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Learn how “sleep divorce” can impact your relationships and health: HMHforU.org/SleepDivorce.

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

Find tips for easing back into exercise after a joint replacement: HMHforU.org/BacktoExercise.

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

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HealthU is the winner of the 2023 Content Marketing Award for Best Content Marketing Program in Healthcare, as well as a 2023 Hermes Creative Awards Platinum winner and a 2022 APEX Award winner.

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Celebrating Your Health Journeys

Every issue of HealthU magazine—and every month on HealthU Online—our patients courageously share their personal stories of trials and triumphs to inspire others who may face similar challenges. This issue, we’re spotlighting one of those brave individuals, Adriana T., and her incredible journey to sobriety.

As a busy wife, mother and professional, Adriana slowly progressed from the occasional drink to frequent use of alcohol. After years of hiding her addiction from her loved ones, she decided she wanted to reclaim her life. With help from Blake Recovery Center at Carrier Clinic, Adriana has found a joy in recovery that she didn’t think was possible. Read her story on page 21.

It can certainly be heartbreaking to witness someone you love struggle with addiction, but there are ways to support them through it. On page 20, we include tips for helping a spouse or partner who is in recovery or is taking steps toward sobriety.

If you are ready to take the first steps toward taking control of your addiction, we have locations across the state where you can get help. We may have celebrated National Recovery Month in September, but we all know that substance use disorder and addiction don’t begin and end in a calendar month.

Speaking of months to raise awareness of critical health issues, this October, we commemorate Breast Cancer Awareness Month—celebrating survivors, remembering those we have lost and envisioning a future free from breast cancer. Learn about the latest advances in breast cancer screening on page 30.

If you are due for breast cancer screening, don’t wait. Early detection provides the greatest hope for successful treatment. You can quickly and easily schedule an appointment online by scanning the QR code on this page.

We hope this fall finds you spending plenty of time with your loved ones, sharing your own brave health journeys and celebrating stories of triumph.

Robert C. Garrett, FACHE, CEO
Hackensack Meridian Health

Ranked #1 in New Jersey

Hackensack Meridian Health is home to the state’s #1 adult and children’s hospital, and we are proud to have two hospitals ranked in the top 10 in New Jersey, according to U.S. News & World Report.

Hackensack University Medical Center
Hackensack is ranked the #1 hospital in New Jersey. It is home to a nationally ranked Orthopedics program, the state’s best programs in Cardiology, Heart & Vascular Surgery, Geriatrics, Pulmonology and Lung Surgery, and the only nationally ranked programs in the state for Neurology & Neurosurgery and Urology.

Jersey Shore University Medical Center
Jersey Shore is ranked #6 in New Jersey and has received national recognition for its Orthopedics and Pulmonary & Lung Surgery programs.

Children’s Health
For the third year in a row, Joseph M. Sanzari Children’s Hospital and K. Hovnanian Children’s Hospital have been ranked as the #1 children’s hospitals in New Jersey.

JFK Johnson Rehabilitation Institute
JFK Johnson is ranked one of the top 50 rehabilitation hospitals in the country for the fifth year in a row.

Learn more at HMHforU.org/Rankings.

Online scheduling is available for breast cancer screening. Scan this QR code to make an appointment.
Five Benefits of Strength Training

Strength training isn’t just for serious athletes or those looking to build bigger biceps. It can be a beneficial part of anyone’s exercise regimen.

“While any person can benefit from strength training, it’s even more important if you’ve had a back or shoulder injury or are trying to manage a chronic condition like joint pain or osteoarthritis,” says Kevin O’Connor, physical therapist at Hackensack University Medical Center. “Strength training is also an important part of rehabilitation if you’ve had a hip or knee replacement surgery.”

Kevin offers five benefits of complementing aerobic exercises with strength training.

1. **Increased muscle mass.** Strength training builds muscle and makes you stronger. “You’ll be able to more easily accomplish daily tasks, whether that means playing with your kids or grandkids or carrying a heavy load of groceries into the house,” Kevin says.

2. **Improved metabolism.** Strength training improves your body’s ability to use fat for fuel. “Muscle mass is an important factor in helping you burn more calories even when your body is at rest,” Kevin says.

3. **Improved bone health.** Strength training has been linked to an increased rate of bone formation and greater bone density. This can help prevent fractures and reduce the risk of osteoporosis.

4. **Decreased injury risk.** Strength training helps improve your sense of balance, range of motion and mobility—all of which can reduce the risk of injury or falls.

5. **Reduced symptoms.** By strengthening muscles, you can help reduce some symptoms of certain chronic illnesses, such as arthritis, diabetes and heart disease.

Go Online Find more tips on working out at HMHforU.org/Exercise.
Curb Your Stress Eating

Stress eating happens when we experience an emotional reaction to stress and use food to cope. Here’s what you should know.

Stress eating happens to many of us. “Stress or emotional eating can take several different forms, from avoiding meals altogether to overeating in response to feelings of anxiety or sadness,” says Justin Kei, M.D., medical director, Debra Simon Center for Integrative Health & Medicine at Hackensack University Medical Center. “It’s not unusual for us to turn to food when we’re feeling overwhelmed, but the physical and emotional consequences of chronic stress eating can be serious.”

Dr. Kei provides 10 signs that you might be involving food in stress management:
- Eating a large amount of food in a short period of time
- Skipping meals due to stress or anxiety
- Snacking in the evening or when it is difficult to sleep
- Having intense cravings for certain types of food, particularly during high-stress times
- Grazing on unhealthy snacks throughout the day
- Eating even when you realize you are not hungry
- Feeling guilty after eating
- Turning to comfort foods when feeling overwhelmed by stress
- Gaining weight unexpectedly and without decreased activity
- Feeling out of control around certain kinds of foods

How to Relieve Stress Without Food

Mindful food shopping: A simple “hack” for reducing stress eating is to make thoughtful decisions in the supermarket aisle. If it’s a food you are likely to turn to during times of stress, consider not buying it.

Meditation or relaxation techniques: Practicing deep breathing or conscious awareness of your thoughts and body can help reduce tension and regulate your emotions.

Exercise: Exercise releases endorphins, hormones that reduce stress and boost feelings of happiness. Regular exercise can help us manage our emotions in healthier ways rather than turning to stress eating.

Mindful eating: Focusing non-judgmentally on the taste, texture and overall experience of what you are eating without watching TV, looking at your phone or other multitasking can strengthen your mind-body connection. It can help you cultivate gratitude for refueling your body, choose healthy food options and end a meal after naturally feeling full.

Social support: Social support from family members or friends can provide us with an outlet to share our feelings and experiences with people we trust.

Journaling: Keeping a personal journal can be a helpful way to identify our emotions, process our thoughts and recognize triggers.

Talking to a professional: A behavioral health specialist can work with you to develop healthy stress management strategies, identify triggers and provide guidance on making positive lifestyle changes.

If you need professional support for your mental health, find a doctor near you at HMHforU.org/MentalHealthDoc.
Nutrition Label Red Flags

When buying food, we often assume that the ingredients are safe, but do we really know what we are eating?

Look out for these five dangerous additives and chemicals on nutrition labels:

- **Red dye No. 3**: A synthetic dye derived from petroleum, red dye No. 3 has been found to be a potential cause for cancer. It’s often used to enhance the appearance of red candies, as well as in food and beverages, creating a brighter “cherry red” color.

- **Titanium dioxide**: Animal studies have shown high doses of titanium dioxide can increase inflammation and the formation of colon tumors. Titanium dioxide is used to give foods a brighter, whiter color and prevent UV degradation.

- **Brominated vegetable oil**: Research is limited, but the main concerns are that the substance can accumulate in the body’s fatty tissue and harm your nervous system. It is most commonly found in soft drinks or beverages with citrus flavoring to add weight to the mixture.

- **Propylparaben**: This type of paraben is used in a wide variety of processed foods, as well as in skincare and haircare products. It can cause disruptions in hormone signaling and could potentially be linked to diminished fertility.

- **Potassium bromate**: This substance is an oxidizing agent used as a food additive, typically for making bread. It has been found to be carcinogenic in animal studies, meaning that it has the potential to cause cancer.

How to Avoid These Toxic Chemicals

When in the grocery store, pay close attention to the ingredients list on your product’s label to know what you are consuming.

If you come across an ingredient you are unsure of, talk to your health care provider about any health safety concerns.

Eat processed foods in moderation and instead focus on building a diet with natural foods such as fruits, vegetables, proteins and grains.

Find a healthy cooking demo or other nutrition event near you at HMHforU.org/Events.

