

# thrive

SPRING 2018

## 4 TIPS TO BOOST BONE HEALTH

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PREPARING FOR  
SIBLINGHOOD

COMBATING  
COLORECTAL CANCER

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**We Want to Hear from You**

Send us your comments, and we may print them in *Thrive*. See featured letters on page 31.

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WITH THE MISSION  
OF PROVIDING  
COMPASSIONATE CARE  
TO ALL BROOKLYNITES,  
AND WE REMAIN  
COMMITTED TO YOU  
BOTH ON THE  
HOSPITAL CAMPUS  
AND OUT IN THE  
COMMUNITIES  
WE SERVE.



Spring is upon us, and the world is blossoming with hope. We can peel off our layers, let the sunlight warm our skin (which is protected with an SPF 60 sunscreen, naturally!) and stretch our arms and legs after months of bracing against the cold.

Spending more and more time outdoors can help reconnect us with our bodies and our health. I hope this issue of *Thrive* proves inspirational in this respect, too, by echoing the importance of being physically active for at least 30 minutes a day.

This issue also explores breast cancer screening recommendations and reminds everyone that breast cancer isn't just a woman's disease. We learn helpful ways to boost bone health, strengthen stroke prevention and cook healthy foods under pressure. I am also excited to introduce you to Mendel Goldfinger, M.D., a hematologist/oncologist at NewYork-Presbyterian Brooklyn Methodist Hospital, and his work on targeted therapies for blood cancers.

On the back cover of this magazine, you will find a comprehensive listing of our community events and outreach efforts. This hospital was built with the mission of providing compassionate care to all Brooklynites, and we remain committed to you both on the hospital campus and out in the communities that we serve.

Happiest and healthiest of spring to you all.

Sincerely,

Richard S. Liebowitz, M.D.  
President

## YOUR HEALTH IN A HEARTBEAT

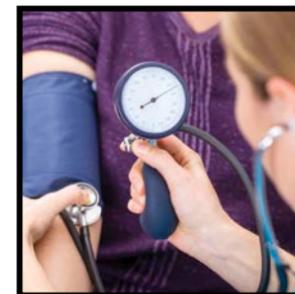
HERE'S A QUICK RUNDOWN OF HEALTH NEWS AND DEVELOPMENTS TO KEEP YOU IN THE KNOW.

### HEART OF THE MATTER

Cardiovascular disease is the leading cause of death in both men and women, claiming a life in the United States about every 40 seconds. By the year 2030, it is projected that approximately 41 percent of Americans will have some form of cardiovascular disease.

"People are living longer. As we age, we become more susceptible to chronic conditions, such as heart and vascular disease," says **Jeremiah Gelles, M.D.**, cardiologist at New York-Presbyterian Brooklyn Methodist Hospital. "You can reduce your risk for developing cardiovascular disease by maintaining a normal weight, eating a balanced and healthy diet, exercising for at least 150 minutes weekly, and reducing stress."

Dr. Gelles also advises seeing a doctor annually for recommended health screenings and limiting foods that contain refined carbohydrates and saturated fats.



### UNDERSTANDING METABOLIC SYNDROME



Metabolic syndrome is not a disease but a group of health-related characteristics. To be diagnosed, someone must have at least three of five criteria: obesity with significant abdominal fat, high blood pressure, high blood sugar, high triglycerides and low levels of high-density lipoprotein or "good" cholesterol. Meeting the criteria for metabolic syndrome doubles the risk of developing type 2 diabetes and heart disease.

"Lifestyle changes like eating fruits, vegetables and low-fat dairy products, exercising for at least 30 minutes daily and quitting smoking are good ways to reduce your risk of developing metabolic syndrome,"

says **Edmund Giegerich, M.D.**, chief of endocrinology and vice chairman of medicine at NewYork-Presbyterian Brooklyn Methodist. "Losing as little as 5 to 10 percent of body weight can make a dramatic difference."

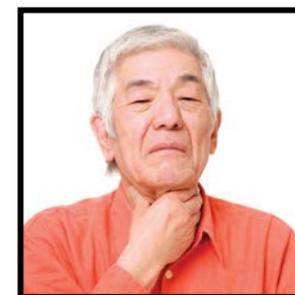
### HARD TO SWALLOW

While people of all ages are susceptible to choking, older seniors are at a higher risk for fatal complications.

"Muscles in the mouth and throat weaken with age," says **Luis F. Riquelme, Ph.D.**, director, Center of Swallowing & Speech-Language Pathology at NYP Brooklyn Methodist. "This weakness can cause a number of problems, one of which is choking."

To prevent choking at any age, Dr. Riquelme recommends avoiding simultaneous talking and chewing, taking smaller bites of food, and spending more time chewing your food before swallowing it.

If you frequently choke when eating or find yourself switching to softer foods because they are easier to swallow, ask your doctor about a referral for a swallowing evaluation. This examination includes a clinical office visit and an x-ray for swallowing, if needed.



**\$192**  
BILLION

ESTIMATED ANNUAL COST  
OF DIRECT MEDICAL CARE  
FOR CARDIOVASCULAR  
DISEASE IN THE U.S.

**35%**

APPROXIMATE  
PERCENTAGE OF PEOPLE  
IN THE U.S. WITH  
METABOLIC SYNDROME

**5,050**

APPROXIMATE NUMBER  
OF CHOKING DEATHS  
REPORTED IN THE  
U.S. IN 2015

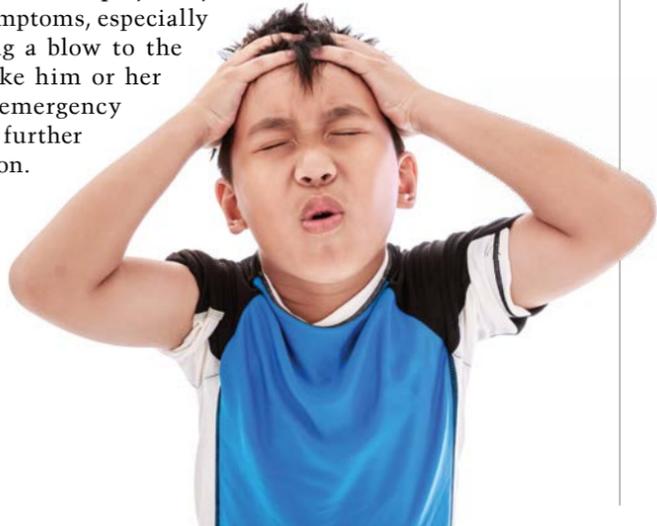
# A HIT TO THE HEAD

Whether it is from learning to walk or taking the normal tumbles of childhood, children have a tendency to hit their heads. Concussions at a young age can be a serious health concern when the incident occurs and later if there is an unaddressed traumatic brain injury.

"It's important for parents to be able to identify symptoms of head injury and concussion," says **Yi Xie, M.D.**, a pediatric neurologist at NewYork-Presbyterian Brooklyn Methodist Hospital. "Identifying a concussion quickly and taking safety precautions to allow the brain time to heal can help prevent further damage."

Recognizing a concussion is not always easy—especially when the child may be too young to communicate symptoms. The most common signs include loss or decreased levels of consciousness, severe headache, blurred vision, vomiting or nausea, confusion and/or slurred speech.

If a child displays any of these symptoms, especially following a blow to the head, take him or her to the emergency room for further evaluation.



# ANTIBIOTICS 101

If you experience a bacterial infection, such as strep throat, your doctor may prescribe antibiotics, which work by destroying the bacteria.

While antibiotics are effective for treating bacterial infections, they are ineffective against viral infections that often cause colds. Antibiotics are also not effective in treating the influenza virus.

"Bacteria can change due to exposure to antibiotics, rendering the antibiotics less potent," says **Harold Horowitz, M.D.**, chief of infectious diseases at New York-Presbyterian Brooklyn Methodist. "Overuse of antibiotics is leading to more antibiotic-resistant bacteria."

Dr. Horowitz says that there are other risks of taking antibiotics, including allergic reactions, rashes and digestive issues.



# WHEN Morning Sickness IS SEVERE

If you experience morning sickness during pregnancy, you are not alone. More than half of pregnant women have this symptom during the first trimester.

Avoiding nausea triggers, taking vitamin B6 and eating small meals may help provide relief. If you experience extreme, persistent nausea and vomiting during pregnancy, it could be a sign of hyperemesis gravidarum—extreme morning sickness that requires a doctor's care.

Hyperemesis gravidarum can lead to dehydration and malnutrition for you and your unborn baby, but there are safe medications to use for nausea during pregnancy. Prescription medications like metoclopramide can help reduce nausea so you can resume a healthy diet.

