur when there are high levels of protein in the brain preventing nerve cells from connecting. This leads to brain tissue loss and brain cell death, slowly causing impairment in memory and cognitive function.

With Alzheimer's disease, patients may experience apathy, depression, disorientation and behavioral changes, and have a hard time speaking, swallowing, walking and recalling recent events or conversations.

"There is not one test to identify if a patient has Alzheimer's disease," says Dr. Parulekar. "A team of experts work together to identify signals of Alzheimer's. Brain imaging and scans, neurological exams, cognitive testing and physical evaluations are all part of the testing process."

Although there is no cure for Alzheimer's, finding the right treatment plan can relieve some symptoms and improve a patient's quality of life. "As each patient is different, their care plan will be unique to their needs," Dr. Parulekar says. 🌀



Manisha Parulekar, M.D.
Geriatric medicine specialist
800-822-8905
Hackensack

Sheldon Furman and his wife, Robin, have become ambassadors for raising awareness about Alzheimer's disease.



When Dementia Strikes Early

Like many patients with Alzheimer's, Sheldon Furman has been impacted by the disease in all aspects of life, work, finances and, especially, family.

Sheldon Furman was a typical father and husband, but at age 54, his life took a drastic turn.

The father of two girls suffered a massive heart attack, known as a widow maker, caused by a 100 percent blockage of the left artery.

Thankfully, Sheldon survived the heart attack, but shockingly, his family said they started to lose him in another way. "We noticed that his memory and cognition were failing," says Sheldon's wife, Robin.

Adds **Manisha Parulekar, M.D.**, director, Division of Geriatrics, **Hackensack University Medical Center**, and co-director, Center for Memory Loss and Brain Health: "People with heart health issues are generally at higher risk for dementia, particularly Alzheimer's disease."

Sheldon also had a family history of the disease: His mother suffered from it.

"It was devastating to receive Sheldon's Alzheimer's disease diagnosis," Robin says. "We had our whole lives ahead of us, and one of our children is still in high school."

Raising Awareness

Alzheimer's disease most commonly affects older adults, but it can also affect

people in their 30s, 40s and 50s, like Sheldon.

Sheldon is no longer able to work. His wife says he has good days and bad days, but he no longer remembers most of their friends or what their life was like prior to this disease. His experience, however, has given him a new life's mission.

"I would like to be an ambassador for Alzheimer's disease," Sheldon says. "If I can help raise enough awareness, perhaps one day there will be a medication that could help others."

Not Losing Hope

"It's really tough. I did lose him to some degree, but I haven't yet lost hope," Robin says.

Sheldon is now a patient with the Center for Memory Loss and Brain Health, where Dr. Parulekar and her team are working to prolong his cognitive abilities and improve his quality of life.

"A diagnosis of a memory disorder such as Alzheimer's disease is scary and impacts all aspects of a patient's life, not to mention their family's," Dr. Parulekar says. "The Center for Memory Loss and Brain Health aims to provide an innovative and holistic approach to support patients and families."

Go Online

Learn about the integrated team at the Center for Memory Loss and Brain Health, which provides comprehensive, coordinated care for dementia and memory disorders: HMHforU.org/MemoryLoss.

UROLOGY

No Stone Unturned

Is it possible to pass a kidney stone without surgery or medical intervention?

As uncomfortable as they are, kidney stones are a common condition. The good news is, you might not need surgery or a procedure to treat a kidney stone.

“Kidney stones—a hard piece of material formed as a result of mineral build-up in your kidneys—sometimes can go away on their own, and many do,” says **Michael Degen, M.D.**, director of stone surgery at **Hackensack University Medical Center**. “Smaller kidney stones can pass through the urinary tract with minimal difficulty.”

When to Seek Treatment for a Kidney Stone

Larger kidney stones—from the size of a pencil eraser to more than an inch wide—can get stuck in the urinary tract. When this happens, the flow of urine is blocked, causing a lot of pain. These may need to be removed by a urologist.

If a kidney stone can't pass on its own, you may need a procedure to break up or remove it. Procedures include shock wave therapy, inserting a scope into the urinary tract (ureteroscopy with lithotripsy) and percutaneous surgery (for larger stones).

Seek medical help immediately if you experience any of these symptoms:

- ▶ Pain or difficulty urinating
- ▶ Blood or discoloration in your urine
- ▶ Fever and chills

- ▶ Nausea and vomiting
- ▶ Severe pain in your back, side, lower belly or groin, or pain that doesn't go away

The right treatment method depends on the type, size and location of the kidney stone. Blood or urine tests, X-rays or CT scans can help your doctor determine your body's mineral level and where and how big the kidney stone is.

How to Prevent Kidney Stones

Like with many conditions, prevention is best. “The number one cause of kidney stones is dehydration,” Dr. Degen says.

“To prevent most kidney stones, drinking plenty of fluids is enough to flush away minerals that build up and form stones.”

Most adults should drink enough fluid so that they void 2 ½–3 liters per day. This may require a higher fluid intake in the summer months, in warmer climates or with higher levels of activity when there's a greater risk of dehydration. You're more likely to experience kidney stones if you don't urinate enough each day or if you have high levels of minerals in your body.

“Especially if you've experienced kidney stones before, it's important to maintain these healthy habits to prevent future occurrences,” Dr. Degen says. 🌿