Turkey Chili Verde

*Serves 4*

**Ingredients**

1. 1 tablespoon olive oil
2. 1 medium onion, chopped
3. 3 garlic cloves, minced
4. 1 green bell pepper, chopped
5. **½ 4-ounce can whole green chiles, seeded and chopped**
6. 8 ounces ground turkey breast
7. **1 14.5-ounce can white beans, drained and rinsed**
8. **1 12-ounce can tomatillos, seeded and chopped**
9. **8 ounces ground turkey breast**
10. **1½ 14.5-ounce cans white beans, drained and rinsed**
11. 12-ounce can tomatillos, seeded and chopped, with juice
12. 1 tablespoon chili powder
13. 1 tablespoon ground cumin
14. 1 teaspoon dried oregano
15. 4 tablespoons fat-free sour cream
16. 2 green onions, chopped fine with green portion
17. **¼ cup low-sodium, low-fat cheddar cheese, shredded**

**Steps**

1. Heat olive oil in large sauce pan over medium heat.
2. Add onions, garlic, bell pepper, chiles and ground turkey. Sauté until turkey is lightly browned and vegetables are soft, about 8–10 minutes.
3. Add white beans, tomatillos, chili powder, cumin and oregano. Bring to a boil, then turn heat down and simmer for 30 minutes.

**Nutritional Information**

Per serving: 408 calories, 31g protein, 56g carbohydrate (12g fiber), 6g fat (1g sat, 5g mono/poly), 136mg sodium

Find more recipes and tips for healthy eating at HMHforU.org/HealthyEating.
When should I start getting a mammogram?

Gail Starr, M.D., MSEd, weighs in:

Recently updated guidance from the U.S. Preventive Services Task Force recommends that all women undergo screening mammograms every other year beginning at age 40. But other medical organizations, including the Society of Breast Imaging (SBI) and American College of Radiology, never changed their recommendations for annual breast screening starting at age 40. Here at Hackensack Meridian Health, we have always followed SBI recommendations—meaning we have always advocated annual mammograms beginning at 40.

Here’s why: Breast cancer is the most common cancer among women worldwide, and one in eight women in the U.S. will develop the disease. Since early detection is key to survival—and finding cancers at early stages permits less-aggressive and better-tolerated treatments—the most lives are saved with annual screenings.

I believe medical experts should clear the confusion and agree to recommend annual mammograms for women at average risk of breast cancer starting at age 40. On top of that, all women should undergo a risk assessment for breast cancer—which takes into account important factors such as family history—at age 25. If a woman is deemed to be at high risk, breast screening might be warranted sooner than age 40.

Are gel manicures safe?

Alexis Livingston Young, M.D., weighs in:

Gel nail polish must be exposed to ultraviolet (UV) light in order to harden. UV lamps used at nail salons emit UV radiation, which increases skin cancer risk. While there isn’t a strong connection between getting gel manicures and developing skin cancer, any exposure to UV radiation has the potential to raise skin cancer risk.

People who get frequent gel manicures expose their hands to more UV radiation. Getting weekly gel manicures is riskier than going once or twice a year.

Try these ideas to protect your hands:

- Apply sunscreen to your hands before you use the UV nail dryer.
- Wear fingerless UV protection gloves.
- Save gel manicures for special occasions or once or twice a year.
- Get a dip manicure instead that offers chip-resistant nails without UV exposure.

Learn more at HMHforU.org/GelNails.
How do I know if I need to quit drinking?

Michele Scasserra, LCSW, LCADC, CCS, weighs in:

For someone who can have one glass of wine and be satisfied, perhaps alcohol isn’t an issue. But for those who “chase the buzz,” it can certainly snowball. It’s important to look at the way you consume alcohol and how it makes you feel not just in the moment but afterward, and how it affects your life overall. That can help you decide if you need to make some changes.

Some warning signs to look for include:
- You are drinking more than you used to.
- Your periodic social drinking has become drinking at home alone.
- You aren’t able to stop drinking once you start.
- You black out while drinking.
- You are drinking in secret from family and friends, and you are hiding liquor around your home.
- You engage in risky behavior like driving under the influence.
- Drinking has affected your daily life, including your job, relationships or school.
- You feel sick all the time and are not taking care of yourself physically or emotionally.
- You’ve gained or lost weight.
- You feel more agitated or irritable.
- You are sad, depressed or anxious.
- You have a family history of addiction.

Everyone is different: One person may be able to have one drink and move on. Another can have a sip that then leads them to blacking out. If you are genetically predisposed to substance use disorder, it’s important to know that. But in general, every person is different, and there is no universal rule.

Is it too late to get a flu shot this year?

George A. Guariglia, D.O., weighs in:

The Centers for Disease Control and Prevention recommends that all adults and children older than 6 months should get flu shots annually. The timing is important. Experts recommend getting vaccinated around late October because it should offer you protection for the entire flu season.

But even if you miss the late October window, it’s not too late to get the flu shot. Cases of the flu typically peak between December and February, but the influenza virus spreads differently every year—usually beginning in November, sometimes going as late as April or May.

Getting a flu shot now will offer you protection for the remainder of the flu season. You can get one in:
- Your doctor’s office
- A walk-in clinic
- A local flu shot clinic
- A pharmacy
- Your workplace if your employer offers them

Learn more at HMforU.org/QuitDrinking
Zain Nagaria, M.D.
Family medicine doctor
Hackensack Meridian Medical Group
Primary Care—Hoboken

Dr. Nagaria, a dedicated family medicine doctor, has nurtured a long-standing fascination with the realm of medicine. Family is extremely important to him, and with several physicians in the family, he has had role models to look up to. He strives to emulate a compassionate and team-based approach in treating his patients.

“I’m a big ‘people person.’ Building rapport with my patients and establishing trust are important to me,” he says.

Born in Maryland, Dr. Nagaria worked as a clinical research fellow at the University of Maryland Medical Center in the division of Pulmonary and Critical Care. He completed a combined premed and medical program at Xavier University School of Medicine — Aruba before his family medicine residency at Ocean University Medical Center.

“I’ve lived in two different countries and six different states due to my clinical rotation throughout my medical school journey, but I fell in love with the people and communities of New Jersey,” he says.

What would you have been if not a doctor?
I used to consider being a barber, finding the artistry in cutting hair similar to the art of medicine. I enjoy boosting people’s confidence by understanding their desires for their appearance, which feels akin to understanding patients’ goals when they seek medical care.

Where do you want to travel?
The Greek island of Santorini is my first pick because it is so beautiful. I’d also like to see Tokyo for its technological advancements and Ireland for its castles and greenery.

What are your favorite hobbies outside of work?
I’m really into playing different sports, especially lacrosse and basketball. They’ve been a part of my life since a young age. Learning about teamwork and the ‘no I in team’ concept from sports has helped me in my career as a physician.

I love collecting sneakers. I’ve got more than 30 pairs now. I love how the scuffs and creases on them tell a story and give them character. I also enjoy the food scene in Hoboken. There’s good pizza, desserts and coffee.

What do you miss about Aruba?
I love to scuba dive in the clear blue water. Before living in Aruba, I had never experienced the ocean in that way.

To make an appointment with Dr. Nagaria or a doctor near you, call 800-822-8905 or visit our website: HMHforU.org/FindADoc.
Power up Your Defenses

Four ways to boost your immune system as the weather changes this fall.

- **Decrease inflammation.**
  Incorporate more anti-inflammatory foods into your diet, including olive oil, tomatoes, green leafy vegetables, fatty fish and berries.

- **Get outdoors.**
  Add an extra layer and hat, and spend time outdoors to soak up some fresh air.

- **Fight stress.**
  Work in short meditation breaks throughout the day where you can focus on deep breathing exercises.

- **Get vaccinated.**
  Stay up to date on your flu vaccine and COVID-19 vaccine and boosters.

For more inspiration on healthy living, visit HMHforU.org.
Are Cancerous Breast Lumps Painful?

Our medical oncologist and breast cancer specialist details what a cancerous lump may feel like and other symptoms to watch.

If a woman feels a painful lump in her breast, does that mean it’s cancer? The vast majority of the time, the answer is no. But there’s a caveat, says Deena Graham, M.D., a medical oncologist who specializes in treating women with breast and gynecologic cancers at John Theurer Cancer Center at Hackensack University Medical Center.

“Historically, it’s been said that if a lump is painful, it’s probably not cancerous,” Dr. Graham says. “While painful lesions often aren’t cancerous, rarely they can be. Any lump should be brought to the attention of a health care provider, whether painful or not.”

What Does a Cancerous Tumor Feel Like?
Dr. Graham describes how a cancerous breast tumor may feel:
- Painless
- Hard mass with angular edges
- Similar to what the edge of a knuckle feels like
- A lump that remains fixed in place when you try to move it with your fingers

Additional signs of suspicious breast lumps can include:
- Swelling around the breast, collarbone or armpit, which can occur even before you feel a lump
- Redness, thickening or dimpling of the skin, which can resemble an orange peel
- A newly retracted or newly inverted facing nipple (where the nipple points inward toward the breast instead of outward)
- Discharge from the nipple, especially if it’s bloody

When to Get Screened for Breast Cancer
Nearly 300,000 new cases of invasive breast cancer will be diagnosed in the United States in 2023, according to the American Cancer Society. Since
What to Do if You Find a Breast Lump

Finding a lump is scary, and while you can take comfort that there is a good chance it’s not cancer, you need to get it checked. Here is what you should do if you find a breast lump.