"Many women experience morning sickness during the first trimester as their hormones are fluctuating. Contrary to its name, morning sickness can occur at any time of day," says **Peter Guirguis, M.D.**, obstetrician/gynecologist with NYP Brooklyn Methodist. "It usually subsides naturally during the second trimester, but if symptoms persist, work with your doctor to manage the condition. Being proactive is key to nourishing your baby and improving your quality of life."



# DOs and DON'Ts FOR STROKE PREVENTION

**DO** make time for 30 minutes of daily physical activity. You'll know you're exerting the right amount of effort when you can speak while exercising but have difficulty singing during your workout.

**DON'T** smoke or be exposed to secondhand smoke. If you smoke, quit. It may take multiple attempts to kick the habit, but the benefits related to stroke prevention and overall health are worth the effort.

**DO** eat leafy green vegetables, nutrient-rich fruits, whole grains, and lean proteins like salmon and turkey to help lower your blood pressure and cholesterol. Decrease sodium and saturated fat intake, as both contribute to blocking arteries.

**DON'T** overindulge in alcohol, as this can raise blood pressure and increase stroke risk. Limit alcoholic beverages to one a day for women and two a day for men, or skip alcohol altogether.

**DO** Memorize the **BE FAST** acronym to help remember stroke symptoms and what to do if stroke is suspected. Look for sudden problems with:

- **Balance**
- **Eyes** – Blurred or double vision
- **Face** – Facial drooping on one side
- **Arms** – Weakness or numbness in one arm
- **Speech** – Slurred speech or difficulty talking
- **Time** – Know when it's time to call for help. If you suspect stroke, immediately call 911. The prompt treatment of ischemic stroke with the drug tPA (tissue plasminogen activator) or a clot retrieval system may stop the stroke in progress and reverse the threat of brain damage. Treatment must begin within three to eight hours of stroke onset, depending on the treatment being used.

**DON'T** skip annual doctor visits. See your doctor more frequently if recommended.

**DO** take all prescribed medications as directed to control stroke risk factors. Such medications may include blood thinners to guard against clotting, drugs like insulin to control glucose levels, statins to lower cholesterol and/or antihypertensives to keep blood pressure in line.



**STOP STROKE BEFORE IT STARTS**

Protecting your brain is a no-brainer.

**STROKE OCCURS WHEN** blood supply to the brain is interrupted by a blocked artery leading to the brain (ischemic stroke) or a ruptured blood vessel in the brain (hemorrhagic stroke).

Stroke is the leading cause of disability and the fifth-leading cause of death in the United States. Roughly 85 percent of strokes are ischemic, and many risk factors for this type of stroke are controllable.

"Overall, the greatest risk for stroke is aging, which isn't a controllable factor," says **Natalie Cheng, M.D.**, director of the stroke program at NewYork-Presbyterian Brooklyn Methodist Hospital. "That's why it's all the more important to influence the risk factors that are in your control, such as diet, exercise and high blood pressure."

### ONE STEP AT A TIME

High blood pressure is not only one of the most controllable risk factors for stroke, it is also one of the most common—one in three U.S. adults lives with the condition.

Uncontrolled high blood pressure damages the circulatory system and greatly increases the risk of dying from stroke, but the condition can be managed through prescription medication, making healthy food choices and exercising daily. These measures also positively influence other risk factors for stroke, including obesity, high cholesterol and type 2 diabetes.

"Lifestyle changes can be challenging, so don't tackle everything at once," says **Barbara Gatton, M.D.**, stroke specialist in the emergency department at NewYork-Presbyterian Brooklyn Methodist. "Focus on one change at a time until it becomes a habit, then move on to the next one."

# 4 TIPS TO BOOST BONE HEALTH

Bones provide the foundation and infrastructure of every human being. Here is what you need to know to help protect yours.

**BONES DO NOT** typically receive the kind of attention that the heart or lungs do when it comes to overall wellness, but they should.

“Two-hundred and six bones form the structure of the human body while simultaneously protecting internal organs,” says **Henry Tischler, M.D.**, chief of orthopedic surgery at NewYork-Presbyterian Brooklyn Methodist Hospital. “Unhealthy bones aren’t as capable of performing these vital duties. This makes skeletal health truly a matter of life and death.”

The majority of bone mass is accumulated by ages 18 (in females) to 20 (in males), and then it starts to deteriorate after age 30. You can strengthen your bones by adopting a healthy, balanced diet and participating in weight-bearing exercises.

## THE POWER OF PREVENTION

Certain foods and exercises have a cumulative effect in strengthening your bones and helping protect against osteoporosis—a condition in which skeletal mass diminishes and bones weaken more than normal, leading to a greater risk of fractures. The sooner you start to consume foods and do exercises with bone health in mind, the better. Consider these tips.

**TIP 1: Eat a diet rich in calcium.** This essential mineral helps bones develop and grow strong in your younger years, and calcium continues to play an essential role in helping to preserve bone as you age.

Dairy products like milk, yogurt and cheese are excellent sources of calcium—there are nearly 300 milligrams of calcium in eight ounces of nonfat milk. People who do not eat dairy can rely on other calcium-rich foods, including navy beans and kale (each provides 16 milligrams of calcium per

cup), almonds (80 milligrams per quarter cup), and oatmeal (187 milligrams per cup). The goal is to consume the recommended 1,000 to 1,300 milligrams of calcium daily for people ages 4 and older. Calcium supplements can help you meet this number if your diet falls short.

**TIP 2: Get adequate amounts of vitamin D** so that your body can absorb the calcium you eat. You need 400 international units (IU) daily until age 1, 600 IU daily for ages 1 to 70, and 800 IU daily for ages 71 and over.

A few foods naturally contain significant amounts of vitamin D, including sockeye salmon (447 IU in 3 ounces) and yellowfin tuna (70 IU in 3 ounces). Vitamin D can also be consumed as a daily supplement or in fortified foods, including skim milk (101 IU in 8 ounces), cereal and orange juice (amounts vary, depending on variety and brands—consult nutrition labels).

## SCREENING FOR OSTEOPOROSIS

Osteoporosis affects approximately 10 million Americans, with another 44 million at risk due to low bone density. This silent condition has been referred to as “a pediatric disease with geriatric consequences,” meaning it often starts in childhood if the body does not get enough nutrients or exercise to build up bone mass, but it primarily manifests in senior years in the form of fragile bones. Aging, smoking, and taking epilepsy drugs or steroids like cortisone and prednisone are also risk factors.

“Osteoporosis usually gets diagnosed when patients have x-rays to confirm a suspected bone fracture or when they have screenings to check bone density,” says **Steven Charles Garner, M.D.**, chair of radiology at NewYork-Presbyterian Brooklyn Methodist Hospital. “We’d prefer to find it through screenings to help patients avoid having bones that are more susceptible to breaking.”

The gold standard screening for osteoporosis is dual-energy x-ray absorptiometry, or DEXA. It is a quick scan of the lower back and hips or the entire body that uses a small dose of ionizing radiation to produce clear pictures of a person’s bones. These images are then compared to healthy bones of people around the same age to judge if there is significant bone loss.

Dr. Garner recommends that everyone get a DEXA scan at some point, but the timing may differ, depending on gender and genetics.

For instance, osteoporosis is more common in women than in men. It is recommended that women at normal risk for the disease get a DEXA scan at age 65. After age 70, men are more likely to experience low bone mass or fractures due to osteoporosis, so DEXA screening may be recommended to males at that time.

As for genetics, people with a family history of osteoporosis or frequent bone fractures may be at a higher osteoporosis risk. If you are in this category, ask your doctor if you need an earlier screening.

When osteoporosis is diagnosed, medications like bisphosphonates, alendronate, risedronate, zoledronic acid or denosumab may be prescribed.

“These drugs can help slow the effects of osteoporosis,” Dr. Garner says. “But, there’s currently no treatment that is better than prevention.”

**TIP 3: Let age influence your exercise choices.** Focus on medium- to high-impact exercises in your younger years, such as running and jumping rope. These jarring exercises help by stimulating your bone to add mass, keeping bones stronger for a longer period of time. If you start these exercises on a routine basis prior to your senior years, you may be able to continue doing them as you age to help maintain bone mass. As bones weaken with age, gentler weight-bearing exercises like swimming, lifting hand weights or stretching with resistance bands are safer choices to avoid bone fractures.