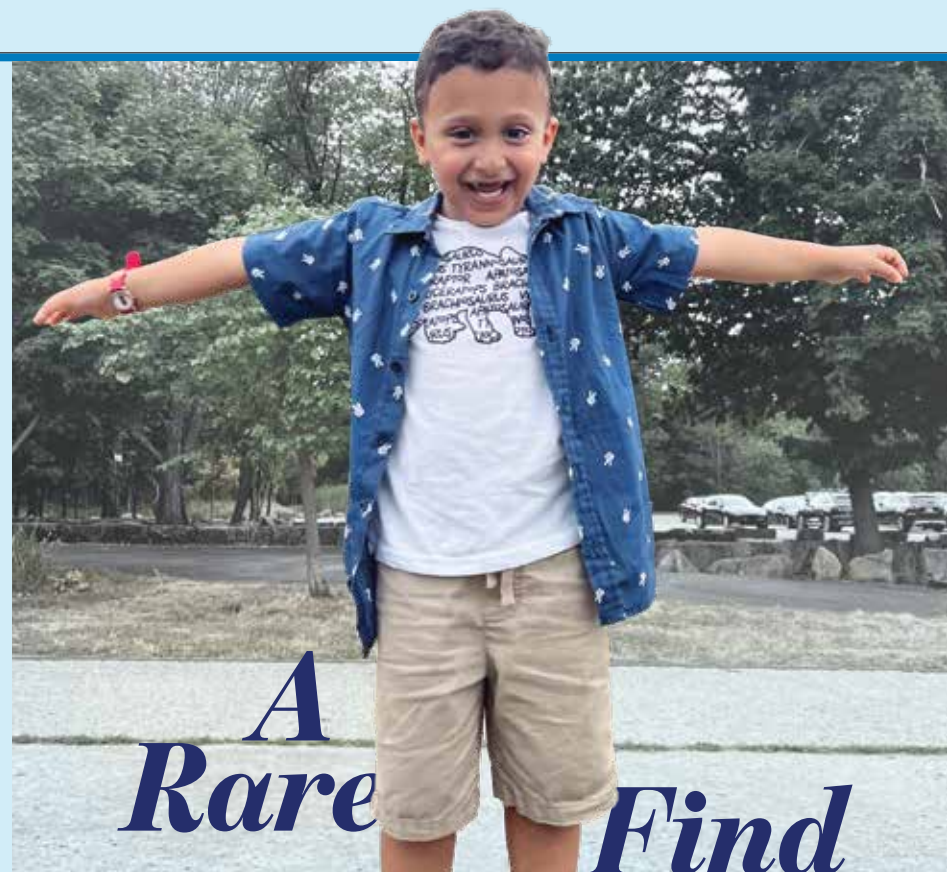
Michael Degen, M.D.

Urologic oncologist

800-822-8905

Hackensack

iStock.com/MattGrove



When doctors found kidney stones in then-8-month-old Ali Alsaidi, they discovered that a rare cause was behind it.

Abdul and Assrar Alsaidi of Paterson, New Jersey, welcomed their son, Ali, into their family, earlier than expected—at only 27 weeks. When Ali was released from the hospital, his first-time parents were overjoyed to take their baby boy home.

At around 8 months old, Ali wasn't sleeping well and cried a lot. His parents knew it wasn't unusual for babies to sleep poorly and cry, but their son seemed to be crying more than a typical baby.

Then Abdul and Assrar noticed sand-like particles in their son's diaper. Incredibly, at less than a year old, Ali had kidney stones.

Finding Kidney Stone Relief

An ultrasound showed Ali's kidneys were filled with stones, says **Richard Schlusel, M.D.**, pediatric urologist at **Joseph M. Sanzari Children's Hospital at Hackensack University Medical Center** and director of Pediatric Urology for Hackensack Meridian Health.

“I was very concerned by how many stones he had in his kidneys,” says Dr. Schlusel, who was worried the stones would block Ali's kidneys, which could cause short-term or long-term damage to the organs.

He consulted with his colleagues, including kidney stone specialist **Michael Degen, M.D.**, and **Kenneth Lieberman, M.D.**, chief of Pediatric Nephrology. They agreed that a rare genetic disorder was likely causing the stones, so they ordered genetic testing for Ali, which was available at the Children's Hospital.

In the meantime, Ali's care team made strides to relieve his discomfort by placing drainage tubes in each kidney. Because of the extreme number of stones, Drs. Schlusel and Degen performed four minimally invasive surgeries, two on each kidney, to clear out the stones.

“You might be able to get good care for kidney stones in adults just about anywhere, but you need a very specialized place to do it for children,” Dr. Schlusel says. “You need people with the proper experience in this uncommon condition, and you have to have the technical equipment that most medical centers don't have.”

Uncovering the Cause

“Kidney stones in young children less than 5 is an unusual occurrence and almost always due to a rare genetic disorder,” Dr. Lieberman says.



Richard Schlusel, M.D.

Pediatric urologist

800-822-8905

Hackensack and Englewood



Kenneth Lieberman, M.D.

Pediatric nephrologist

800-822-8905

Hackensack and Neptune

After four minimally invasive surgeries to clear out kidney stones, 4-year-old Ali Alsaidi is a happy, healthy preschooler.

Genetic testing confirmed that Ali has cystinuria, a condition in which the kidneys aren't able to properly absorb an amino acid called cystine. Since it isn't absorbed by the kidneys, cystine goes back into circulation. Unlike other amino acids, cystine doesn't dissolve in water, so it doesn't get excreted and can form crystals and stones.

The news was shocking to Ali's parents. They did not know that they were carriers of the gene mutation that causes the condition and can be passed on to a child.

When Abdul and Assrar had a second child, Omar, they knew there was a chance this son, too, would have cystinuria. When they saw the sand-like granules in Omar's diaper, they immediately took him to Dr. Lieberman, who ordered genetic testing that confirmed cystinuria.