Step One: Don’t Panic
It is natural for our minds to go to the worst-case scenario. However, according to the American Cancer Society, most lumps aren’t cancerous, particularly in younger women. Breast tissue is naturally bumpy, but lumps that feel harder or different from the rest of your breast could be a sign of cancer.

Step Two: See Your Doctor
Despite lumps often being benign, schedule an appointment with your doctor to get checked. Don’t wait, hoping it will go away on its own.

Step Three: Further Testing
Your doctor may request imaging in order to help determine if the lump is benign. Imaging may include a mammogram, ultrasound or MRI, and you may need more than one imaging test.

Step Four: The Results
Even if the lump is deemed benign, your doctor may schedule a follow-up appointment for monitoring. If the imaging indicates a suspicion of cancer, a breast biopsy may be performed. This is where a sample of breast tissue is removed and examined by a pathologist to provide a diagnosis. A biopsy result will either lead to a follow-up with your doctor if it’s benign or a cancer treatment plan if it’s cancerous.

Regardless of age, women should see a doctor to investigate any breast lump, Dr. Graham says. Some information to prepare in advance can include:

- Additional context about the lump’s size and location
- Whether the lump is growing, and if so, how fast
- Any skin or nipple changes
- If you’ve suffered recent trauma to the breast, such as an accident or jolt
- Birth control use or fertility treatment
- Details about the lump’s appearance in relation to the timing of your last menstrual period or recent pregnancy

“If you find a breast lump, don’t wait to see your primary care doctor or gynecologist. Go to whichever doctor you feel most comfortable with,” Dr. Graham says. “The most important thing is to bring it to someone’s attention. No mass on the breast should be ignored.” ☺️
Knowing what to expect during a mammogram can help alleviate anxiety and make the process go more smoothly.

A mammogram is considered the gold standard for detecting breast cancer, which the American Cancer Society estimates is diagnosed in nearly 300,000 American women and claims the lives of nearly 44,000 people each year.

But many women are uneasy about undergoing this screening test, so it’s wise to know what to expect before your appointment, says Gail Starr, M.D., MSEd, chief of Breast Imaging, Diagnostic Radiology at Hackensack University Medical Center.

“Women are concerned that a mammogram might hurt, they’re concerned about radiation, or they don’t believe they need a mammogram because nobody in their family has had breast cancer,” Dr. Starr says. “But delaying or avoiding your mammogram screening won’t stop breast cancer from developing and spreading. It will only delay detection.”

What Happens During a Mammogram?

- You’ll be asked to undress from the waist up and given a gown to cover you.
- A technician will guide you to stand in front of the mammography machine.
- Each of your breasts will be placed between two plastic plates, one at a time.
- The technician will lower the plastic plate onto your breast, flattening it so breast tissue is most easily visible.
- For accurate results, multiple images of each breast will be taken from different positions. The entire process takes about 15 minutes to complete.

“Some women might find the mammogram a little uncomfortable, but many women report no discomfort at all,” Dr. Starr says.

Expert Tips to Prepare for Your Mammogram

Dr. Starr offers tips to better prepare for your first or your next mammogram:

- Set ample time for your appointment so you can avoid feeling rushed.
- If your breasts tend to be tender with your menstrual cycle, schedule your appointment for about a week after your period.
- Cut back on caffeine before the appointment if consuming caffeine makes your breasts tender.
- On the day of your appointment, wear a two-piece outfit, so you can remove just your top for the mammogram, and wear flat shoes to improve your stability as you’re being positioned.
- Skip deodorant, powder, lotion and perfume that day, since they can interfere with test results.
- Try to relax while the technician is positioning your breasts, since tense muscles can hamper breast tissue from being compressed effectively.
- Let your technician know if you’re uncomfortable. Sometimes repositioning the breast can make all the difference.

How Often Do Mammogram Callbacks Occur?

“Only one in 10 women gets called back for additional imaging,” Dr. Starr says. “That might be due to a change the radiologist sees in your mammogram images since your baseline or last exam. It might also be due to technical reasons, such as the need to include more breast tissue in the images.”

The good news, she says, is most women who return for additional imaging don’t have cancer. “There are a lot of noncancerous things, like cysts or benign growths, we might find that require additional imaging so we can prove all is OK,” Dr. Starr says. “Most patients leave with good news. Just think of it as an extension of your screening exam.”
Clearing the Air

Lung cancer is most often associated with smoking, but nonsmokers can also be at risk. Approximately 10 percent to 15 percent of lung cancer patients in North America are nonsmokers, according to the National Institutes of Health (NIH).

What causes lung cancer in nonsmokers, and what should a nonsmoker do to prevent or detect lung cancer? We spoke with Michael A. Spallone, M.D., thoracic surgeon at Palisades Medical Center and Pascack Valley Medical Center, for answers.

Lung Cancer Risk Factors for Nonsmokers
Lung cancer risk factors in nonsmokers can include exposure to:

- **Secondhand cigarette smoke:** Smoke breathed in from other people’s burning tobacco products leads to more than 7,300 lung cancer deaths a year in the U.S., according to the Centers for Disease Control and Prevention.
- **Cooking oil fumes:** Breathing in cooking fumes—which contain harmful gasses that include carcinogens—in an unventilated kitchen may increase lung cancer risk.
- **Asbestos:** Inhalation of asbestos has been linked to lung cancer.
- **Residential radon gas fumes:** Radon is a gas that has no smell or color. It is more likely to cause lung cancer in smokers, but nonsmokers are also at risk.
- **Particulate matter air pollution:** Exposure to particle pollution may increase a person’s risk of lung cancer, but this is a more significant risk in countries without air-quality regulations.
- **Diesel exhaust:** Lung cancer has been linked to diesel exhaust. Those at greatest risk have high exposure, such as toll booth workers, miners, railroad workers and mechanics.

Additionally, obesity and chronic lung disease, such as asthma, COPD and tuberculosis, may increase your risk for lung cancer, Dr. Spallone says.

Multiple studies have pointed to a relationship between nonsmokers and a family history of lung cancer. This suggests a role for genetic predisposition based on family history. In fact, according to the NIH, approximately 8 percent of lung cancers are inherited or occur as a result of genetic predisposition.

“A person’s risk of lung cancer may increase if their parent or sibling has or had the disease,” says Dr. Spallone. “Having a parent or sibling with lung cancer doesn’t mean you will get lung cancer, but talk with your doctor about your family history.”

When to Get Screened for Lung Cancer
Lung cancer screening is recommended for people who meet all of the following criteria:

- Current or former smoker who has quit in the last 15 years
- Between the ages of 50 and 80 years old
- Have at least a 20-pack-year smoking history, such as two packs per day for 10 years, or one pack a day for 20 years

The U.S. Preventive Services Task Force does not recommend lung cancer screening for people who have never smoked. “We have yet to develop a system to identify those nonsmokers who would benefit the most from a lung cancer screening program,” Dr. Spallone says. “With such scans for the general population as a whole, the current benefit may not outweigh potential risks, such as false positive results.”

Instead, he recommends that nonsmokers discuss their personal risk factors with a primary care doctor while taking steps to reduce their risk by making healthy lifestyle choices and reducing exposure to cancer-causing agents. 😷

Go Online
Find out if lung cancer screening is right for you: HMHforU.org/LungCancerCheck.
Give It a Shot?
Cortisone shots can provide pain relief for a variety of conditions. Our expert shares when you should consider getting one—and when you shouldn’t.

Chronic pain can be extremely disruptive and limiting to everyday life. Thankfully, modern medicine has achieved various pain remedies and solutions, including cortisone shots, which can provide relief for a variety of conditions. But when should you consider getting one?

Chris Cherian, M.D., physical medicine and rehabilitation specialist at Hackensack University Medical Center, explains what a cortisone shot is and when a doctor may recommend one.

What Is a Cortisone Shot?
“A cortisone shot or steroid shot is a potent anti-inflammatory medication,” says Dr. Cherian. It delivers a high dose of a human-made drug that resembles the hormone cortisol directly to a problem area of the body.

The injection reduces inflammation in a given area, and in cases of systemic inflammation, it can dampen the body’s immune response and provide significant pain relief 24–48 hours after the injection.

Who Should Get a Cortisone Shot?
Dr. Cherian says there are many conditions that might require a cortisone shot:
- Joint pain in shoulders, knees, hips, etc.
- Osteoarthritis
- Rheumatoid arthritis
- Inflammatory conditions
- Nerve entrapments such as carpal tunnel syndrome
- Bursitis (inflammation of the bursae, fluid-filled pads that cushion spaces around bones)
- Trigger finger (condition that makes the fingers difficult to move)

“Generally, cortisone shots are only considered after other therapies have failed. But sometimes, steroid shots can be given as an initial treatment if the pain is really severe and we want to pinpoint the area we are treating,” Dr. Cherian says.
Best Foods for Managing Arthritis

There’s no cure for arthritis, but it is possible to limit arthritis pain. Did you know that some foods may ease symptoms?