**TIP 4: Ask a doctor for advice.**

“Whether it’s concerning a change to diet or exercise, I recommend speaking with your doctor about what’s right for you before you adjusting your routine,” Dr. Tischler says. “Everyone is different, and your doctor can help you tailor a plan that’s best for you and your bones.”

# MAKING SENSE OF *Breast Cancer* SCREENING GUIDELINES

As Jennifer prepared for her annual wellness visit, the 40-year-old compiled a list of questions to ask her doctor. When to begin mammogram screening topped her list.

**MAMMOGRAMS—DIAGNOSTIC IMAGING** tests that help doctors spot potentially cancerous lumps within the breast—are one of the most important screenings women receive during their lifetimes. When to begin screening, however, isn't always clear-cut, especially for women like Jennifer who recently turned 40.

**FROM CONFUSION TO CLARITY**

Many major health organizations have published guidelines for mammography screening, but their advice differs.

"There is still debate regarding screening for women younger than 50," says **Hani Ashamalla, M.D.**, chairman of NewYork-Presbyterian Brooklyn Methodist Hospital's Department of Radiation Oncology. "I recommend women follow screening guidelines in general but also consult a healthcare professional who can assess their personal breast cancer risk."

Each woman's personal breast cancer risks affect when they should begin screening, how often screenings are needed and if mammograms should be supplemented with other imaging methods like breast magnetic resonance imaging (MRI) or ultrasound.

**James Rucinski, M.D.**, breast surgeon and director of surgical education in the Department of Surgery at NewYork-Presbyterian Brooklyn Methodist, recommends that women follow the American Cancer Society's (ACS's) screening guidelines. These guidelines, which were updated in late 2015, advise that women with an average risk of breast cancer:

- + Begin annual mammograms at 45
  - + Switch to every-other-year mammograms at 55
  - + Continue screenings as long as they are healthy
  - + Be aware of and tell their doctors about breast changes
- Additionally, the ACS notes that women should have the choice to begin having mammograms at age 40 and continue annual screenings past age 55.

"The majority of women with breast cancer don't have a family history of the disease," says **Yael Fuchs, M.D.**, gynecologist at NewYork-Presbyterian Brooklyn Methodist. "That's why it's important for all women to visit their doctors, become aware of their risk and develop a plan for screening."

**DEFINING 'AVERAGE'**

All women are at some risk for breast cancer—one in eight women develops the disease. Doctors diagnose the majority of breast cancers in women over age 55. However, age is only one consideration. A variety of things can influence breast cancer risk.

When a woman meets with her doctor to develop her breast cancer screening plan, her doctor will likely perform an exam and take a detailed personal and family medical history. The findings from this visit help women understand if they fall into average or higher risk categories.

Women with an average risk, according to Dr. Rucinski, have no confirmed or suspected genetic mutation associated with breast cancer and no previous personal history of breast cancer or radiation therapy to the chest. They also have no significant family history of the disease. Those with a family history have a higher than average risk, particularly if women have one or more first-degree relatives who've had breast cancer.

"When women have a family history, we recommend starting annual mammograms and breast exams 10 years before the age at which their first-degree relative was diagnosed or at age 40, whichever is earlier," Dr. Ashamalla says.

In some cases, a strong family history of breast cancer can suggest mutations in certain genes that are passed through families. These genes raise a woman's risk for multiple cancers, including breast cancer. The most common gene mutations associated with breast cancer occur in the BRCA1 or BRCA2



Breast cancer does not just occur in women. Although breast cancer is 100 times more likely in women, men can develop it, too. Discover how breast cancer affects men on page 12.

**IS OCCASIONAL BREAST PAIN NORMAL?**

Women who experience occasional breast pain may worry that they have cancer, but breast pain is not typically a cancer symptom.

"According to studies, only 0.05 to 0.33 percent of women who visit their doctor because of breast pain are diagnosed with breast cancer," says Dr. Rucinski. "It's possible, but it's extremely rare for pain to be the first sign of breast cancer."

Breast pain is often related to hormonal fluctuations. For example, women may experience breast tenderness or swelling in the days leading up to their menstrual period or during pregnancy. Women who are breastfeeding may also notice a variety of changes in their breasts, including pain, skin changes and breast lumps related to clogged milk ducts, according to **Sandra McDevitt, R.N., IBCLC**, lactation consultant at NYP Brooklyn Methodist.

Even though these changes are usually unrelated to breast cancer, they warrant a trip to the doctor. During these appointments, doctors can recommend remedies to relieve breast pain. They can evaluate breastfeeding women to rule out infections or other problems that may interfere with nursing.

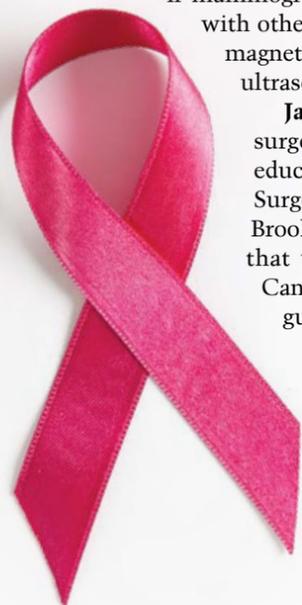
genes. Women with a BRCA gene mutation have a 70 percent likelihood of developing breast cancer by their 80th birthdays.

"If women have family members with a BRCA gene mutation, we recommend genetic testing to see if they also carry the mutation," Dr. Fuchs says. "I advise women with a BRCA mutation to get a clinical breast exam every six months and a yearly mammogram, breast ultrasound and breast MRI."

Outside of personal and family history, doctors may also consider these factors when assessing a woman's breast cancer risk:

- + Ethnicity
- + Ages at which she began menstruating, gave birth to her first child and, if applicable, completed menopause
- + Positive or negative breast biopsies in the past
- + Dense breast tissue
- + Other breast irregularities, such as the presence of benign tumors or multiple cysts within the breast

After talking with her doctor, Jennifer realized she has an average risk of breast cancer. With her doctor's guidance, she feels confident to begin screening at age 40 or 45.



# IT'S A MAN THING, TOO



## Breast cancer doesn't only impact women.

**AFFECTING ABOUT 2,500** men in the U.S. each year, male breast cancer accounts for fewer than one percent of all breast cancer cases. Because it occurs so infrequently, awareness of the condition is low. This makes men more likely to miss symptoms and delay visiting a doctor until the disease is in a later stage.

"Male breast cancer, when it does occur, is similar to breast cancer that occurs in older women," says **Julia Manzerova, M.D.**, radiation oncologist at NewYork-Presbyterian Brooklyn Methodist Hospital. "It's less aggressive and more responsive to hormonal treatments, which means it less often leads to death."

### KNOW THE SIGNS

A man's lifetime risk of developing breast cancer is approximately one in 1,000. While the condition is rare enough that regular screenings are unnecessary, it's beneficial for men to know the symptoms of breast cancer.

Men should talk with their doctor if they notice any of the following symptoms:

- + Red or scaly nipple or skin
- + Lumps in tissue surrounding nipples
- + Dimpling or puckering of skin
- + Nipple pain
- + Fluid discharge from the nipple
- + Enlarged underarm lymph nodes

"Under a microscope, male breast cancer looks just like female breast cancer," Dr. Manzerova says. "For that reason, and because there is not much research specific to male breast cancer, we treat the two the same way."

Most often, men who require surgery to treat breast cancer have a mastectomy—removal of the whole breast—rather than a lumpectomy, which is designed to conserve breast tissue. If the mass is larger than a quarter of an inch, it may require chemotherapy to shrink it prior to surgery.

"If during your self-examination you find a lump or other significant change to your breast, show it to your doctor," Dr. Manzerova says.

**SHOULD I BE SCREENED?**

A man with multiple occurrences of female breast and ovarian cancer in his family—especially his immediate family—should inform his primary care doctor. At that point, the doctor can consider all the information and decide whether regular screening is necessary. Mammography is typically only done if a man finds a lump.

"After a discussion with a doctor, men may decide to undergo screening, but it is only recommended if there is significant history of breast cancer," says Dr. Manzerova. "In most cases, it's not needed."

For years, Alfonso Rosario lived with tightness of the esophagus that limited his ability to enjoy one of his passions: food. A complex surgery opened up his throat—and his life.



+ MAKING LIFE EASIER TO SWALLOW

**ALFONSO, A 61-YEAR-OLD** facility manager at a law firm, is a foodie who loves sampling different cuisines. When he is not working, the Park Slope resident likes to experiment in his kitchen with new recipes and unfamiliar ingredients, as well as prepare meals for his wife, Nereida, and their 16-year-old granddaughter.