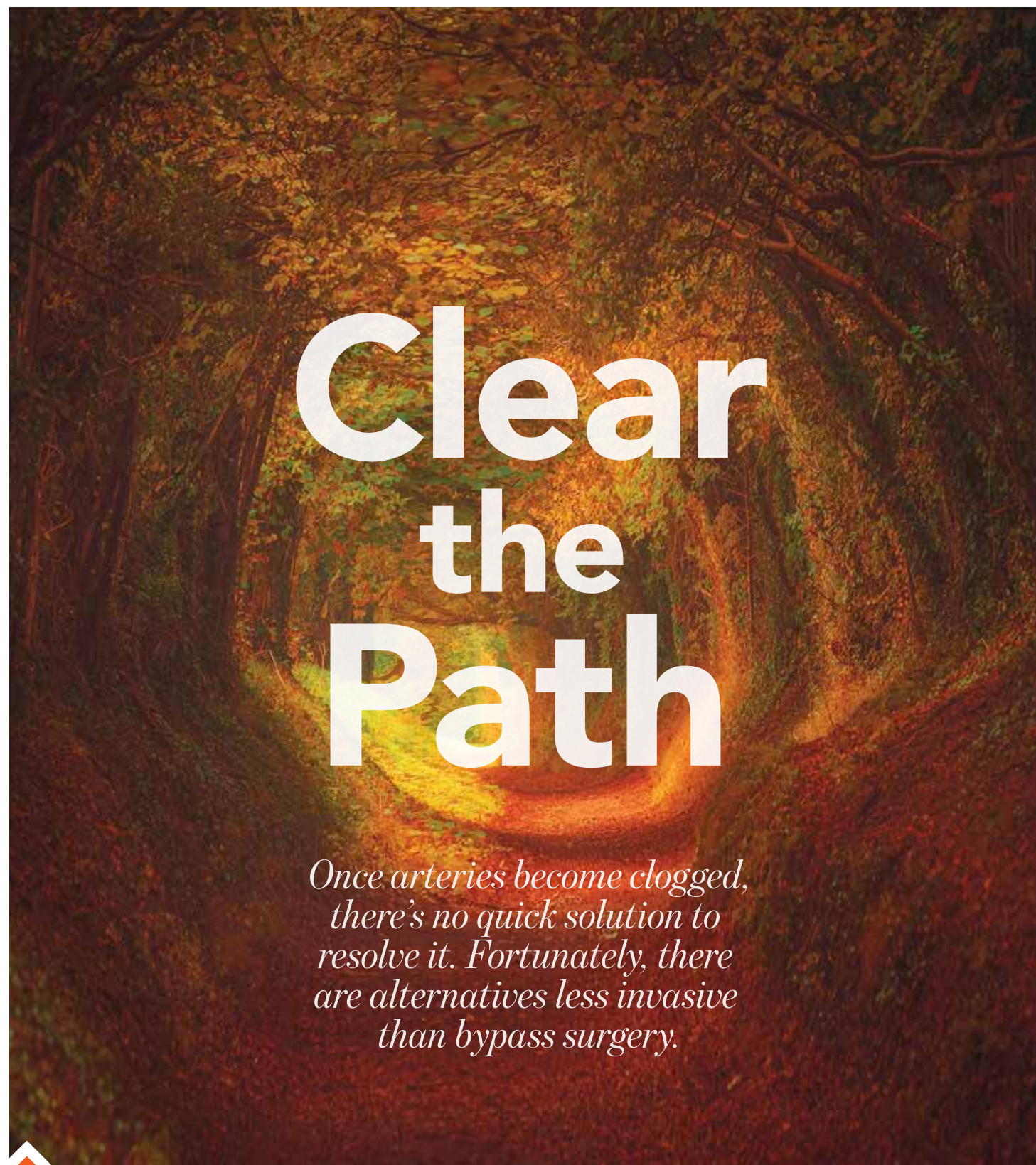
Both boys, Ali, now 4 and starting preschool, and Omar, who is less than a year old, are kidney stone-free with the help of maintenance medication, regular ultrasounds and the intake of lots of water.

Find a pediatric urologist or nephrologist near you at [HMHforU.org/KidsKidneyDoc](https://www.hmhforu.org/kidskidneydoc).

Expanding Kidney Care for Kids

There is a growing epidemic of kidney stones in children, especially teens. “Calcium kidney stones, which are common in adults, appear to be the most common in children,” says Dr. Degen. “This seems to go hand in hand with metabolic syndrome [a group of conditions that together increase the risk of other serious health problems].” Partially in response to this trend, Hackensack Meridian Children's Health has launched a second pediatric nephrology and urology clinic to care for children diagnosed with kidney conditions including kidney stones. The new Pediatric Nephrology and Urology Clinic at **Joseph M. Sanzari Children's Hospital** joins the existing clinic at **K. Hovnanian Children's Hospital**.

Learn more at [HMHforU.org/PedsKidney](https://www.hmhforu.org/PedsKidney).



Clear the Path

Once arteries become clogged, there's no quick solution to resolve it. Fortunately, there are alternatives less invasive than bypass surgery.

Go Online

Learn about cardiology services at Pascack Valley Medical Center: [HMHforU.org/PVHeart](https://www.HMHforU.org/PVHeart).

iStock.com/serts
iStock.com/PamelaJoeMcFarlane/towfiq ahamed/Haiishadov/apomares/etienne voss/ismonkr/AdShooter/magnetcreative/Nikolay Zaiarnyi/Olesia Shadrina/Image Source/Madmir Mironov/HireeSarmkasat/RosetteJordaant/carlogaw/SasaJo/fcalotodigital

Over time, arteries can become clogged due to the buildup of coronary plaque—a material consisting of fats, cholesterol and other substances that stick to the artery wall and prevent the free-flowing movement of blood and oxygen throughout the heart muscle and to the rest of the body.

Clogged arteries significantly increase the risk for heart attack, heart failure and stroke. Once buildup has developed, there is no quick solution to resolve the blockage.

What Non-surgical Treatments Are Available?

Previously, bypass surgery was the main treatment for clogged or blocked arteries. Fortunately, non-surgical, less-invasive treatments have emerged to help open or treat blocked arteries.

Mindy Markowitz, M.D., non-invasive cardiologist at **Pascack Valley Medical Center**, describes some of those treatments:

▶ **Statin medications:** Statins are prescribed medications that work to lower your heart cholesterol and stabilize the plaque on your artery walls by inhibiting the formation of cholesterol in your liver and preventing it from circulating throughout your body. Statin medications not only manage plaque development, they also lower the risk for heart disease and stroke.

▶ **Angioplasty and Stents:** Also referred to as a balloon angioplasty, this minimally invasive procedure opens narrowed arteries by targeted inflation. Doctors use a small catheter to guide a balloon into place, widening the artery to encourage adequate blood flow. During the procedure, stents often are used to ensure artery walls remain open. Stents are small mesh wired tubes that support the artery walls for extended sustainability.

▶ **Aspirin:** Based on individual risk, your doctor may prescribe aspirin to manage or decrease risk of bleeding, heart attack and stroke. (New aspirin guidelines recently were released, so talk with your doctor about what's best for you.)