These foods may help reduce inflammation, which can ease arthritis symptoms:

- Fish high in omega-3 fatty acids
- Blackberries, blueberries and raspberries
- Walnuts, almonds, pistachios and other nuts
- Oranges, grapefruit and other citrus fruits
- Yogurt and other low-fat dairy products
- Spinach, kale and other leafy greens
- Green tea
- Olive oil
- Sugar, including soda, candy and baked goods
- Refined white flour, which is in a variety of baked goods
- Saturated fats, including red meat and full-fat dairy products
- Fried foods
- Processed foods, including snack foods

Downsides to Cortisone Shots

Cortisone shots are not the first line of defense for a few reasons:

- The effects of a shot don’t last forever. Everyone responds differently, but relief typically lasts for a few weeks to a few months. For some people, the shot provides enough relief to break the inflammation cycle, allowing the body to heal. But for those with chronic pain conditions, a series of shots might be needed.

- Shots must be limited in use. As Dr. Cherian explains: “Most orthopedic surgeons don’t like to give cortisone shots repetitively because, while it’s good to relieve inflammation and pain, it can also lead to degenerative changes of the cartilage lining the joint.” Doctors usually won’t give a patient more than three to four shots per year.

Due to the risk of joint degeneration and the potential need for repetitive shots, in many cases, other treatments may be considered first. These include:

- Massages
- Hot and cold compresses
- Other less aggressive anti-inflammatories
- Physical therapy

Who Shouldn’t Have a Cortisone Shot?

Cortisone shots are generally safe for most people, with a few exceptions:

- People with diabetes because steroid shots can elevate the blood sugar for a short period of time after the injection
- People who may be allergic to one of the preservatives in the shots

“How while cortisone shots may not be the best option for first-line treatment, they can be a safe and effective option for people who are experiencing significant pain or who cannot find relief through other treatments,” says Dr. Cherian. ☛
Playing Through a Concussion

If an athlete gets back into the game after a concussion and sustains a second hit, they can experience second impact syndrome. Here’s what that means.

Not long ago, a student-athlete who took a hit to the head was told to “shake it off” and get back in the game. Today, coaches and athletic trainers recognize the inherent danger of that philosophy.

Kevin Crutchfield, M.D., neurologist at Hackensack Meridian Neuroscience Institute at Hackensack University Medical Center, sees patients who have concussions from everyday activities like falling off a bike without wearing a helmet, skateboarding or any activity that can result in a fall where the head and neck take a hit, causing brain injury.

What Happens During a Concussion?
A concussion is similar to having your brain shake inside your skull like a baby rattle. That abrasive movement can cause a disruption in brain activity and blood flow. While the brain is in recovery, overall brain activity is slowed.
This slowdown in brain activity can include:
- Sensitivity to noise
- Fatigue
- Difficulty thinking clearly and learning new material, making school participation difficult

Why Returning to Play Can Be Fatal
If an athlete gets back into the game after even a mild concussion and sustains a second hit, they can experience second impact syndrome, which exponentially increases the likelihood of serious brain injury.

Second impact syndrome occurs when a second injury happens before the brain has had time to recover and heal from the first injury. This second injury can cause symptoms ranging from disorientation and fatigue to sudden death from the immediate brain swelling caused by the re-injury.

According to the Sports Medicine Resource Manual, this syndrome carries a mortality rate of approximately 50 percent.

In the U.S., most reports of second impact syndrome have been in football players, but it has also been noted in hockey players and boxers.

It is most commonly described as occurring among adolescent males 14–16 years old.

In addition, Dr. Crutchfield notes that younger brains are more susceptible to malignant cerebral edema. In this condition, the brain swells so fast immediately after the blow that the flow of blood and electrical impulses in the brain are disrupted. This results in symptoms that can range from headaches and dizziness to blurred vision, nausea/vomiting, confusion, lack of awareness, unconsciousness and even death.

What to Do for a Concussion
Treatment for a mild concussion involves rest and a slow return to normal physical and academic activities as symptoms recede. Patience is key, as this can take time—up to a few weeks.

Don’t hesitate to consult with a medical professional experienced in treating head injury to assess the injury and develop an appropriate recovery plan.

How to Test for Concussion
What tests can you do at home to tell if you or someone in your home has a concussion?

Unlike in team sports, there’s no doctor or trainer on the sidelines at your home to assess you after you trip over the vacuum cleaner cord and face-plant into the floor. Felicia Gliksman, D.O., MPH, FAAN, pediatric neurologist at Joseph M. Sanzari Children’s Hospital at Hackensack University Medical Center, weighs in on tests you can do at home to tell if you or someone else has a concussion.

Signs of Concussion
- Changes in daily functioning
- Headache
- Difficulty remembering things
- Changes in sleep patterns
- Neck pain or stiffness
- Difficulty concentrating

Imbalance, dropping things, bumping into things
Changes in mood
Dizziness
Slurred speech
Light and/or noise sensitivity

Any of these symptoms may be a cause for concern. Above all, if you don’t feel “right,” get checked out. “The earlier you seek treatment, the better,” Dr. Gliksman says.

What Will Your Doctor Do?
If you seek medical care, your doctor will do a neurological examination to assess for speech, strength and reflexes along with:
- Balance test: Standing with feet together, eyes closed; standing with one foot in front of the other with eyes closed; and standing on one leg with eyes closed.
- Cognitive evaluation: Checking to see if you know where you are and understand why you’re there, your ability to name things, verbal fluency, recall and working memory.
- Visual test: The ability of the eyes to track objects moving back and forth and to move inward.
- Brain imaging: Additional testing, including brain imaging, such as a CT scan or MRI, although these are not needed for a concussion diagnosis.

A mild concussion isn’t likely to have long-term effects, Dr. Gliksman says. However, if you have preexisting conditions such as migraine, mood disorders or repeated brain injury, there may be a chance for a longer recovery time. See your doctor sooner rather than later because the concussion assessment will allow your doctor to develop a treatment plan tailored to your injury, which will put your brain on the road to recovery more quickly and safely.

Make an appointment with a concussion specialist near you: HMHforU.org/ConcussionDoc.
Support System

Our addiction specialist offers seven ways to support a partner who is newly sober or taking steps toward recovery.

It can be heartbreaking to witness someone you love struggle with alcohol addiction. “Alcohol has become an increasingly common part of so much of society and social gatherings, which makes it even more difficult to effectively support a loved one facing an alcohol addiction,” says Rachel Wallace, senior director of Substance Use Services at Retreat & Recovery at Ramapo Valley.

It’s important to understand that while your loved one’s alcohol addiction is a serious issue, there are ways you can support them through it. Rachel offers seven tips to help a partner who is newly sober or is taking steps to get sober:

1. **Create an alcohol-free shared space.** “For someone who is newly sober or seeking treatment for alcohol addiction, it can be incredibly helpful to live in an alcohol-free home, and spouses, partners and friends can facilitate creating a temptation-free and less stressful home environment,” Rachel says.

2. **Anticipate your spouse’s triggers.** “Triggers, or situations and feelings that lead to an urge to drink, can be a common occurrence for someone in recovery,” Rachel says. Common triggers may include:
   - Stressful situations
   - Watching others drink alcohol
   - Feeling alone or isolated from others
   - Being around certain people or in certain places

3. **Know that medications can help.** “There are FDA-approved medications like naltrexone that can help curb alcohol use,” Rachel says. “These can be most effective when they are combined with therapy and support groups.”

4. **Celebrate your partner’s progress.** Help your spouse or partner celebrate milestones toward sobriety. For example, celebrate with a special meal, trip or sweet treat to mark the occasion.

5. **Have patience.** “Remember that recovery takes time and patience, and it doesn’t always happen in a linear fashion,” Rachel says. “Be prepared to be generously patient and supportive throughout a process that may include two steps forward and one step back.”

6. **Prioritize your self-care.** When supporting a loved one with any medical condition, it’s easy to put aside your own needs. “Remember that self-care is essential for everyone,” Rachel says. Take time each day to focus on yourself and do something that brings you joy or makes you feel relaxed and refreshed. Consider supporting your own recovery by attending a family support group.

7. **If you think your partner is relapsing, avoid accusation.** Instead, approach your spouse with honesty and without judgment. “There may be moments of concern and doubt when you see behaviors that seem familiar from prior to recovery. Calmly express your concern in a loving way,” Rachel says.

**When Your Partner Is Reluctant to Get Sober**

If your partner is reluctant or unwilling to take steps to get sober, seeking professional guidance may be an option. “There are many options for family members who are trying to encourage a loved one to seek treatment, and we find families achieve great success utilizing evidence-based approaches,” Rachel says.