Alfonso cannot recall the precise year in the mid-2000s when the trouble with his esophagus started, but he remembers exactly what he ate the first time he felt something strange.

"One day in July, I was grilling chicken cutlets after work and decided to try a small piece," he says. "When I swallowed, it didn't want to go down. I wasn't choking; I just felt like I had a lump in my throat. I kept sipping water to see if the bite would go down, but it wouldn't. After about two hours, following another sip of water, I felt a slight pop, and the food finally passed out of my throat."

#### THE SEARCH FOR A SOLUTION

The incident was enough to send Alfonso to a gastroenterologist seeking answers. A look down Alfonso's throat with a camera-equipped scope turned up nothing, and he went home relieved. A few months later, however, Alfonso experienced the same sensation of food getting stuck in his throat, and he returned to his doctor. This time, a look inside Alfonso's esophagus found the problem: esophageal stricture, a narrowing of the esophagus.

Tightness of the esophagus is a red flag because it can be associated with cancer, but that was not the case for Alfonso. The esophageal stricture he experienced was the result of gastroesophageal reflux disease (GERD)—chronic leakage of stomach acid into the esophagus due to a dysfunctional valve at the base of the tube. For several years, Alfonso underwent a series of dilations, in which a doctor used a dilating balloon or plastic dilators, to widen his esophagus. That worked, but only for months at a time.

In early 2012, in an effort to find a more permanent solution, Alfonso had a surgery called Nissen fundoplication, which reinforced the faulty valve at the base of the esophagus by wrapping the top of the stomach around the bottom of the tube. That procedure bought him a year of relief before he had to resume having dilations.

"I must have had 12 to 15 dilations with three different doctors over several years," Alfonso says. "By early 2017, I'd gone from having a dilation every six months to every two or three because the symptoms were returning faster. When I had a dilation in March, the doctor told me my esophagus was narrower than ever. I said, 'Enough is enough.'"

#### A DIFFERENT OPERATIVE OPTION

By the spring of 2017, Alfonso was ready to explore surgery again—not another Nissen fundoplication, but a more complicated operation called an esophagectomy. A surgeon would remove part of the stomach and the narrow portion of the esophagus, and then pull the stomach

up into the chest and connect it to the remainder of the esophagus. In June, Alfonso met with **Sebron Harrison, M.D.**, chief of thoracic surgery at NewYork-Presbyterian Brooklyn Methodist Hospital, to discuss the operation.

"When I first met Alfonso, it was hard for him to eat typical food, and when he did, he had to drink a lot of water to push it past the stricture in his esophagus," Dr. Harrison says. "He had to get most of his calories from liquids, such as milkshakes. I was concerned by how bad his symptoms were, and how quickly they came back after each dilation. Esophageal stricture is rare, and it's even more rare when it doesn't resolve with dilation."

The surgery Dr. Harrison proposed, known as transthoracic esophagectomy, did not guarantee permanent success—the esophageal stricture could return. If Alfonso continued having dilations, however, the stricture would either stay the same or worsen, Dr. Harrison told him. The more dilations Alfonso had, the greater the risk of complications associated with those procedures. The thought of having a complex surgery made Alfonso nervous, but he was sure of one thing: He was tired of having ever-less-effective dilations. He scheduled the surgery with Dr. Harrison for Labor Day weekend.

#### UNTIGHTENING THE THROAT

Early on the morning of Friday, September 1, Alfonso entered an operating room at NewYork-Presbyterian Brooklyn Methodist, where Dr. Harrison and seven Hospital staff members—including doctors, operating room staff and nurses—began what would turn out to be a nearly 12-hour procedure.

"In many cases, surgeons perform esophagectomies by minimally invasive means, but that was not a good option for Alfonso because of the scar tissue from the fundoplication and dilations," Dr. Harrison says. "For safety, I went with a large incision on Alfonso's left side, which allowed me to see inside the chest and abdomen simultaneously. When someone has a lot of scar tissue and inflammation, I don't know exactly what his anatomy is going to look like, so the dual view was important. I couldn't have done that laparoscopically or from the right side."

Dr. Harrison worked painstakingly, removing the scar tissue and undoing the results of the Nissen fundoplication. Once that was accomplished, removing portions of the esophagus and stomach, recreating part of the esophagus from the stomach, and reconnecting were next. As the hours passed, Dr. Harrison moved from one stage of the process



to the next until everything was complete. He was able to accomplish what he set out to do, but how the operation would affect Alfonso was not yet clear.

#### DOWN THE HATCH WITHOUT DISTRESS

Alfonso spent more than two weeks recovering at the Hospital, first in the intensive care unit and then in a step-down, specialized thoracic care unit. Gradually, he regained his strength. However, he had an important hurdle to overcome before discharge.

"One of the most significant complications of esophagectomy is leakage from where we connected the esophagus and the stomach," Dr. Harrison says. "We ask patients to drink dye, and then we take x-rays to make sure none of the dye leaks from that connection. If leakage occurs and it's mild, we may just need to monitor the patient. If the leakage is severe, another operation may be necessary to fix the problem. All we can do is hope that the area healed properly so there's no leakage."

Fortunately, Alfonso's x-rays were clear. Four days later, on September 16, he went home. For several weeks, he relied mostly on a feeding tube Dr. Harrison had put in place during the operation to ensure he received proper nutrition during his recovery at home. In October, however, Dr. Harrison removed the tube, and Alfonso's post-stricture life truly began.

Alfonso is controlling GERD by taking daily antacids and sleeping with his head elevated. When he eats, swallowing is smooth.

"I eat less than I used to because my stomach is smaller, but I still enjoy food," Alfonso says. "I don't have any more problems with food going down. I'm so grateful to Dr. Harrison. He's an exceptional surgeon, a gift from God."

Dr. Harrison credits his patient's success to positivity.

"Alfonso was a star patient," Dr. Harrison says. "He was motivated, stayed upbeat and worked hard. A positive attitude can carry patients far when they go through surgery or when they're in the hospital. It really helped Alfonso through everything."



# PREPARING for SIBLINGHOOD

Talk with your children about what to expect when you're expecting.

**PREPARING FOR A** newborn can feel easier when it is your second or third pregnancy, especially after you have experience with tasks like breastfeeding, changing diapers and caring for a sick child.

However, readying your older children for the arrival of a new baby—even if you have done so before—can be different with each new addition to the family. As children change, mature and develop their personalities, your approach to equipping them for siblinghood should change as well.

## BREAKING THE NEWS

The first step is letting your children know there is a baby on the way. For some children, this conversation might be simple to initiate and can be had at the beginning of pregnancy. For others, it is okay to hold off on the conversation until they are curious about mommy's growing belly.

"Children help dictate what's said and when," says **Steven Gelman, M.D.**, pediatrician and director of the outpatient clinic at NewYork-Presbyterian Brooklyn Methodist Hospital. "However, the information you give to children should be age appropriate. Children do not need to hear more than they can understand."

For example, if your toddler asks where babies come from, it is fine to say that they come from "inside of mommy" instead of diving into a discussion about the birds and the bees. Sifting

through your child's old baby pictures can also help him grasp what is happening.

Adapt your approach to your children's needs—you may want to discuss the new baby casually, during normal conversation, or schedule a more purposeful talk or fun announcement.

Depending on your children's questions, breaking the news may only take an evening, or you may be fielding questions over the course of several weeks or months. Listen to your children's responses and adjust your approach accordingly to make sure they understand that a baby is joining the family.

## CHANGING MORE THAN DIAPERS

When a newborn is brought home, everyone's roles, routines and responsibilities are affected. The way you prepare children for these changes can color their attitudes toward becoming older siblings. It's natural for them to show enthusiasm, resentment or indifference to these new developments.

Get your child involved with the preparations for her new sibling to shift her energy in a positive direction. Include older children in shopping trips or have them brainstorm baby names to foster excitement about having a younger brother or sister. Your eager anticipation of the baby can easily transfer to your older children.

"Talk about all the positives that come from having a new baby in the family," Dr. Gelman says. "Make sure that parental

concerns like time, space and money are kept between you and your partner."

If your children are teenagers or toddlers, they may be indifferent to the arrival of the baby. Do not force them to help prepare for the baby's arrival if they are not interested. In time, they may become more enthusiastic about being older siblings, especially once the baby arrives.

## WELCOME HOME

As the baby's delivery date approaches, make older children aware that you will be in the hospital for a day or two. Arrange for them to visit you in the hospital to meet their new brother or sister if possible.

Once you bring the baby home, be prepared for a change in behavior from your older ones. Some children may act out while others will be excited to help you look after the new addition.