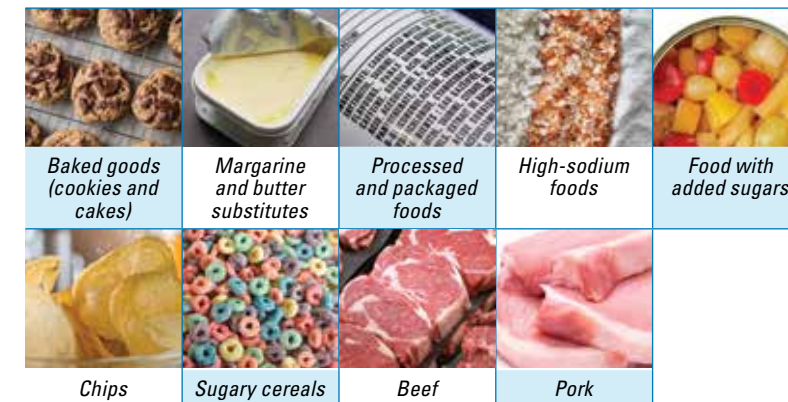


Mindy Markowitz, M.D.
Cardiologist
877-848-WELL (9355)
Westwood

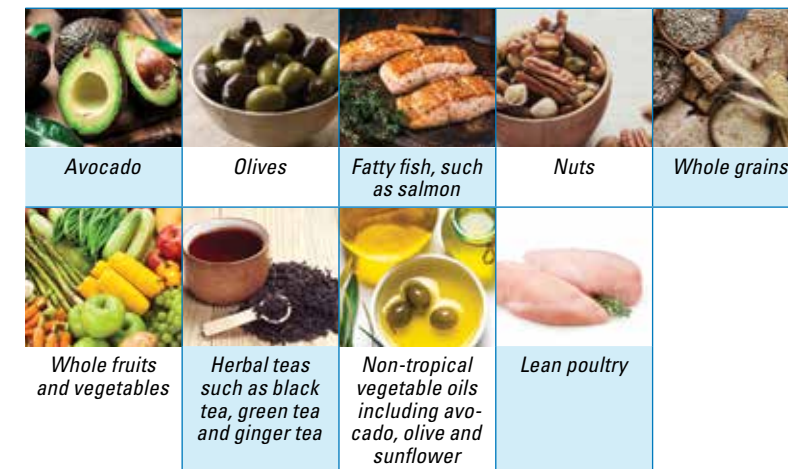
How Can I Prevent Blocked Arteries?

The key to heart health is prevention through smart lifestyle decisions. That begins with consuming heart-healthy foods and avoiding foods high in saturated and trans fats that can increase the likelihood of developing heart disease and clogged arteries.

Foods to avoid:



Food to eat:



Don't Forget to Exercise

In addition to monitoring the foods you're ingesting on a daily basis, it is also important to establish a physical exercise regimen. The American College of Cardiology suggests at least 150 minutes of exercise each week—that's about five 30-minute workouts a week.

For most people, that sounds rigorous. "Just start with five minutes a day and slowly increase. Small changes today can go a long way toward a heart-healthy tomorrow," Dr. Markowitz says. Consider low-impact workouts such as taking a walk, riding a bike, taking the stairs at work, swimming or simply doing yard work.

Achieving and maintaining heart health will help you to sustain overall well-being. Eating heart-healthy whole foods and establishing a consistent exercise regimen is essential to achieving your target wellness goal. Your doctor is an excellent resource to understand and develop a plan to help you. If you are concerned or need guidance, reach out to your primary care provider. 🌟

Your First Mammogram: What to Expect

If you're prepping for your first mammogram, it's normal to feel a little anxious. Use these seven tips to put your mind at ease.

When it comes to breast cancer, early detection is one of the most powerful tools we have. If breast cancer is discovered in its earliest stages, the probability of successful treatment and recovery is very high.

If you're preparing for your first mammogram, it's normal to feel a little anxious about the process. **Ann Chuang, M.D.**, breast surgeon in Montclair at **Mountainside Medical Center**, offers seven tips to make the process smooth and put your mind at ease.



Ann Chuang, M.D.
Breast surgeon
888-973-4MSH (4674)
Montclair

When Should You be Screened?

Breast cancer screening should begin by age 40, or sooner if your family or medical history suggests increased risk. Speak with your doctor about when you should start screening.

How Should I Prepare for My First Mammogram?

1 Choose a Location Convenient for You. Mammograms are typically performed annually—depending on age—so choose a location that you can easily visit year after year. “It’s also important to select a facility that specializes in mammography imaging, that is knowledgeable and that you are comfortable frequenting,” Dr. Chuang says.



2 Schedule Around Your Period. Breasts are most tender the week before and the week of your period. So for maximum comfort, schedule your mammogram for the week or two after your period.



3 Don't Wear Deodorant or Moisturizers. On the day of your scheduled mammogram, avoid wearing any deodorant, lotion, perfumes or creams under your arms and near your breasts. “Moisturizers can make your skin slippery, which makes it challenging for the mammographer to produce quality images,” Dr. Chuang says. Particles in deodorant can also mimic the appearance of calcifications on a mammogram, which can impact your results.

4 Dress for the Occasion. Wear pants, shorts or a skirt to your appointment instead of a dress since you'll need to be undressed from the waist up.



5 Ease Discomfort. If you are experiencing pain and discomfort prior to your appointment, it's usually OK to take over-the-counter pain medication before your scheduled mammogram. Just be sure to check with your health care provider first.



6 Wear comfortable shoes. You will be standing for your mammogram and may be asked to lean forward or backward for best positioning. High heels may throw you off balance, so be sure to wear comfortable flat shoes, sneakers or low heels.



7 Plan Accordingly. Typically, mammograms take about 30 minutes to complete, and you usually won't get your results while at your appointment. If you are scheduled for a diagnostic exam, this may require more of your time during and post examination. Because there is an acute concern, your images will need the approval of the radiologist before you are released.



Schedule a screening mammogram near you.

Go Online
Schedule a mammogram at a location near you at [HMForU.org/Screen](https://www.hmhforu.org/Screen).

No Bones About It

How a bone-density test is performed—and when you should get one.

Osteoporosis is a condition that results in weak, brittle bones that are especially prone to fracture. This medical condition usually develops undetected, and the first sign of a problem is when a bone breaks. Screening using a bone density test is an effective way to diagnose loss of bone density at an early stage. Here's what you should know about bone-density tests and if you should get one.

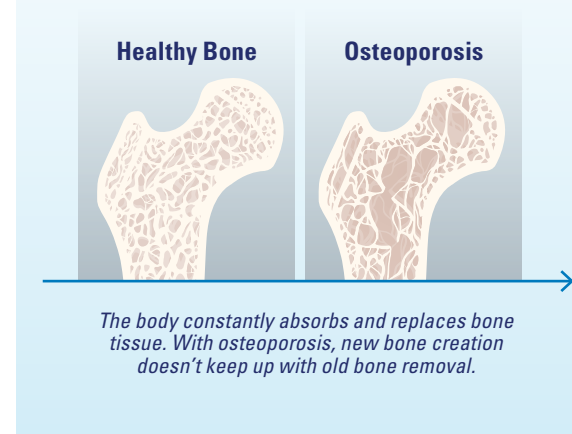
Bone-density testing is recommended for higher-risk individuals:

- ▶ **Women age 65 and older**
- ▶ **Women ages 50–64 who have risk factors**, such as a parent who has broken a hip

“Bone-density tests are generally simple, painless and straightforward. In a case where doctors are able to detect density loss early, they can make an enormous difference in a person’s long-term health,” says **Colette M. Knight, M.D.**, endocrinologist at **Hackensack University Medical Center**. “But providers are only able to make the diagnosis of osteoporosis if people take the time to get tested.”