One such approach is the “invitation to change” model. “While addiction is a family illness, so is recovery. Seeking professional and peer support can help a person find their own pathway to recovery, which will have an impact on their partner, as well,” says Rachel. “Most people with an addiction want to change but do not know where to begin. Rather than demand they get treatment and give ultimatums, you can learn ways to communicate and strengthen the relationship. Over time, your loved one will see that you are there to listen, provide support and assist them in the change process. There is always hope.”

For information about inpatient detox and rehab services at Blake Recovery Center at Carrier Clinic, call 800-933-3579.
At the height of her alcohol addiction, Adriana T. felt like two women. One insisted she didn’t need to drink, while the other whispered, “Yes, but I want more.”

The Somerset, New Jersey, wife and mother was painfully aware of her alcohol dependence. The problem crept up gradually: Adriana had been a social drinker for years, sipping wine at parties before realizing in her late 40s it was no longer “doing the job.” She then switched to vodka, hiding bottles around her home so they would be readily accessible yet out of sight for her husband and family.

Adriana maintained a full-time job, never missed family commitments and believed she was successfully hiding her increasing alcohol use from her family and friends. But by late 2021, she saw dramatic changes in the mirror that she could no longer deny. Her hair had thinned significantly, she saw a gray paleness on her face, and she used heavy concealer to cover bruises from bumping into things while intoxicated.

The toll on her body was more than external. Routine health tests such as blood pressure and cholesterol revealed her body was going haywire. “I wanted to change my life because I had no life,” recalls Adriana, now 57.

**Seeking the Help She Needed**

On Christmas Day 2021, Adriana told her husband, John, that she was packing a bag and would check in the next morning at nearby Blake Recovery Center, an addiction treatment center at Carrier Clinic.

Adriana’s first phase of her 28-day inpatient treatment protocol involved a medically monitored detox process. After her physical dependence began to ebb, Adriana participated in structured daily group and individual counseling sessions. In the evenings, people in recovery attend Alcoholics Anonymous, Narcotics Anonymous or Smart Recovery meetings—the latter an alternative to higher power-based group paradigms.

“We tailor everyone’s plan to the individual because everyone is different,” explains Michele Scasserra, LCSW, LCADC, CCS, director of substance abuse counseling services at Blake Recovery Center.

The caring, supportive staff made a lasting impression on Adriana, which Michele says is the norm. “I’ve had patients tell me this is the safest they’ve felt,” she says. “After feeling so alone and isolated in their addiction for so long, when people arrive here, they are instantly welcomed into a caring community that knows what they are feeling and going through.”

**Reveling in Everyday Moments**

After she went home, Adriana continued to attend 12-step recovery program meetings, along with one-on-one counseling sessions. “I sacrificed years of my life and health for a drink,” she says. “Now, I’ve put that chapter behind me to get back my life. I got my wings back, and I am able to fly again.”

Adriana now “pays it forward” in any way she can. As a frequent speaker at Blake Recovery Center, welcoming people newly entering treatment, she helps others find their wings. She revels in ordinary moments that she previously missed out on, spending time with her husband and grown daughter and enjoying hobbies that include needlepoint and photography.

“I now feel fulfilled with the everyday moments of joy, peace and beauty that I was missing when I was consumed by thoughts of the next drink, and I got a second chance to enjoy them,” she says.

Watch Adriana share her story of overcoming alcohol addiction: [HMHforU.org/Adriana](HMHforU.org/Adriana)
CPR 101

Knowing CPR can save lives. Here are five simple steps to remember if you find yourself in an emergency situation.

CPR—or cardiopulmonary resuscitation—is a fundamental part of basic first-aid training. Luckily, the average person doesn’t need to use it in their everyday routine, but knowing CPR can save lives.

What Is CPR?
CPR is a lifesaving technique that can be used when someone’s breathing or heartbeat has stopped. “It helps keep oxygen-rich blood flowing to vital organs until medical treatment can restore the heart pumping,” says Marian Vandyck Acquah, M.D., cardiologist at Hackensack University Medical Center. “A lack of oxygen to the brain can cause damage in a matter of minutes.”

To learn CPR correctly, you should take an accredited course. However, even untrained individuals can help in emergency situations.

Hands-only CPR
There are actually two versions of CPR. The first version is for health care providers and those who are professionally trained. This method uses chest compressions and mouth-to-mouth breathing. This is generally performed at a ratio of 30 compressions to two breaths.

The second version is for the general public or bystanders: hands-only CPR.

According to the American Heart Association, approximately 90 percent of people who suffer a cardiac arrest outside a hospital setting die. But CPR, especially if administered immediately, can significantly improve the victim’s chance of survival. And hands-only CPR has been shown to be as effective within the first few minutes as normal CPR.

5 Steps to Remember CPR

1. Check for safety: Before starting CPR, you need to check the environment to see if it’s safe for the person and yourself.

2. Check for responsiveness: If the person is not responsive, check their breathing. Attempt to wake the person by tapping their shoulder and asking loudly if they are OK.

3. Call 911: If the person doesn’t respond and is having difficulty breathing or is not breathing, call 911 immediately. Look for an automated external defibrillator (AED) and or send someone to do so.

4. Get the person in position: Place the person on their back on a firm and flat surface.

5. Apply chest compressions: Put the heel of one hand in the center of the person’s chest and the other hand on top. Push hard (5–6 cm) and fast at 100–120 beats per minute, with minimal interruptions (less than 10 seconds). “Try doing compressions to the beat of a song such as ‘Stayin’ Alive,’ ‘Walk the Line’ or ‘Hips Don’t Lie,’” says Dr. Vandyck. “Use an AED as soon as it arrives.”

“Hopefully, you will never find yourself in a situation where CPR is needed, but it can save lives,” says Dr. Vandyck. “While it’s best to take a certified course, in the heat of the moment, it’s better to do something than nothing.”

If you’re ready to become CPR certified, there are many classes available. Find one near you at HMHforU.org/Events.
Silent Attack

Is it possible to have a heart attack and not know it? Find out about silent attacks and how they differ from typical heart attacks.

A silent heart attack—also known as a silent myocardial infarction—is a type of heart attack that often goes unrecognized. That’s because its symptoms are mild enough to be nearly undetectable by a person.

“More typical heart attacks come with a host of well-known and sometimes dramatic symptoms,” says Haroon Faraz, M.D., interventional cardiologist at Palisades Medical Center and Hackensack University Medical Center. “Silent heart attack symptoms lack this intensity and can be mistaken for minor chest discomfort, indigestion or other less serious problems.”

Silent Heart Attacks vs. Typical Heart Attacks

“Silent heart attacks involve blockage of blood flow to the heart and damage to the muscle,” Dr. Faraz says. “In this sense, they are no different from any other heart attack. Their differences lie in how they manifest through noticeable symptoms.”

Typical heart attack symptoms include:
- Pain in the back or belly
- Stabbing sensation in the left arm, neck, jaw or teeth
- Sudden shortness of breath
- Sweating
- Dizziness or lightheadedness
- Nausea or vomiting

Symptoms of silent heart attacks are much more subtle—if they exist at all:
- Feeling as if you have a sore or strained muscle in your chest or upper back
- Fatigue or stress
- Indigestion
- Flu-like symptoms
- Discomfort that doesn’t go away when you move around

Risk Factors of a Silent Heart Attack

Silent heart attacks account for about 20 percent of all heart attacks, according to the American Heart Association. Risks of any heart attack include:
- Being overweight or obese
- Lack of exercise
- A diet high in cholesterol, salt and unhealthy fats
- High blood pressure
- High cholesterol
- Tobacco use
- High stress

“Identifying and treating risk factors is crucial to reducing the chance of having a heart attack,” says Dr. Faraz.

Additionally, certain genetic factors increase your risk of having a heart attack. “Cardiovascular risk, in general, can be inherited from one generation to the next,” Dr. Faraz says. “If your parent or sibling is affected by a heart attack, your risk is increased.”

How to Tell if You’ve Had a Silent Heart Attack

Only an imaging test, such as an electrocardiogram (ECG), echocardiogram or CT scan, can identify a silent heart attack. “An ECG can show where the heart muscle is damaged,” says Dr. Faraz.

A heart attack of any kind is an emergency. Even if you aren’t confident that you’re having a heart attack, it’s important to call 911 right away. 🚑
Spotlight on U

HealthU Fall 2023

When Seizures Strike

Be aware of these signs of a seizure in kids and understand what to do if your child has one.

Seizures are an abnormal electrical discharge in the brain and are fairly common in kids. They can be frightening to witness, but not all seizures are obvious. So it’s important to know the possible signs.

“It’s tough to look for just one or two things,” says Luke Tomycz, M.D., pediatric neurosurgeon at Joseph M. Sanzari Children’s Hospital at Hackensack University Medical Center. “Seizures can look very different in different people.”

To find a pediatrician near you, visit HMHforU.org/KidsDoc.