"Some children get jealous of the attention being paid to the new child and miss being the main focus for their parents," Dr. Gelman says. "Others thrive on no longer being the center of attention. Still others may have their parental instincts kick in, and they'll dote on their sibling."

If your children want to help take care of the baby, assign them simple responsibilities like keeping socks or booties on their sibling's feet. Discuss and agree on these responsibilities ahead of time.

## NAVIGATING BREASTFEEDING AND FAMILY

Depending on the age and temperament of your older children, nursing a newborn may provide wholesome opportunities for family bonding time. Playing an audiobook, telling a story or listening to relaxing music while you're breastfeeding is a good way to keep siblings nearby and ensure that you are spending time with them.

Your older children may want to help out by getting you a glass of water or answering the phone while you are busy feeding the new baby. If your older children are curious, be prepared to answer questions they may have about nursing.

If you are still breastfeeding a toddler when your newborn arrives, consult your children's pediatrician about tandem nursing.



COMBATING

# Colorectal Cancer

As the third most common cancer in the United States, colorectal cancer often develops in the shadows. If screening illuminates it early enough, the future for most patients can be bright.

**SIX WEEKS AGO**, Andrew, a restaurant owner, celebrated a milestone birthday—his 50th. Several friends who reached the mark before him had dreaded it, but thanks to several golf outings with his pals and the surprise party his family threw for him, it was one of Andrew's better birthdays. The health news he received last week, however, took some of the shine off of what had been a brilliant start to his next decade.

It was a point of pride for Andrew that he always kept up with the health screenings his primary care doctor recommended, no matter how busy his life became. In keeping with that spirit of compliance, he had a colonoscopy to look for signs of colorectal cancer just after turning 50. That decision paid off in a big way when the screening and subsequent pathology uncovered cancer in the lining of Andrew's colon (large intestine). Thanks to this screening, doctors found the disease in Stage 1, which puts time and hope on Andrew's side as he begins treatment.

#### RISK RAISERS

Like most cases of colorectal cancer, Andrew's is sporadic, which means a hereditary gene mutation is not to blame. So far, researchers have not been able to identify what causes the DNA changes that lead to the formation of cancer in the colon, but they have pinpointed several factors that make those mutations more likely to occur.

"Smoking, drinking heavily, and being overweight or obese are risk factors for colorectal cancer, as is having diabetes or inflammatory bowel disease," says **Alan Astrow, M.D.**, chief of hematology and medical oncology at NewYork-Presbyterian Brooklyn Methodist Hospital. "African-Americans have a higher rate of colorectal cancer than other population groups. Eating a lot of red or processed meats can put people at greater risk, although an occasional hot dog or hamburger isn't cause for much concern."

#### BUMPS IN THE DIGESTIVE ROAD

Colorectal cancer can cause symptoms, but when they appear, the cancer has typically already progressed. Early screening is critical to good outcomes.

"Most people expect to have symptoms, such as rectal bleeding, a change in bowel habits, stomach discomfort or unexplained weight loss," says **Mukul Arya, M.D.**, director of advanced endoscopy at NewYork-Presbyterian Brooklyn Methodist. "By the time those show up, however, colorectal cancer may

be in a late stage. It's not unusual for the disease to cause no symptoms, at least until it's advanced."

Colorectal cancer rarely grows quickly. It begins as a polyp, a small cluster of cells on the lining of the colon. Some polyps are benign. Others, however, undergo a series of cell mutations to become precancerous, and then, cancerous. That process usually takes years—sometimes a decade or more.

The typical absence of symptoms is an advantage for the disease—by not giving clues to its presence, it has a better chance of going undetected longer. Medicine, however, has found a way to counter that edge: screening tests to find polyps while they are still small.

#### CATCH AND REMOVE

Most people should have their first colorectal cancer screening at age 50, as Andrew did, but there are exceptions. African-Americans should have theirs at age 45. People with a family history of colorectal cancer in a first-degree relative—a parent, sibling or child—should start screenings ten years before the age at which their loved one's diagnosis occurred, if possible. Average-risk people whose initial screening results are clear should repeat the test every five or ten years, depending on the type of screening.

Doctors can offer patients several options for colorectal cancer screening—see "Testing: The Limits"—but colonoscopy is the gold standard for a simple reason: It has the potential to serve as both test and treatment. Proper preparation is essential to the screening's success. The day before the test, a liquid diet and a colon-cleansing product flush the digestive tract so the doctor can have a clear view of any polyps on the lining. Sedation during screening minimizes discomfort.

During a colonoscopy, a gastroenterologist inserts an instrument called a colonoscope through the patient's rectum, the end of the colon, and inspects the colon lining for polyps from bottom to top.

"Polyps come in various shapes and sizes—some are flat, others look like mushrooms," Dr. Arya says. "If we find any, we typically remove them during the colonoscopy and send them to the laboratory for testing. If the results are positive for cancer, imaging, such as a computed tomography [CT] scan, is often necessary to determine the cancer's stage. That, in turn, dictates how treatment will proceed."

Survivorship data reveal the value of early detection. Patients with Stage 1 colorectal cancer, meaning the cancer has grown into the layers of the colon wall, but has not spread beyond the colon wall, have a five-year survival rate of approximately 92 percent. Patients whose cancer has grown beyond the colon wall and into nearby tissue are diagnosed with Stage 2 colorectal cancer. These patients have a five-year survival rate close to 87 percent. Treatment can be quite effective, especially if it can go to work against an early stage disease that remains in the colon rather than cancer that has spread to nearby tissues, organs and lymph nodes.

## FIVE WAYS TO CARE FOR THE COLON

The colon may not get the same attention as the heart, lungs or brain, but it plays a vital role in health. These five steps can help protect it against cancer or boost the chances of early detection:

**1 Celebrate prevention.** For people at average risk of colorectal cancer, turning 50 is a cue to celebrate the present and future by having a colonoscopy or other colorectal cancer screening.

**2 Move more.** Exercise does more than aid digestion—it also helps keep the digestive system healthy. Physical inactivity and excess weight are risk factors for colorectal cancer. Exercise regularly to minimize both.

**3 Be a student of (family) history.** Find out if any first-degree relatives have had colorectal cancer to better understand when to start having screenings.

**4 Go greener.** It is not necessary to avoid meat altogether, but cutting back on red and processed meats in favor of more fruits, vegetables and fiber-rich foods can be good for the colon, not to mention overall health.

**5 Boot bad habits.** Stamp out smoking and heavy alcohol consumption (more than two drinks a day for men and one for women). Both increase the likelihood of developing colorectal cancer.

“More information is coming to light about the specific genetic mutations that lead to colorectal cancer. Researchers have already developed quite a few new medications, including targeted ones, to treat this disease. These will continue to be improved as we learn more about how these cancers develop. As the picture becomes clearer, we hope treatments will become more precise and effective. That is the goal, and it’s achievable.”

ALAN ASTROW, M.D.

### DIFFERENT PATHS, SAME GOAL: SURVIVORSHIP

Some cancers do not have time to spread beyond a polyp before doctors find them. When that happens, treatment essentially begins and ends with removal of the growths during colonoscopy, followed by close monitoring. Often, however, the disease invades the lining of the colon before detection, and surgery is necessary.

“A surgeon can remove the area of the bowel that’s affected and then reconnect the organ,” Dr. Astrow says. “Today, many surgeons perform that procedure laparoscopically, although open surgery may still be an option. To treat more advanced colon cancers, as well as those affecting the rectum, doctors may recommend radiation therapy and chemotherapy first, followed by surgery. Otherwise, chemotherapy may follow surgery for colon cancer, depending on the stage of the disease. Radiation therapy only takes place after surgery in cancers of the rectum.”

When treatment ends, rigorous follow-up begins. That may include more frequent colonoscopies than the recommended once every five to ten years that average-risk patients with no history of precancerous polyps follow. Periodic CT scans and blood tests may be necessary, as well, to keep an eye out for cancer’s return.

### AS KNOWLEDGE INCREASES, SO DOES HOPE

A decades-long drop in colorectal cancer deaths in the United States—likely due, in part, to screening and early treatment—is proof of medicine’s success in the fight against the disease, but there is substantial room for improvement. Colorectal cancer ranks second on the list of deadliest cancers in men and women. Experts expect it to claim more than 50,600 lives in 2018.

New discoveries, especially those related to the genetic origins of colorectal cancer, make Dr. Astrow hopeful about the future of the fight against the disease.



## TESTING: THE LIMITS

One factor cements colonoscopy as gastroenterologists’ go-to screening tool for colorectal cancer.