How Tests Work

The most common form of a bone-density test works by scanning a person using X-ray technology to



measure the presence of calcium and other minerals in the patient’s bones. Often called DEXA scans (dual-energy X-ray absorptiometry), the tests are typically conducted in radiology offices. Here’s how it works:

- ▶ **Patients lie on their backs on an elevated, padded table** while a scanning machine passes over their hips and lower spine, and a second X-ray device passes underneath.
- ▶ **Patients must remain still** during active scanning

and may be asked to hold their breath for several seconds at a time.

The entire process lasts about 15 minutes, and the radiation risk is about the same as from a typical X-ray. “DEXA scans focus on the hips and spine because those are the most likely locations for an injury related to a loss of bone density,” says Dr. Knight. “But other areas, such as forearms, hands and feet, also are at risk and can be assessed using a smaller, portable scanner.”

How Tests Are Scored

Test results are reported using a system called a T-score that compares a patient’s bone density to that of a healthy young adult. Scores often are reported as negative numbers, and lower numbers are better:

- ▶ **-1 and higher:** Normal bone density
- ▶ **-1 to -2.5:** Low bone mass (osteopenia)
- ▶ **-2.5 or lower:** Osteoporosis

A second score, called a Z-score, shows the patient’s bone density compared to others of the same age, ethnicity and gender.

Regardless of whether you think you may be affected by diminished bone density, if you are part of an at-risk group, the guidance is clear: Get tested. 🌟



Colette M. Knight, M.D.

Endocrinologist

800-822-8905

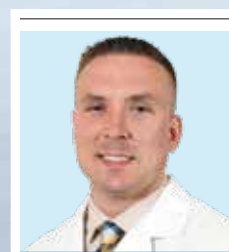
Hackensack



Need a primary care doctor? Find one near you at [HMForU.org/FindADoc](https://www.hmhforu.org/FindADoc).

Open Road Ahead

Orthopedic oncology patient Victor Nuciforo is cancer-free after innovative surgery at Hackensack University Medical Center.



Valdis Lelkes, M.D.
Orthopedic oncologist
800-822-8905
Hackensack and Neptune

Doctors were able to keep Victor Nuciforo’s hand fully functional after finger amputation, and today, he enjoys driving his daughters around in his classic Mustang.

Victor Nuciforo was in the thick of a busy spring mowing season in 2021 when the landscaping entrepreneur from East Hanover, New Jersey, noticed a bump on his left ring finger. He passed it off as a bug bite. His seven-day work schedule—which includes running a coffee shop—led him to ignore the growth for months, a decision he came to regret when he learned it was a type of cancer that could become life-threatening.

But despite the delay in treatment, doctors at **Hackensack University Medical Center** were able to keep Victor’s hand fully functional—and maximize the father of three’s chance of a full recovery—by performing an innovative surgery that amputated the diseased finger and pulled the remaining digits closer together.

“When I found out it was cancer, I wondered: Did I choose my work over my health? Would my children be without a father? It really blindsided me, and I got scared,” says Victor, 50.

Maintaining Function and Form

Through their research, Victor and his wife, Judi, found **Valdis Lelkes, M.D.**, an orthopedic oncologist, which is an orthopedic surgeon with

special training to treat patients for noncancerous and cancerous lesions that grow in the soft tissues or bones of the trunk, arms or legs. Dr. Lelkes explained that amputating the finger was the safest course. Prior surgery at another hospital had removed just the bump—which tests identified as squamous cell carcinoma—but it was growing back, Dr. Lelkes says.

The previous surgery by another surgeon didn’t completely remove the tumor, limiting Dr. Lelkes’ options to save Victor’s finger while eradicating the cancer. “Despite me telling Victor the best option was to cut off his finger—which, as a landscaper, was particularly shocking since his hands are his greatest tools—he wanted to get the best treatment and overcome this,” Dr. Lelkes says. “But I told him I could make his hand normal in function and rather normal in appearance.”

In July 2021, Dr. Lelkes removed Victor’s ring finger and bone tissue higher up in the hand—pulling his middle and pinky fingers together and minimizing the gap that would otherwise result. Tissue samples were taken to confirm no tumor cells remained, and Victor was able to go home the following day.

New Priorities

Several weeks of post-operative occupational hand therapy helped Victor recover and learn to use his newly configured left hand. He’s now able to “do pretty much everything” he did with his hand at work and home before the surgery.

Victor loves to drive his daughters around in his classic 1985 Mustang. “I’m definitely not putting work in front of my family or health ever again,” he says. “This experience definitely changed my perspective. My priorities are no longer work first and health second.”

He will be monitored for many years to come by specialists at Hackensack, including Dr. Lelkes and a medical oncologist who will check for cancer recurrence.

“We identified that this was a problem that needed a very specific type of treatment,” Dr. Lelkes says. “By knowing the extent of his disease, we could come up with the best and most appropriate plan.”

Learn more about treatment for bone and soft tissue sarcomas at [HMForU.org/OrthoOncology](https://www.hmhforu.org/OrthoOncology).

Helping Kids Cope

Here's how to provide support and context to help your kids process traumatic events.

Talking about traumatic events with children means acknowledging that their world is dangerous and that terrible things can happen—a notion that cuts against the sense of safety and security that many caregivers actively try to foster for their kids.

While it may sometimes make sense to shield younger kids from certain headlines, in other cases, it's not advisable or feasible. If a child has heard about a tragic event, silence from parents can make the event seem even more frightening.

First, discern what your child already knows. Conversations vary substantially according to a child's age, as well as the traumatic details to which they've been exposed. "With kids who first learned about the tragic event at school or from friends, for example, parents can begin the conversation by asking what the child has heard about the event, then provide clarity and context based on the child's answer," says **Ulrick Vieux, D.O.**, child and adolescent psychiatrist at **Hackensack University Medical Center**.