Seizures do not usually require emergency medical attention. According to the Centers for Disease Control and Prevention, you should only call 911 if one or more of these are true:

- The person has never had a seizure before
- The person has difficulty breathing or waking after the seizure
- The seizure lasts longer than five minutes
- The person has another seizure soon after the first one
- The person is hurt during the seizure
- The seizure happens in water
- The person has a health condition like diabetes or heart disease, or is pregnant

“Seizures can be very subtle, so families typically under-report them because they don’t see them,” Dr. Tomycz says. “But you want to get help soon, so the seizures stop before any real damage is done to the brain cells.”

Warning Signs of a Seizure
Here are some of the warning signs that a child is having a seizure:

- Staring or periods of rapid eye blinking
- Stiffening of the body
- Jerking movements of the arms and legs
- Confused speech
- Loss of consciousness
- Appearing confused or in a haze
- Loss of bladder or bowel control

During a seizure, your child’s lips may appear blue and their breathing may be irregular. After the seizure, your child may be sleepy or confused or even forget entirely what just happened. “Some children will laugh uncontrollably while having a seizure,” Dr. Tomycz says. “Others might hallucinate, see spots or have vomiting episodes, so there are many different things to look for.”

What to Do if Your Child Has a Seizure
If you notice your child is having a seizure:

- First, don’t panic.
- Stay with your child.
- Do not restrain them.
- Do your best to time the episode or, even better, record it.

“It will help your doctor diagnose your child if they can see a video of the episode,” Dr. Tomycz says. “The more information, the better.”

When to Call 911

Go Online

To find a pediatrician near you, visit HMHforU.org/KidsDoc.
A family from Wales finds world-class treatment at Joseph M. Sanzari Children’s Hospital for their son experiencing debilitating seizures.

Many parents would go to the ends of the earth to help their sick child get well. Stewart and Kirsty McCarthy actually did—traveling across the Atlantic Ocean to Joseph M. Sanzari Children’s Hospital at Hackensack University Medical Center from their home in Wales for innovative epilepsy surgery for their son, Caleb.

A web search led the McCarthys to Luke Tomycz, M.D., pediatric neurosurgeon specializing in epilepsy surgery, after Caleb had already undergone extensive testing and medication treatment in the United Kingdom that failed to pinpoint the brain region responsible for his increasingly relentless seizures. Caleb’s seizures had occurred more than 50 times a day since age 4.

“We were just distraught,” Stewart says. “Caleb was seizing so often and so violently that he would sometimes turn blue because he couldn’t catch his breath. We asked if he would make it into his teenage years and were told the odds weren’t great. It was the worst time of our lives.”

Told by U.K. doctors that nothing more could be done for Caleb, the McCarthys refused to accept such a verdict, showing gritty resolve that changed—and possibly saved—their son’s life.

Long-awaited Diagnosis
Desperate, the McCarthys emailed Dr. Tomycz, who promptly responded. After meeting on video calls and reviewing Caleb’s medical records, Dr. Tomycz told the family to book a flight to the United States.

While offering no guarantees, he believed Caleb could benefit from cutting-edge testing, imaging and brain surgery that might zero-in on his condition and dramatically reduce his seizures. “I thought there was something we could do that might lead to a different outcome,” Dr. Tomycz says. “We recognized he might not be seizure-free, but we hoped that surgery would result in significant improvement.”

Dr. Tomycz’s instincts were on target. After the McCarthys landed in New Jersey in early 2022, Caleb stayed at the Children’s Hospital for three weeks. Internal brain monitoring revealed he has focal cortical dysplasia (FCD), a type of epilepsy in which seizures originate in the brain’s frontal lobe. FCD is the most common reason for drug-resistant epilepsy (when epilepsy can’t be controlled by medication) in children.

“Within a week, we had every test done that took three years to get done in the U.K.,” Kirsty recalls. “The speed with which everything happened [at Joseph M. Sanzari Children’s Hospital] was unbelievable.”

Caleb’s long-awaited diagnosis meant that surgery to remove as much damaged brain tissue as possible was an option after all.

Learning and Growing
The delicate operation required Dr. Tomycz to avoid brain areas involved in speech and movement, so some tissue involved in Caleb’s seizures needed to remain. But as expected, the boy’s condition improved greatly, and most days he deals with only several brief seizures that usually occur while he’s asleep.

Since the surgery, Caleb’s life has been transformed. Now 7, he can play happily with his younger brother, Cameron, attend school and learn to swim—an activity deemed too risky when his seizures were in full force.

More progress may still be a possibility. The McCarthys are seeking additional tests that may enable a second surgery to further reduce or eliminate Caleb’s seizures, which they would also like Dr. Tomycz to perform.

“This was probably the most terrifying thing we’ve ever done in our lives, but we would do it all over again in a heartbeat,” Stewart says.
Prepping for an Unmedicated Birth

Our certified nurse-midwife offers four tips to help increase your chances of having an unmedicated birth.

For thousands of years, unmedicated births were the norm—an expected part of childbirth when pain relief wasn’t an option. But for some expectant parents, unmedicated birth is a popular modern-day choice.

Unmedicated childbirth, or natural childbirth, involves giving birth without using medications and focuses on letting nature take its course.

If an unmedicated birth is a goal of yours, you can mindfully prepare by taking a few key steps, says Eva Bane, a certified nurse-midwife at Mountainside Medical Center. “There’s a lot more education now and more interest in doing things holistically and naturally,” Eva says.

Provider ‘Fit’ Is Crucial

Ideally, planning for an unmedicated birth begins before a person is pregnant, when someone is trying to conceive. That’s the time to find a health care provider—whether midwife or OB/GYN—whose practice embraces expectant parents whose birth plans desire minimal medical intervention. To find such a provider, Eva recommends a few steps:

› Ask family members and friends for referrals.
› Look at hospital and provider websites to see if their messaging aligns with your goals.
› Ask providers for statistics on their vaginal and unmedicated birth rates to better understand typical outcomes.
It’s a relationship. Some providers are more open to a holistic process,” Eva says. “Midwives, in particular, are uniquely suited to take patients who want an unmedicated birth because we’re trained in alternate birthing styles.”

It is certainly possible to have an unmedicated birth in a hospital setting, Eva points out. When compared with home births or birthing centers, hospitals provide the additional important benefit of having medical professionals at the ready in case intervention is needed for the safety of the baby or the expectant parent.

**Four Steps to Prepare for an Unmedicated Birth**

What steps can a woman take leading up to childbirth that improve her odds of having an unmedicated birth? Eva offers these tips:

1. **Attend birthing classes:** Standard childbirth classes are especially helpful for those with no exposure or knowledge of the childbirth process. But certain classes—including Lamaze, the Bradley Method and hypnobirthing—focus on coping techniques that can help expectant parents better tolerate labor pain.
   
   “Additionally, watching birth videos can help you get more comfortable with the idea of labor,” Eva says.

2. **Choose pain-relief techniques:** Pain-relief techniques can help expectant parents better endure pain by finding a rhythm and ritual for each contraction or surge. Think about which techniques you’d like to try well before labor starts, including:
   - Massage
   - Acupressure
   - Water therapy
   - Breathing exercises

3. **Consider a doula:** A doula is specially trained to support an expectant parent in labor physically and emotionally throughout their childbirth experience. But doulas don’t provide medical care, so they can be a pivotal addition during the intensity of labor. “Doulas are the perfect people to be an advocate for a patient who doesn’t want medication during labor,” Eva says.

4. **Exercise regularly.** Regular movement throughout pregnancy, including brisk walking, can make you more physically resilient when faced with labor pains. Certain exercises can also help open the hips in preparation for childbirth, including yoga, swimming and Pilates, Eva says.

**Sometimes Intervention Is Necessary**

At times, the best-laid plans go awry, and expectant parents end up experiencing medical difficulties before or during labor that don’t allow for an unmedicated birth. These complications can include needing labor to be induced or undergoing a Cesarean delivery.

“Sometimes intervention is necessary. That may alter your birth plan,” Eva says. “It’s important to think about what would happen if there were some kind of problem and what kind of pain relief or anesthesia you would want in that event. The key to being successful is open communication with your medical provider and team.”

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**Five Exercises to Prepare Your Body for Delivery**

Talk with your doctor or medical provider about incorporating these five exercises into your prenatal plan to help your body prepare for a healthy delivery.

- **Swimming:** Swimming is a great low-impact exercise to improve your stamina and keep your body strong for the labor and delivery process.

- **Stair Climbing:** Whether it’s taking the stairs instead of the elevator or using a stair-climbing machine at the gym, stair climbing can improve your endurance and engage your pelvic floor and core muscles.

- **Kegel Exercises:** Kegel exercises can strengthen your pelvic floor muscles. Here’s how to do them:
  - Start by getting into position, either kneeling on all fours, lying down, seated or standing.
  - Tighten the muscles around your vagina—imagine you are trying to stop the urine flow to understand what this should feel like.
  - Hold the tightness for five seconds or so, then release.
  - Repeat 10–15 times.

- **Squats:** Squats help strengthen the pelvic floor muscles and improve hip mobility. Make sure you are squatting with proper technique: with the spine in a neutral position, your feet flat on the floor and your knees pointed in the same direction as your toes.