“It’s the only therapeutic test we have,” Dr. Arya says. “That’s the reason I don’t see colonoscopy ever being replaced.”

Colonoscopy, however, is not the only test that can detect colorectal cancer. Others include:

**Fecal DNA test**—Stool samples can contain clues as to the presence of colorectal cancer in the form of cells harboring telltale genetic mutations. The fecal DNA test is noninvasive, but patients have to undergo it more frequently than colonoscopy—every three years—and still need a colonoscopy if results are positive. False-positive results are possible.

**Fecal occult blood test**—This noninvasive test looks for trace amounts of blood in the stool that are not visible to the naked eye and may point to the presence of polyps in the colon. The downside is that if the test detects blood, it is not sensitive enough to tell if it came from the colon or another source. A colonoscopy or sigmoidoscopy—a test similar to a colonoscopy that uses a scope to examine only the lower part of the colon—is necessary to find out which. A fecal occult blood test must happen annually.

**Virtual colonoscopy**—Also noninvasive, virtual colonoscopy requires bowel preparation on the part of patients, just as traditional colonoscopy does. Instead of using a scope to see the colon, virtual colonoscopy uses a CT scan. The radiation exposure of that scan is one drawback of the test. Another is that a regular colonoscopy is necessary to remove any polyps the CT reveals. Patients who choose to have a virtual colonoscopy should have a repeat test every five years.

“With the exception of colonoscopy, the screening tools we have are strictly diagnostic,” Dr. Arya says. “If any of them detect something, patients still have to undergo a colonoscopy to determine what it is and, potentially, remove it.”

# UNDER PRESSURE



Relying on a pressure cooker means saving up to 70 percent of overall cook time, a selling point for those with few minutes to spare while wanting to eat nutrient-dense, home-cooked meals. This approach reduces overall complexity and the number of steps involved in cooking without reducing quality. Additionally, the steam better retains nutrients like vitamin C in broccoli when tested against other cooking methods.

"In my experience, you also can reduce the amount of fats used in recipes," Robles says. "This is because moisture is locked into foods during steaming—an added perk."

### SUCCESSFUL STEAMING

Pressure-cooking once meant cooking faster but not necessarily safer. Now, with lid-lock safety and pressure protection, this tool is simple and safe to use. Remember these tips:

- + **Ingredient control is paramount.** Avoid mishaps by staying within the suggested liquid guidelines. Follow recipes exactly, knowing pressure cooker recipes require less liquid than stovetop recipes. "When cooking stews, for example, the liquid ingredients should cover the protein and vegetables," Robles says. "Typically, it will cook in a third of the time a stovetop recipe needs."
- + **Leave considerable room**—up to half of the pot—for ingredients to expand when fully cooked within this confined space.
- + **Release the steam properly.** Following the cooking process, either turn the pressure valve or wait for the pressure cooker to release steam naturally, which may take five to ten minutes.
- + **Follow product guidelines.** Read safety instructions and study product features before cooking. Start slow, use pressure-cooking recipes and look online for recipe conversions.

People on the go are rediscovering the convenience and health benefits of preparing foods in a pressure cooker.

**COOKING WITH STEAM** allows soups, meats, grains, legumes and vegetables to be cooked at a higher temperature in a shorter amount of time while preserving taste. Pressure cookers force steam through foods in a condensed space, maximizing the overall heat transfer up to 250 degrees Fahrenheit, a number close to 40 degrees higher than the standard boiling point, says **Christopher Robles**, director of Department of Food and Nutrition Services at NewYork-Presbyterian Brooklyn Methodist Hospital.

"This force is measured in pounds per square inch, or PSI, and ranges from low to high pressure, or five to 15 PSI, depending on the type of pressure cooker used," Robles says.

If you want more automation, including a time-delay feature, the electric cooker simplifies steps, although it may take longer than a stovetop cooker, depending on its high-pressure cap.



## SPICY COLLARD GREENS

Cooked in a blend of tomato puree, chicken broth and white wine, these collards provide a delicious green vegetable that works as a side dish or pairs nicely with brown rice for a complete meal.

### Ingredients

- + 2 tablespoons olive oil
- + 1 ½ pound collard greens, tough stems removed, leaves chopped
- + ½ cup low sodium chicken broth
- + 1 tablespoon minced garlic
- + ½ cup white wine
- + ½ teaspoon red pepper flakes
- + ½ cup tomato puree
- + ½ teaspoon salt

### Directions

- 1 Using an electric pressure cooker, turn on the browning function, add oil and sauté garlic and red pepper for a few seconds before adding collards.
- 2 After two minutes stirring the collards, add remaining ingredients and cook on high pressure for six minutes.
- 3 Turn the quick-release valve to normalize pressure. Open the cooker and stir before serving.

### Nutrition Facts

Servings: 4  
 Calories: 150  
 Total fat: 7g  
 Cholesterol: 0mg  
 Sodium: 324mg  
 Carbohydrates: 9g  
 Dietary fiber: 4g  
 Sugars: 2g  
 Protein: 3g  
 Potassium: 366mg



## ROBLES' JAMBALAYA

Packed with flavor from meat, shrimp, vegetables and long-grain rice, this recipe is a full meal in one dish.

### Ingredients

- + 1 tablespoon olive oil
- + 1 pound Andouille sausage, cut into chunks
- + 2 boneless, skinless chicken breasts, cut into ½-inch pieces
- + 1 onion, finely chopped
- + 1 cup celery, finely chopped
- + 1 green pepper, finely chopped
- + 4 cloves garlic, minced
- + ½ cup long-grain rice
- + 1 teaspoon paprika
- + ½ teaspoon oregano
- + ½ teaspoon dried thyme
- + 1 bay leaf
- + 2½ cups low sodium chicken broth
- + 1 (14.5 ounce) can chopped tomatoes
- + 1 tablespoon low sodium tomato paste
- + 3 ounces low sodium smoked ham, diced
- + 2 teaspoons Worcestershire sauce
- + ½ teaspoon salt
- + 12 large shrimp, raw, peeled and de-veined

### Directions

- 1 Preheat the pressure cooker pot before adding olive oil.
- 2 Brown sausage, remove it from the pot and set it aside. Brown the chicken in the pot. Remove the chicken and then cook onion, celery, green pepper and garlic in the pot for three minutes.
- 3 Add rice and all the spices, excluding salt, to the pot and cook for one minute.
- 4 Add stock, tomatoes, tomato paste, ham, Worcestershire sauce and salt to the cooker, as well as browned sausage and chicken.
- 5 Lock the lid and cook on high for five minutes.
- 6 Use the quick-release to reduce pressure before removing lid to stir in the shrimp. Let ingredients sit for eight minutes with the lid off, so the shrimp can cook. Then serve.

### Nutrition Facts

Servings: 8  
 Calories: 244  
 Total fat: 14g  
 Cholesterol: 68mg  
 Sodium: 683mg  
 Carbohydrates: 9g  
 Dietary fiber: 2g  
 Sugars: 3g  
 Protein: 21g  
 Potassium: 504mg



# SLOWER AGING AHEAD

While you can't officially stop time, you can take steps to slow the aging process.

**AS EACH YEAR PASSES**, we collect valuable new lessons and memories. Unfortunately, we may also earn a few new aches, pains and wrinkles.

"Living a healthy lifestyle and avoiding bad habits can improve your quality of life and promote longevity," says **Anna Gorelik, M.D.**, attending physician in geriatric medicine at NewYork-Presbyterian Brooklyn Methodist Hospital. "For example, regular exercise and physical activity may slow the aging process by reducing the risk of cardiovascular disease, hypertension and stroke."

#### THE RESTORATIVE POWER OF WORKING OUT

Cardiovascular health is just one benefit associated with routine exercise. Staying in motion can also help keep your weight in check, maintain muscle strength and improve your balance. Additionally, adults who exercise regularly may be at a decreased risk for harmful falls and the injuries associated with them, like broken or fractured bones and concussions.

"Some of my patients are hesitant to begin exercising because they are afraid of hurting themselves," says **Emil Baccash, M.D.**, attending physician in internal and geriatric medicine at NewYork-Presbyterian Brooklyn Methodist. "But I tell them that if they spend their time sitting on the couch eating chips

instead, they are at risk for the most dangerous injury of all, a massive heart attack. People shouldn't be afraid to begin an exercise routine that is manageable and sustainable."

Talk with your healthcare provider about a physical fitness program that will help you build endurance and strength safely and effectively. Activities like swimming, walking and yoga are ideal, low-impact options to help you get back into the routine of working out if you've taken some time off. As your fitness level improves, you can begin to make these exercises more challenging by exercising for longer periods of time or at a higher intensity level.