Monitor your children's exposure to media coverage of a tragedy. In some cases, particularly with younger kids, it may make sense to limit their access to graphic images of a tragedy. When older kids are looking at news coverage of a tragedy on TV or the internet, that might be the right moment to start a conversation about what happened. Regardless of

the child's age, watch the news with your child and look for signs that the news may have brought up anxieties or fears.

Focus on active listening. "Caregivers can try to tease out their child's perspective by asking how they feel about what happened," says Dr. Vieux. Monitor and address whether a child feels personally at risk. Younger children, especially, can be confused about their proximity to danger after learning about a traumatic event. Reassure them that they are safe, and help them feel that by creating a safe space at home.

Share your experiences with older kids. For older kids and teens who are able to think about a tragedy at a conceptual level, it can be helpful to hear from their caregivers about the ways they are processing the news. "Kids are looking to their caregivers not only for knowledge about what happened but for guidance about how to think about it and how to get through it," says Dr. Vieux. "These are difficult conversations, but they are absolutely essential to helping kids process traumatic news."

Know when to seek help. Usually, a child's feelings of confusion, anxiety or fear after a traumatic event will fade relatively quickly. "But if their reaction starts to interfere with their school and daily life, and they seem 'stuck' in this state even after a few weeks, they may need help from a primary care doctor or a mental health specialist, like a child and adolescent psychiatrist," says Dr. Vieux. 🌟



Ulrick Vieux, D.O., M.S., DFAPA
Child and adolescent psychiatrist
800-822-8905
Hackensack

Go Online

Learn more about family-centered care for kids at Hackensack Meridian Children's Health: [HMHforU.org/Kids](https://www.hackensackmeridianhealth.org/HMHforU.org/Kids).

Doctor Spotlight

OLUFUNKE OLUSHOGA, M.D.

Internal medicine

HMH Primary Care – Hoboken and North Bergen

Growing up in Nigeria, where malaria is highly common, Olufunke Olushoga, M.D., spent a lot of time in hospitals. But even as a young girl, she didn't find the sterile environment intimidating. Instead, these encounters fueled her interest in science and shaped a career that, in early 2022, brought her to Hackensack Meridian Medical Group.

"I found hospitals exciting and intriguing, and I felt the doctors looked regal in their white coats," says Dr. Olushoga, who has practiced medicine for 11 years. "When I played with my friends, I was always the doctor and they were my patients."

After living in three countries, including the United Kingdom during medical school, Dr. Olu, as her patients call her, relishes home life with her husband and two daughters. The 36-year-old's time is consumed by her current professional and personal pursuits, but she dreams of one day opening a restaurant or writing a cookbook.

What made you choose internal medicine instead of another specialty?

Continuity of care is important to me, and I love being able to follow up with my patients. Often, they confide in me and realize I'm not just a doctor, but someone who can understand what they're dealing with outside of their medical issues. I tell them that when I take off my white coat, I have problems just like theirs.

What has living in three different countries impressed upon you?

It's definitely given me a unique perspective and sometimes helps me break the ice. Practicing in Hoboken, I have a lot of diverse patients from many countries, and my background helps me connect with people and build rapport. I have a better understanding of different cultures, which gives me a good world perspective.

What do you like to do during off-hours?

I love to entertain. From cooking the meal to setting the table to having my friends over, it

Olufunke Olushoga, M.D., loves to cook and entertain, and dreams of someday opening a restaurant or writing a cookbook.

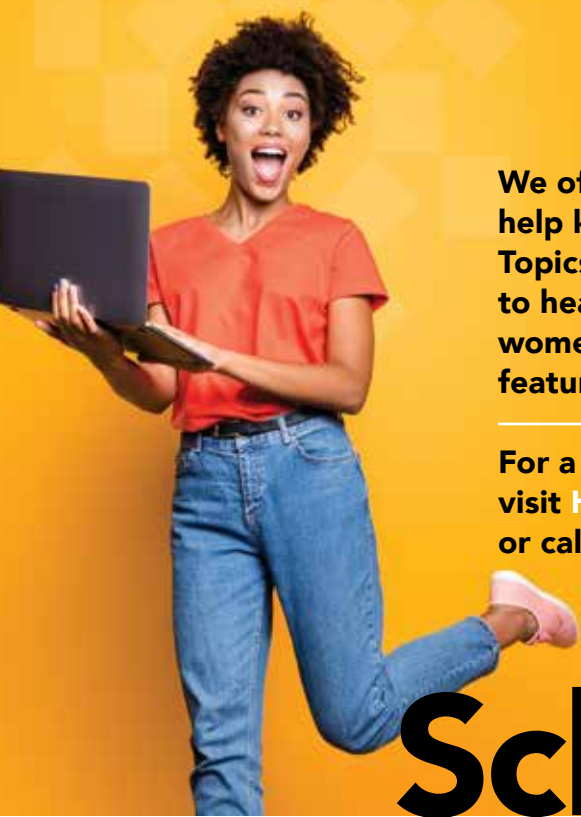


relaxes me. The kids are playing, the girls are chatting—I just like having people around and having a good time together.

If you could have dinner with a celebrity, past or present, who would it be and why?

President Obama, because I like having intellectual conversations. I'd have his wife, Michelle, come, too. I'd love to talk about what someone like him, of African descent, experienced when he went back to visit Kenya. Did it live up to his expectations? 🌟

To make an appointment with Dr. Olushoga, call **800-822-8905** or visit [HMHforU.org/FindADoc](https://www.hackensackmeridianhealth.org/HMHforU.org/FindADoc).



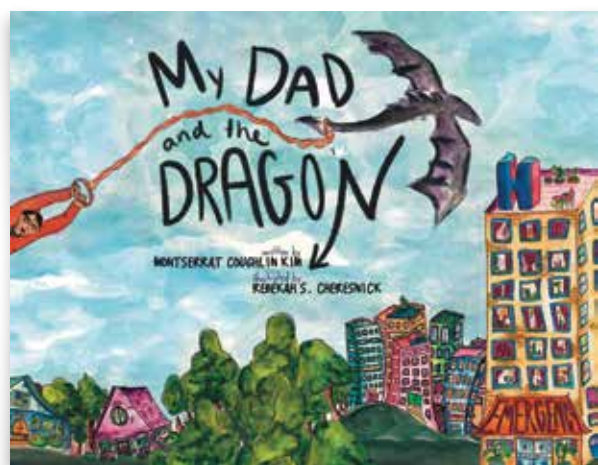
We offer a number of programs to help keep our communities healthy. Topics range from general wellness to heart health, stroke, cancer care, women's health and more. View some featured events below.