- **Walking:** The simple exercise of walking can be one of the most effective ways to keep your body strong and healthy for delivery. Aim for 30 minutes a day throughout your pregnancy.
Can you shrink fibroids naturally? Our expert offers guidance on nonsurgical and surgical methods to tackle fibroids.
With up to 80 percent of women developing uterine fibroids by age 50, according to the Office on Women’s Health, it’s perhaps unsurprising how often gynecologists are asked about ways to naturally shrink these noncancerous growths.

Unfortunately, fibroids resist diet and lifestyle approaches to reduce their size. Even hormone-related treatments don’t always work to ease the heavy bleeding, pelvic pain, frequent urination, constipation and other troublesome symptoms fibroids can cause, says Yitzhack Asulin, M.D., director of minimally invasive and robotic gynecology surgery at Pascack Valley Medical Center.

“How can you shrink fibroids? It’s a question we’re asked all the time,” Dr. Asulin explains. “While fibroids may respond to hormones and have a regression in growth, they don’t truly shrink.”

**Nonsurgical Approaches to Treating Fibroids**

Dr. Asulin notes that one intervention that may offer fibroid relief is a medication called Lupron, which can temporarily shrink fibroids and stop heavy bleeding by hindering a woman’s estrogen production. Some women’s fibroids may slow or stop growing around menopause for the same reason. But Lupron isn’t prescribed for extended periods of time, since side effects can be severe and long-term use can cause bone loss.

Nonsurgical treatments are often recommended for women with persistent fibroid symptoms, including:

- Transcervical radiofrequency ablation, which shrinks fibroids using radiofrequency energy
- Endometrial ablation, which uses heat to remove the uterus lining to relieve heavy menstrual bleeding

- Fibroid embolization, which cuts off the blood supply to fibroids, causing them to shrink

But there is a downside to all of these minimally invasive procedures: “These nonsurgical methods aren’t appropriate if a woman would like to preserve her fertility and get pregnant in the future,” Dr. Asulin says.

**When Is Surgery Needed?**

If other treatments don’t bring symptom relief, or if fibroids are causing fertility problems or uterine prolapse (when the uterus bulges into the vagina), surgery may be recommended. Fibroid surgery typically involves minimally invasive techniques that help women recover rapidly, including:

- Myomectomy, which removes only the fibroids but leaves the uterus intact
- Hysterectomy, which removes the entire uterus, including the fibroids
  
  “For a woman who wants to preserve her ability to carry a pregnancy, we’d proceed with myomectomy rather than hysterectomy,” Dr. Asulin says. “But because of the relatively high rate of fibroid recurrence after myomectomy, we often decide to proceed with a hysterectomy, especially if no future pregnancies are desired.”

Dr. Asulin notes that today, these surgeries—even complex cases—can be performed robotically, which brings several benefits to the patient. “We’re able to complete surgeries even for large fibroids that in the past required open surgeries,” he adds. “We regularly perform fertility-sparing myomectomy surgery with the robot with great success, minimal blood loss and the patient’s quick return to normal activities.”

**All About Fibroids**

Karim ElSahwi, M.D., will discuss the symptoms and signs as well as the workup and treatment options for fibroids.

**Jan. 17, 6:30–7:30 p.m., virtual event**

**Contact Dr. Asulin**

Yitzhack Asulin, M.D.
Obstetrician/gynecologist
877-848-WELL (9355)
Englewood
We’ve long been told that mammograms save lives. And it’s true: Compared with no screening, mammograms reduce breast cancer death rates among women ages 40 and older by 40 percent, according to the National Institutes of Health. The imaging test, which uses specialized X-rays, remains the gold standard for detecting smaller, more treatable tumors.

But there’s always room for improvement, and Hackensack Meridian Health leads the field in incorporating new technologies, guidelines and personalized approaches into its already robust offerings.

“Since early detection is the key to survival, and finding cancers at early stages permits less-aggressive and better-tolerated treatments, we employ the best technologists and use the latest technology for our patients,” says Gail Starr, M.D., MSEd, chief of Breast Imaging, Diagnostic Radiology, at Hackensack University Medical Center.

Adds Harriet Borofsky, M.D., medical director of Breast Imaging at Riverview Medical Center and Bayshore Medical Center: “Breast cancer is a disease that impacts a large number of healthy, vibrant women, and early detection is our best way to halt the natural progression and save lives.”
Breast cancer screening technology is improving every day. Here are three recent advances that have the potential to save lives.

Dr. Starr and Dr. Borofsky spotlight three recent breast cancer screening innovations and advances.

**Contrast Enhanced Mammography**
Available at Hackensack and Riverview, contrast enhanced mammography (CEM) is an alternative to highly sensitive breast MRI imaging for women considered at high risk of developing breast cancer due to:
- Personal or family history of the disease
- Genetic mutation
- Abnormal mammogram result
- Suspicious symptoms

CEM combines high-resolution 3D mammography with functional imaging. After a contrast agent is administered to the patient through an IV, the imaging test delivers information about blood supply, improving breast cancer detection.

“Because breast cancers generally have more blood flow, the contrast makes the cancers much easier to see than on a regular mammogram,” Dr. Starr says. “CEM also has fewer false positives, which means fewer additional views and biopsies are needed.”

**Artificial Intelligence**
At Riverview and Hackensack Meridian Health and Wellness Center at Eatontown, radiologists can get a “second read” on mammogram images using artificial intelligence (AI). After using computer-aided detection technology for decades, these facilities added AI capability in spring 2023, taking it to the next level.

After evaluating a woman’s 3D mammogram images, radiologists need only press a button to add an extra layer of sensitivity and specificity to their interpretation using AI. The technology is able to highlight and rank areas of concern in the breast while also detecting distortions in breast tissue that might otherwise be difficult to notice.

“These findings can be very subtle to the human eye, but AI is taught to recognize patterns,” Dr. Borofsky says.

**Personalized Risk Assessments**
Hackensack Meridian Health established a unique Breast Imaging Council in 2022 that meets monthly with the goal of “making sure all women placing their trust in our care are getting that high level of care,” Dr. Borofsky says.

One of the Council’s key initiatives is developing a personalized assessment of each woman’s breast screening needs that accounts for factors such as age, breast density, pregnancy history, personal and family history of breast and gynecologic cancers, and biopsy history.

“Not all women are the same in terms of their risk for breast cancer and what type of imaging—or combination—is needed for their screening,” Dr. Borofsky says. “If we’re able to report that risk, we can use it to help a woman and her doctors know the best imaging modality for her—if she needs ultrasound in addition to mammography, needs CEM or needs to see a genetic counselor. When we do this, it will be hugely innovative and impactful for women in our community.”

**When to Get Screened**
In May 2023, the U.S. Preventive Services Task Force updated its guidance on breast screening, recommending that women undergo mammograms every other year starting at age 40 instead of waiting until age 50, as previously advised. The advice only reinforces Hackensack Meridian Health’s approach all along. Our experts had been advising patients to start mammograms at age 40 and continue annually long before the new guidelines, Dr. Starr and Dr. Borofsky note.

But the newly revised guidelines offer a benefit: They may prompt even more women to get screened at age 40 instead of 50. “This helps ensure cancers will be detected earlier, when treatments are less aggressive and more effective,” Dr. Starr says.
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.

Special Events

Healthy Habits for Families  Calling all new parents: Be a role model. Making healthy choices as a family is easy and fun.
Nov. 8, noon–1 p.m., Montclair Public Library, 50 South Fullerton Ave.
Dec. 5, noon–1 p.m., virtual event

Wellness Screenings  Free health screenings: HgA1c, blood pressure, pulse and pulse oximetry.
Oct. 14, 8–10:30 a.m., Nazareth, 5800 Palisade Ave., West New York
Oct. 16, Nov. 13 & Dec. 11, 8:30–11 a.m., Save Latin America, 138 39th St., Union City
Nov. 18 & Dec. 16, 10 a.m.–12:30 p.m., Divine Konektion, 611 56th St., West New York

Cancer Care

All About Fibroids  Karim ElSahwi, M.D., will discuss the symptoms and signs as well as the workup and treatment options for fibroids.
Jan. 17, 6:30–7:30 p.m., virtual event

Moving Forward: Eat Well, Live Well Nutrition Program for Cancer Survivors  Oct. 5, 12, 19 & 26; Nov. 2, 9, 16 & 22; and Dec. 7, 14, 21 & 28, noon–1 p.m., virtual event

Stop Smoking With Hypnosis  Nov. 8 & Jan. 10, 7–8 p.m., virtual event

Is Lung Cancer Screening Right for Me?  Nov. 8, 10–11 a.m., virtual event

Lung Health: Know the Facts  Nov. 14, noon–1 p.m., Hackensack Meridian Fitness & Wellness Community Ed. Center, 87 Rte. 17 North, Maywood

Does Cancer Run in Your Family?  Jan. 8, 2–3 p.m., Mountainside Medical Center

Diabetes and Weight Management: Novel Therapies & Surgical Options  Learn about medical management, surgical options and nutrition strategies to help you achieve your weight-loss goals.
Speakers: Colette M. Knight, M.D., and Hans Schmidt, M.D.
Nov. 2, 6–7 p.m., Hackensack Meridian Fitness & Wellness Community Ed. Center, 87 Rte. 17 North, Maywood
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**Heart Health**

**AHA CPR Anytime** Be a heart saver, learn hands-only CPR and learn about early heart attack and stroke care. Program does not provide a course completion card.