In addition to improving your physical health, regular physical activity can also boost your mood, which is especially important later in life.

#### WHY MIND-SET MATTERS

During the later years, loss becomes an increasingly frequent piece of the story. Certain medical conditions may interfere with your ability to move or think and process information the way that you used to. Additionally, retirement may leave you questioning your purpose and reason for getting out of bed each morning. Couple those concerns with the loss of loved ones, and you are at an increased risk for depression, which—when



#### PRESCRIPTION AWARENESS

While medications are designed to keep chronic conditions under control or alleviate pain, some of them may be dangerous if not taken as prescribed. Review your medication list with your doctor or pharmacist on a regular basis to make sure the drugs meet your current health needs and are not dangerous when taken together.

unchecked—can have a devastating impact on your physical health. Specifically, the stress caused by trauma and sense of loss can cause you to shut down.

"If people you love and care about die, or if you are unable to adapt to other changes in life, you are more likely to get sick and slow down physically," Dr. Baccash says. "It is not uncommon, for instance, that when an older man dies, his wife dies one week later. If you are someone who has been left behind, you can't change what happened. But you can give yourself permission to take very good care of your emotional and physical health, embracing the life that is still in your future."

Dr. Baccash recommends getting plenty of rest and exercise, eating nutritious foods and avoiding harmful behaviors like drinking to excess or smoking. When your body feels healthier, it is easier for your mind to relax.

#### WHAT ABOUT FOOD?

When it comes to nutrition, eating a plant-based balanced diet containing certain minerals and vitamins may help enhance the functioning of your brain as you age.

"Eating more fruits and vegetables, whole grains and nuts have been linked to an improvement in brain health," Dr. Gorelik says. "Additionally, foods rich in antioxidants,

thiamin, vitamin B12 and vitamin C have been attributed to better overall health."

It's not just the foods you eat that are important for better health and a longer life. The quality and interaction of sharing meals is also essential to overall well-being.

"Traditionally, families eat together and talk about their days, but if you live by yourself, you may not eat enough or eat the right things," Dr. Baccash says. "This loneliness can be an aging accelerator, so find people to grocery shop with you and share a meal together at the end of the day."

#### REMEMBERING TO REST

Sleep can sometimes become more elusive during the senior years, but your body needs roughly seven to eight hours per night during this time of life. When you skimp on your rest, you may be more likely to experience depression, have trouble concentrating, and be more likely to trip and fall. Plus, sleeping too little or too much may compromise your heart health.

To help get the rest you need, avoid caffeine later in the day, follow the same bedtime routine every night and only use the bedroom for sleep. If you want to read or talk on the phone in the evening, do so in another area of your home.

# Stuck on **Pins** and **Needles**

Pain radiating down the lower back and into the leg can lead to worry and discomfort, but this cycle can be broken.

**"BACK PAIN TRAVELING** to the foot and toes is cause for concern, especially if it is progressive and persistent" says **Andrew Merola, M.D.**, orthopedic reconstructive spinal surgeon at NewYork-Presbyterian Brooklyn Methodist Hospital. "This type of pain—which may include tingling, numbness and weakness—is often caused by sciatica."

Sciatica is irritation of the large sciatic nerve that runs down the lower back and leg.

"Herniated discs—the gel-filled discs separating vertebrae that rupture with aging or strain—are the most common cause of sciatica," according to **Carl Paulino, M.D.**, orthopedic spine surgeon at NewYork-Presbyterian Brooklyn Methodist. "Other causes include trauma injuries, narrowing of the spine and spinal instability from degenerative conditions like arthritis."

While painful, sciatica can be treated conservatively through rest, nonsteroidal anti-inflammatory drugs (NSAIDs) and physical therapy about 90 percent of the time. The discomfort often prompts many people to see a doctor.

An exam for sciatica tests the reflex sensation and muscular strength in the back and legs. The examining doctor will likely perform a straight leg raise test, checking for sciatic nerve inflammation or irritation. To conduct this test, the doctor moves the affected leg upward. If elevating the leg to a 45-degree angle reproduces the leg pain, sciatica is a likely diagnosis. The doctor will also examine the spine to identify herniated discs.

## FROM WATCHFUL WAITING TO A SURGICAL SOLUTION

Often, sciatica symptoms improve within four to six weeks with rest, nonsteroidal anti-inflammatory drugs (NSAIDs) and physical therapy. During this time, doctors depend on patient self-monitoring and feedback to determine if these treatments are working.

"Other remedies may include pain medication, chiropractic manipulation, exercise, acupuncture and traction therapy to relieve pressure to the spine," Dr. Paulino says.

Epidural steroid injections may help patients who are not finding relief within the typical treatment window.

"Steroid injections can be used up to three times, depending on patient response," Dr. Merola says. "If a patient does not respond well to these conservative treatments, a surgical approach, such as disc removal or replacement, may be an option to minimize or relieve symptoms."

Surfing the web, checking email and scrolling through your social media feeds are not always the best ways to relax.

## THE ART OF **Disconnection**

**YOUR DAY WAS** stressful from the moment your feet hit the floor. Already running late, you had to change your shirt last minute because you spilled coffee on it. When you finally got to the office, the elevator filled up before you could get on—forcing you to wait for the next one. After a full day of work, you hustled off to your prescheduled workout class and finally sat on the couch with a takeout dinner after 9 p.m. You need to recharge with some "me time," so you pick up your phone and start scrolling through social media. The next thing you know, it's close to 11 p.m., and you haven't showered or done any of your daily chores—starting the circle of stress all over again.

Eighty-six percent of recently surveyed American adults constantly check their email and social media accounts. These activities, which are commonly used to unwind, can actually raise your stress level.

"It is difficult to relax when you are constantly checking your email and social media accounts because these activities stimulate your brain and keep you in a constant state of arousal," says **Helen Reingold, Psy.D.**, clinical psychologist at NewYork-Presbyterian Brooklyn Methodist Hospital. "They also create pressure to always be 'on,' always be involved and never be out of touch, which can increase stress and anxiety levels."

### A BETTER WAY TO UNWIND

Breaking your screen-time habit offers many health benefits. Taking time away from your electronic devices not only helps ease stress, but it can also prevent eyestrain and give your relationships, productivity and creativity a boost, according to Dr. Reingold.

Master the art of disconnection with these four simple tips:

1. Put your smartphone away during meals and when spending time with friends or family.
2. Make time for more effective stress busters like reading, taking a soothing bath, writing in your journal, exercising and spending time outside.
3. Ease the temptation to check your devices by turning off email and social media notifications.
4. Use an app to monitor your browsing habits and track how much time you spend using your smartphone and tablet. With some apps, you can lock your phone or block distracting websites for small chunks of scheduled downtime.

"Striking a balance is key," Dr. Reingold says. "While electronic devices and social media are helpful in some respects, they are not a substitute for face-to-face communication, exercising and enjoying the outdoors. Disconnecting and setting limits about when and how you are available is healthy and helps you become more present in your everyday life."

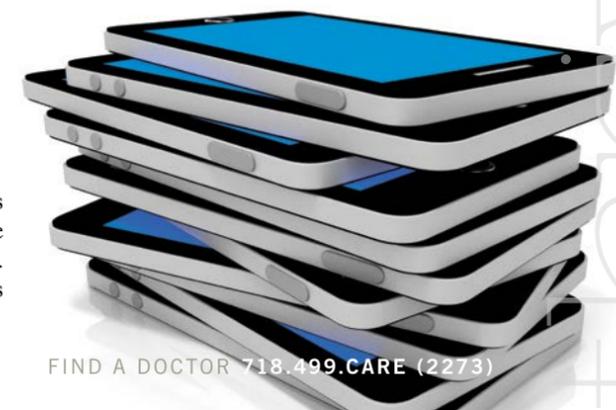
### BLUE LIGHT BLUES

Seventy-one percent of Americans sleep with a smartphone in hand or within easy reach. This seemingly innocent habit can wreak havoc on your sleep.

All types of artificial light interfere with sleep, but blue light—the type emitted by smartphones, computers and tablets—is especially harmful.

A recent study found that blue light suppresses melatonin production for twice as long as other types of light. Melatonin is a hormone your body produces to help regulate your sleep and wake cycles. As soon as it gets dark outside, your body begins making melatonin to prepare you for sleep. Delaying melatonin production can delay sleep, possibly leading to sleep deprivation.

In addition to its role in relieving stress, limiting electronic use at home may lead to a more peaceful and restful slumber.