For a full listing or to register, visit HMHforU.org/Events or call 800-560-9990.

SchedUle

Here are just a few of the events & classes October 2022 through January 2023.

Special Events



My Dad and the Dragon: a Community Book Reading and Conversation

A special event for families affected by cancer.

Oct. 15, 11 a.m.–12:30 p.m., Mountainside

Lecture Series: Health Starts with YOU!

Session 1: Portion Distortion: Create a Healthy Plate Learn how to serve a healthful meal using MyPlate.

Oct. 19, 2–3 p.m., Mountainside

Session 2: EveryBODY Benefits from Staying Active Setting small goals can help you maintain your weight.

Nov. 2, 2–3 p.m., Mountainside

Session 3: Nutrition and Diabetes Nutrition can play an important role in managing your blood sugar levels.

Nov. 16, 2–3 p.m., Mountainside

Session 4: Celiac Disease: Life Can Be Sweet Without Wheat Learn to read and understand food labels and ways to navigate dining out.

Nov. 30, 2–3 p.m., Mountainside

Hackensack University Medical Center
30 Prospect Avenue
Hackensack
800-560-9990

Mountainside Medical Center
1 Bay Avenue
Montclair
888-973-4674

HOSPITAL LOCATIONS

Palisades Medical Center
7600 River Road
North Bergen
800-560-9990

Pascack Valley Medical Center
250 Old Hook Road
Westwood
877-848-9355



Cancer Care

Moving Forward: Eat Well, Live Well Nutrition Program for Cancer Survivors Join JTCC registered dietitians for this program that provides cancer survivors with simple tools to establish healthy eating and lifestyle habits. Learn to fall in love with fruits, vegetables and whole grains; prepare plant-based meals; and make some peace with physical activity. When registering, ask about virtual options.

Oct. 6, 13, 20 & 27; Nov. 3, 10, 17 & 23; and Dec. 1, 8, 15 & 22, 10–11 a.m., John Theurer Cancer Center, register at HMHforU.org/CancerEvent

► **Skin Health Speaker: M. Shuja Shafiq, M.D.**, Oct. 25, 6–7 p.m., Mountainside

► **The Genetics of Cancer** Nov. 2, noon–1 p.m., virtual event

Heart Health

The Recipe for Heart Success: Contemporary Management for Heart Failure in 2022 Understand cardiac functions and the different types of heart failure. Review current medication and therapies for treatment. Discover advanced options for patients who do not respond to traditional management.

Dec. 7, noon–1 p.m., Hackensack Meridian Fitness & Wellness, Community Education Center, 87 Route 17, North Maywood

Diabetes

23rd Annual Diabetes Seminar: Diabetes & Kidney Disease—What's the Connection? Did you know 1 in 3 adults with diabetes has chronic kidney disease? Learn the risks, symptoms and steps to keep your kidneys healthy. Speakers: Colette Knight, M.D., and Thomas Salazer, M.D.

Nov. 1, 6–7 p.m., Hackensack Meridian Fitness & Wellness, 87 Route 17 North, Maywood; to attend the in-person event, call 551-996-3010



Neuroscience

Memory Training Join this four-week course to gain strategies to learn memory-enhancing techniques.

Nov. 3, 10 & 17 and Dec. 1, 1–3 p.m., Hackensack Meridian Fitness & Wellness, Community Education Center, 87 Route 17, North Maywood

General Wellness

Mind, Body, Spirit Seminar Join this four-session seminar to learn tools to improve your diet and nutrition, be physically active and enhance your well-being with the goal of decreasing risk for illnesses such as cancer and promoting healthy aging. Nov. 3, 10 & 17 and Dec. 1, 10–11:30 a.m., Hackensack Meridian Fitness & Wellness, Community Education Center, 87 Route 17, North Maywood

► **Blood Pressure, Pulse, Pulse Ox & Arthritis Education/PT Department** Nov. 1 and Dec. 6, 9–11 a.m., North Bergen Nutrition Senior Center, 1441 45th St., North Bergen

► **Blood Pressure, Pulse, Pulse Ox, CEED Program (Cancer Education and Early Detection)** Nov. 15 and Dec. 20, 10 a.m.–noon, Holy Redeemer Community Church, 569 65th St., West New York

► **Healthy Weight: Healthy Lifestyle** Speakers: Michelle Maresca, M.D., and Marianna Nicoletta-Gentile, D.O., Jan. 26, 2:30–3:30 p.m., virtual event

► **Weight-loss Surgery** To learn more about weight-loss surgery, attend a free seminar. To find a seminar near you, visit HMHforU.org/WeightLoss.

► **Support Groups** Hackensack Meridian Health offers regular support group meetings. Learn more at HMHforU.org/SupportGroups.

Childbirth/Maternity

Tummy Time Tummy Time is a fun, supportive class that helps improve your baby's comfort with spending time on their belly. Tummy time is vital for proper strengthening of neck and back muscles, and for your baby's normal development toward achieving future milestones.

Nov. 22, Dec. 27 and Jan. 24, noon–1 p.m., Palisades Medical Building Office, 7650 River Rd., Ste. 320, North Bergen

► **Infant Care and Safety Class** Nov. 14 and Dec. 12, 7–10 p.m., Mountainside

► **Ready Set Baby** Nov. 21, Dec. 19 and Jan. 23, 2–3 p.m., virtual event

► **Breastfeeding Class** Nov. 16 and Dec. 7, 7–10 p.m., Mountainside

► **Breastfeeding Class** Nov. 16, Dec. 14 and Jan. 18, 6:30–9 p.m., Palisades

► **Prepared Childbirth Class** Nov. 19 and Dec. 10, 9 a.m.–4 p.m., Mountainside

► **Prepared Childbirth Class** Nov. 5, Dec. 10 & 17 and Jan. 14 & 21, 10 a.m.–1 p.m., Palisades

► **Tours of Mountainside and Palisades Birthing Centers** Please contact Mountainside or Palisades.

Parent/Guardian Talks:

► **Helping Babies and Kids Sleep Better** Speakers: Pakkay Ngai, M.D., Stacey D. Elkhatib Smidt, M.D., and Chee Chun Tan, M.D., Nov. 17, 6:30–7:30 p.m., virtual event

Orthopedics

Move to Improve! Is joint pain limiting your daily activities? Learn to listen to your body and gain confidence to begin, resume or progress your exercise routine.