Oct. 25, noon–1 p.m., Hackensack Meridian Fitness & Wellness Community Ed. Center, 87 Rte. 17 North, Maywood

**Angioscreen** Special rate: $49.95. Registration required. Call for dates, times and locations.

**Neuroscience**

**Memory, Forgetfulness and Aging: What’s Normal and What’s Not?** Manisha Santosh Parulekar, M.D., will discuss concerns that many of us have about our memory.

Nov. 7, noon–1 p.m., Wyckoff Family YMCA, 819 Wyckoff Ave.

**Matter of Balance: Managing Concerns About Falls** Free eight-week program, Oct. 26; Nov. 2, 9, 16 & 30; Dec. 7, 14 & 21, 10 a.m.–noon, Hackensack Meridian Fitness & Wellness Community Ed. Center, 87 Rte. 17 North, Maywood

**General Wellness**

**The Cutting-edge Kitchen** Join us in person at the John Theurer Cancer Center Cooking Studio as we dig into the science behind the hottest nutrition topics. During each program, dietitians will discuss the current research behind each nutrition hot topic and pair a delicious recipe with the evidence-based takeaways. Come hungry and curious!

Last Wednesday of every month, 1 p.m., John Theurer Cancer Center, 92 2nd St. (1st floor behind Market Cafe), Hackensack

**Mind, Body, Spirit Seminar** Four-session seminar, Nov. 9, 16 & 30 and Dec. 7, 1–3 p.m., Hackensack Meridian Fitness & Wellness Community Ed. Center, 87 Rte. 17 North, Maywood

**Knee Pain in Adults** Speaker: Yair David Kissin, M.D., Dec. 5, noon–1 p.m., Wyckoff Family YMCA, 819 Wyckoff Ave.

**Nutrition for Older Adults** Dec. 6, 11 a.m.–noon, Montclair Public Library, 50 South Fullerton Ave.

**The Mind Diet** Jan. 9, noon–1 p.m., Wyckoff Family YMCA, 819 Wyckoff Ave.

**Sepsis: What You Need to Know** Nov. 15, 7–8 p.m., virtual event

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

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

**Pediatrics**

**Parent/Guardian Talks**

**Common Digestive Issues** Learn from our pediatric GI experts about the common digestive issues in children of all ages, what tips can help and when it is time to see a specialist.

Nov. 30, noon–1 p.m., virtual event

**Parent/Guardian Talks**

**My Child Can’t Concentrate** Speaker: Harshasu Barot, M.D., Jan. 25, noon–1 p.m., virtual event

**The Partner Plan** Oct. 10, 6:30–7:30 p.m., virtual event

**Breastfeeding Class** Oct. 11, Nov. 8, Dec. 13 & Jan. 17, 7–10 p.m., Mountainside

**Prepared Childbirth Class** Oct. 14, Nov. 4, Dec. 9 & Jan. 13, 9 a.m.–4 p.m., Mountainside

**Infant Care & Safety Class** Oct. 16, Nov. 13, Dec. 11 & Jan. 8, 7–9:30 p.m., Mountainside

**Tour of the Birthing Center** Oct. 17 & 24; Nov. 7, 14, 21 & 28; Dec. 5, 12 & 19; Jan. 9 & 16, 5:30–6:15 p.m., Mountainside

**Safe Sitter** Visit HMHforU.org/Events for upcoming dates, or for groups of six or more, email COeventinquiries@hmhn.org for more information. Fee: $40, virtual event

**Safe at Home by Safe Sitter** Visit HMHforU.org/Events for upcoming dates, or for groups of six or more, email COeventinquiries@hmhn.org for more information. Fee: $15, virtual event
Envisioning a World Without Cancer

The Hennessy family, inspired by their mother’s cancer battle, fund an institute for early detection, genetic risk mitigation and prevention of cancer recurrence.

Inspired by his wife’s tenacity and resilience as she fought recurrent ovarian and breast cancer, Mike Hennessy made it his life’s purpose to improve the lives of patients with cancer. As a medical publisher, he never stopped seeking opportunities to educate health care providers and patients to advance oncology care. Throughout her cancer journey, his wife, Patti, challenged oncologists, nurses and other health professionals to take more detailed family histories, expand the options for individualized therapy and, most importantly, think outside of the box.

Sadly, Patti’s journey with breast and ovarian cancer ended with her passing at age 59, nearly 10 years after she was diagnosed. Her beloved husband, Mike, died two years later in 2021. But the couple’s advocacy and vision will live on through Hackensack Meridian Health’s Hennessy Institute for Cancer Prevention and Applied Molecular Medicine.

The couple’s four children—Shannon Pulaski, Ashley Hennessy Talamo, Michael Hennessy and Christopher Hennessy—together with the Mike & Patti Hennessy Foundation, have provided a transformational grant to John Theurer Cancer Center to found the Hennessy Institute. It will focus on early detection, genetic risk mitigation and prevention of cancer recurrence.

“We are extremely grateful for the Hennessy family’s confidence in our mission to expand beyond cancer to the precancer and post-cancer space,” says Andre Goy, M.D., M.S., chairman of John Theurer Cancer Center, chief of Lymphoma and physician-in-chief for Oncology. “The precancer space includes reduction of risk factors through lifestyle changes and early detection. In the post-cancer space, the goal is to prevent recurrence.”

The Institute will be housed within a planned outpatient facility in Clifton, near Hackensack Meridian’s School of Medicine and Center for Discovery and Innovation. The Institute will focus on implementation of applied molecular medicine, an area of medicine that explores cutting-edge advances in disease diagnosis, therapy and prevention involving advances in biomolecular research.

The Hennessy Institute will also address health inequities in cancer research and prevention by securing grants for those unable to pay the out-of-pocket costs associated with this type of advanced medicine. Another goal is to present data collected from the Institute to the insurance industry to demonstrate the benefit of cancer prevention.

Mike and Patti’s children hope to honor their parents’ legacy of innovation, collaboration and improving quality of life for all. “We know early detection is key to defeating cancer,” says Shannon, who serves as the executive director at the Mike & Patti Hennessy Foundation. “But for individuals who may be at an increased risk for certain types of genetically linked cancers, the process of undergoing testing, monitoring changes and reducing your chances of being diagnosed is cumbersome. My family and I were motivated to make this transformational gift in hopes that it will save lives before, during and after cancer. We are humbled to be able to create this opportunity for those in need.”

Adds Joyce P. Hendricks, Hackensack Meridian Health Foundation’s president and chief development officer: “Hackensack Meridian Health is blessed by the vision of the Hennessy family and their trust in our mission. Their passion and generosity, combined with Dr. Goy’s vision, will no doubt change the lives of countless people.”

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

What to know about breast cancer screening and when to start it.

Screening Saves Lives
Breast cancer screening with a mammogram is one of the most effective ways to find breast cancer in a person before they experience any symptoms.

When to Get Screened

**Who:** Women at average risk of breast cancer

**When:** Age 40

**How Often:** Annual mammogram as long as you are in good health

**Who:** Women at higher risk of breast cancer because of a BRCA1 or BRCA2 gene mutation

**When:** Age 25

**How Often:** Annual MRI, ages 25–30; annual mammogram alternating with MRI at six-month intervals, age 30+

**Who:** Women with history of chest radiation therapy

**When:** Eight years after radiation, but not before age 25

**How Often:** Annual MRI, ages 25–30; annual mammogram alternating with MRI at six-month intervals, age 30+

**Who:** Women at higher risk of breast cancer because of strong family history

**When:** Ten years prior to first-degree relative (mom or sister), but not sooner than age 30 and not later than age 40

**How Often:** Annual mammogram (supplemental screening with ultrasound or MRI might be indicated; risk assessment should be performed)

Talk with your doctor about which screening is right for you and when you should begin annual screening. Scan this code to schedule a breast screening at a location near you.
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 list of our hospitals, services and locations, visit HMHforU.org/Locations.

Knowledge Is Power

Breast cancer screening saves lives. Regular screening is one of the most effective ways to catch breast cancer in its earliest stages, when more treatment options are available and chances of survival are highest.

Breast cancer screening should begin at age 40, or possibly earlier if you have a family history of breast cancer. Schedule your screening today.

What to Do When You Find a Breast Lump  Our expert shares what you should do if you spot a lump on your breast. Learn more at HMHforU.org/BreastLump.

5 Things an Oncologist Would Never Do  Our radiation oncologist shares how she helps reduce her own cancer risk at HMHforU.org/CancerRisk.