Nov. 2, 1–2 p.m., Mountainside

► **Joint Health 101** Speaker: Randolph Sanchez, M.D., Nov. 18, 11 a.m.–noon, Mountainside

John Apovian, M.D., in 1956, left, and with his wife, Ines, in a recent photo, right.



A Life of Consequence

John Apovian, M.D., has not only provided decades of service to patients and medical students, but also helped fuel the growth of Hackensack University Medical Center.

When John Apovian, M.D., got his start at Hackensack Hospital as a medical student in 1953, he didn't know how much his life would become entwined with the small community hospital.

Sixty-five years later—not far from where, as a young resident, he delivered a baby in a Volkswagen Bug parked outside the hospital's doors—**Hackensack University Medical Center** recognized his decades of service to his patients, medical students and the overall growth of the hospital with the dedication of The John Apovian, M.D., Cardiac Surgery & Structural Heart Center. The building is part of the Heart & Vascular Hospital at Hackensack.

Dr. Apovian, who performed the hospital's first cardiac catheterization and was instrumental in bringing the portable hyperbaric chamber to the U.S., is retired now. But when he was active at Hackensack, he was one of its most ardent supporters. "I was blessed to meet Dr. Apovian early in my career. He has always been a friend, mentor and full partner to the Foundation," says Helen Cuning, senior vice president, Network Initiatives, Hackensack Meridian Health Foundation. "Dr. Apovian didn't just talk about raising money—he really did it."

When patients expressed gratitude for their excellent care and asked how they could repay it, Dr. Apovian introduced them to the foundation and encouraged them to get active by donating and joining the board.

Over the years, his efforts brought supporters to the hospital who powered remarkable growth, allowing the small community hospital to evolve into the prominent medical institution it is today. Benefactors he recruited are responsible for New Jersey residents and others being able to access cutting-edge care at facilities such as the Jeffrey M. Creamer Trauma

Center, the Sarkis and Siran Gabrellian Women's & Children's Hospital, the Creamer Family Institute for Medical Imaging, the Hekemian Educational Center and the J. Fletcher Creamer Cardiac Surgery Wing.

"He wanted to make the hospital better so people didn't have to go to New York to get specialized care," says his son, Mark, who carries on his father's legacy at the foundation.

Wanting to make things better for his community was part of Dr. Apovian's nature, ingrained in him by his parents—particularly by his mother, who, after witnessing the murder of her parents and three of her siblings as a young woman in her native Armenia, fought back with her compatriots by running dangerous missions and transporting guns and ammunition through underground tunnels. With her homeland in ruins, she made her way to the U.S. in search of a better life.

"My grandma's philosophy was you can't walk around angry and bitter," Mark says. "You have to care about other people because that enriches your life while you're enriching theirs. She embedded that in my dad. That's the way he thinks. Even to this day, he'll say, 'If you're not helping those in need, then you're not living a life of consequence.'" ❄️



Fundraise in your community for your community, and support a hospital or health care cause important to you. Start your virtual fundraiser today.

Put Yourself First

It's never too late to prioritize healthy lifestyle changes. Here are five things women need to do today to stay healthy tomorrow.

1 Sleep Well

On average, adult women need between **7 and 9** hours of sleep each night.

- Establish a calming nighttime routine to help wind down:
- ▶ Meditate.
 - ▶ Take a warm bath.
 - ▶ Read a book.

2 Get Screened

Stay up to date on screenings, including:

- ▶ Pap smears
- ▶ Mammograms
- ▶ Bone density screening
- ▶ Cholesterol check
- ▶ Blood pressure screening
- ▶ Colon cancer screening

3 Get Active

Incorporate at least **30** minutes of exercise into your daily routine.

If you're struggling to get motivated, make it simple:

- ▶ Take the stairs instead of the elevator at work.
- ▶ Take the dog for a walk around your neighborhood.
- ▶ Do a quick home workout between commercials on TV.

4 Eat More Fruits and Veggies

Only **1 in 10** adults get enough fruits and vegetables in their diet.

Aim for **1.5–2** cups of fruit and **2–3** cups of vegetables each day.

5 Stay Connected

Staying connected to friends and family can help you:

- ▶ Sharpen your memory and cognitive skills
- ▶ Stave off feelings of loneliness
- ▶ Increase your quality of life

Go Online

Learn how our women's health team can support you at every stage in your life: HMHforU.org/WomensHealth.



Hackensack
Meridian Health

U.S. POSTAGE
PAID
PRSR STD
Hackensack
Meridian Health

343 Thornall St.
Edison, NJ 08837-2206

HMH-040_NMP

Make an Appointment Today

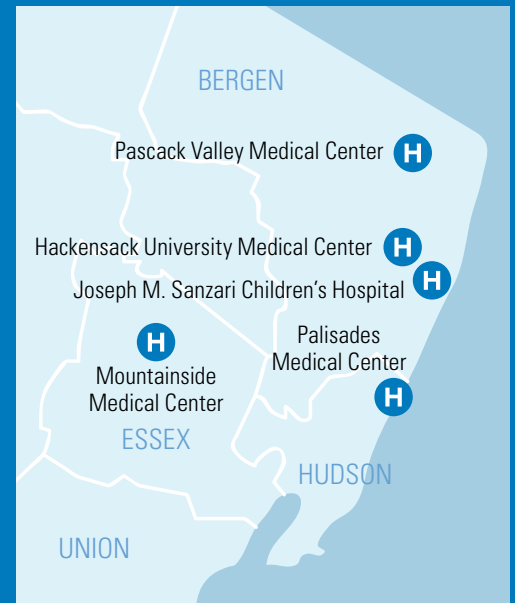
Scheduling an appointment has never been simpler or faster. You can now make an appointment on the go, any time of day, through online scheduling.

Scan the QR code to get started.



As the state's largest, most comprehensive health network, Hackensack Meridian Health is made up of 7,000 physicians, 18 hospitals and more than 500 locations.

Our hospitals near you:



For a complete listing of our hospitals, services and locations, visit [HMHforU.org/Locations](https://www.hmhforu.org/locations).



Hackensack
Meridian Health

KEEP GETTING BETTER

We Are Hiring!

We are looking for individuals who are passionate about health care to join our growing team, where great benefits, robust learning and development programs, and more perks are offered. Both clinical and nonclinical positions are open in our health care facilities throughout New Jersey.

See open positions at [HMHforU.org/Jobs](https://www.hmhforu.org/jobs).