FIND A DOCTOR 718.499.CARE (2273)

# Q&A

A lifelong learner and science enthusiast, Brooklyn native **Mendel Goldfinger, M.D.**, oncologist at NewYork-Presbyterian Brooklyn Methodist Hospital, is dedicated to providing sophisticated solutions to his community.

**MENDEL GOLDFINGER, M.D.**



## Putting Love for Science into Practice

**Q** What motivated you to become a doctor?

**A** Growing up, I knew that I wanted to be involved in medicine. It was always a dream, but no one in my family had gone to college or medical school. After high school, I attended rabbinical college. While attending college, I built a successful blood donor program, and it was during that time I knew it was my calling to focus on medicine full time.

**Q** Why did oncology appeal to you?

**A** Oncology offers opportunities to do clinical research, advance the science of treating disease and bring novel therapies to patients. Early in my study and practice of medicine, I observed cancer patients who responded positively in clinical trials when standard therapies were proving ineffective. Pursuing a career specializing in immunotherapy and precision medicine was very intriguing to me.

**Q** What area of oncology appeals to you the most?

**A** My major focus is hematologic malignancies, such as leukemia, lymphoma and multiple myeloma. I am always excited by the ability to offer patients access to novel therapies and being involved in clinical research.

**Q** What is the most rewarding aspect of working at NYP Brooklyn Methodist?

**A** Because we are part of the Weill Cornell system, I spend time at the Cornell main campus doing clinical research. Working with the team there to do research and collaborating with

scientists to translate scientific ideas into clinical trials is very satisfying.

**Q** What do you enjoy most about Brooklyn?

**A** I grew up here, and it has always been my favorite borough. This is a very eclectic environment, and Park Slope is a true melting pot filled with people from all walks of life. For example, this morning, I delivered care to a Wall Street executive and an immigrant. That kind of variety is as rewarding as it gets.

**Q** What do you enjoy when you're not working?

**A** I enjoy spending time with my wife and our children, and I am also a big baseball fan.

**Q** What is one thing that you would change about yourself?

**A** You never reach the pinnacle of medicine, so I am always working to satisfy my curiosity and stay up-to-date on the latest literature.

**Q** What is one thing you would not want to change about yourself?

**A** I will always be an advocate for my patients.



# Targeted Therapy for Blood Cancer

Working together with Weill Cornell Medical College, **Mendel Goldfinger, M.D.**, oncologist at NewYork-Presbyterian Brooklyn Methodist Hospital, is dedicated to bringing the latest and most sophisticated treatment options to his patients. Take this quiz to see what you know about hematologic malignancies and treatments.

## 1

*What symptoms could indicate a diagnosis of a blood cancer, such as leukemia?*

- a. Fatigue
- b. Fevers
- c. Unusual weight loss
- d. All of the above

**Answer: d.** All of these relatively common symptoms that may indicate a virus like the flu could also indicate leukemia.

“The problem is that a lot of these symptoms overlap with day-to-day stuff, so some people may panic,” Dr. Goldfinger says. “The difference is that if a person does, in fact, have a condition like leukemia, symptoms will be ongoing, persistent and worsening. If you regularly notice any of these red flags, follow up with your doctor.”

## 2

*What are some risk factors for leukemia?*

- a. Cancer treatment
- b. Family history and genetic abnormalities
- c. Smoking
- d. All of the above

**Answer: d.** All of these are risk factors for leukemia, but you may still develop the disease even if you do not have any of these risk factors. Likewise, having risk factors does not necessarily mean you will develop leukemia.

## 3

*True or false: Treatment for blood cancers destroys large areas of surrounding tissue.*

**Answer: False.**

“Newer therapies exist that specifically target cancers and leave healthy cells mostly untouched,” Dr. Goldfinger says. “Our goal with cancer treatment is to focus on what is driving cancer growth and minimize damage to surrounding areas.”

## 4

*When the \_\_\_\_\_ cells are paralyzed, your body's immune system has difficulty fighting cancer, and tumors can develop. (fill in the blank)*

- a. Red blood cells
- b. T cells

**Answer: b.** When your immune system develops checkpoints to paralyze the T cells, your body cannot effectively combat a tumor.

“If you take away that checkpoint, then T cells can be activated to kill the cancer,” Dr. Goldfinger says. “We have several new immunotherapy drugs that act as effective checkpoint inhibitors.”

## 5

*Fact or fiction: If you have a hematological malignancy, you only have one treatment option.*

**Answer: Fiction.**

“Therapy should be tailored to a patient’s lifestyle and goals in the short and long term,” Dr. Goldfinger says. “I always try to take a patient-centered approach to effective treatment options, as long as it’s reasonable.”



# STEADFAST PHILANTHROPY

The dedicated support of our donors has helped make NewYork-Presbyterian Brooklyn Methodist Hospital a leading healthcare provider in our community.

**EVERY GIFT**, no matter the size, makes a difference in the lives of our patients and helps us fulfill our mission: to provide excellent healthcare services in a compassionate and humane manner to the people who live and work in Brooklyn and its surrounding areas.

## WAYS TO SUPPORT NEWYORK-PRESBYTERIAN BROOKLYN METHODIST

**UNRESTRICTED GIFTS** give the Hospital the greatest flexibility to support our programs and services with the most urgent needs. Donors who contribute \$1,500 or more in unrestricted, nonevent gifts in a given year are recognized as members of the

**GEORGE INGRAHAM SENEY SOCIETY.** Donors who make nonevent gifts of any amount for at least three consecutive years are recognized as members of the **1881 Society**, commemorating the year of our founding.

**RESTRICTED GIFTS** can be made to a wide range of specialty services or programs designated by the Hospital as areas for support, consistent with a donor's personal interests. Such areas of support include the Alzheimer's Program, Child Life Services, Lung Cancer Screening Program, among many others.

**THE HEALERS' HALL OF FAME** is our grateful patient program. Donors may nominate a doctor, nurse, staff member, and/or department for induction into our annual list.

**GIFTS IN HONOR OR MEMORY** of an individual can be made in any amount and for any purpose. All gifts can be acknowledged to the honoree or the family.

**NAMING OPPORTUNITIES** are available to recognize a donor's contribution to the Hospital. Gifts may be made in honor or in memory of an individual to name facilities, medical programs or funds that support medical staff and research.

**BEQUESTS AND PLANNED GIFTS**, made through a will, insurance policy or trust, leave a meaningful legacy to our Hospital. Donors can leave a specific dollar amount or a percentage of their estate. Through a planned gift, donors make a gift without depleting current assets and can reduce federal estate taxes.

We invite you to learn about ways to contribute by visiting [www.nyp.org/brooklyn/give](http://www.nyp.org/brooklyn/give), calling the Department of Development at 718.501.6880 or emailing [BMHdevelopment@nyp.org](mailto:BMHdevelopment@nyp.org). Donations can be made online at [www.donate.nym.org](http://www.donate.nym.org)



# COMMUNITY FORUM

Do you have a comment about an article you read in *thrive*? Email [BMHAskThrive@nyp.org](mailto:BMHAskThrive@nyp.org) and let us know if we can print your name and submission. See previous issues at [www.nyp.org/brooklyn/about-us/thrive-magazine](http://www.nyp.org/brooklyn/about-us/thrive-magazine).

## EXPLORING THE FAMILY TREE

HELLO! I'VE RECENTLY DECIDED TO COMB THROUGH MY FAMILY'S HISTORY BY TALKING TO MY EXTENDED FAMILY AND ORDERING A DNA ANCESTRY TEST. I DIDN'T EVEN CONSIDER ASKING ABOUT MEDICAL HISTORY UNTIL I READ YOUR ARTICLE ["THE MEDICAL VALUE OF A FAMILY TREE," *THRIVE*, WINTER 2018]. I NOW HAVE A LIST OF QUESTIONS I PLAN ON ASKING IN ADDITION TO THE MORE PERSONAL ONES I HAVE LINED UP.

ONCE THE RESULTS OF THE ANCESTRY TEST COME IN, I'LL BE MAKING THE ROUNDS AND EXCHANGING INFORMATION WITH ALL OF MY LOVED ONES. THANKS FOR INSPIRING ME TO CONSIDER MY FAMILY'S HEALTH HISTORY.

GEORGINA R.

## RELIEF FROM PLANTAR FASCIITIS

I'VE BEEN HAVING TROUBLE WITH MY FEET AS I'VE GROWN OLDER, AND I THINK IT MIGHT BE PLANTAR FASCIITIS. I READ YOUR "PLANTAR FASCIITIS PROTECTION" ARTICLE [*THRIVE*, WINTER 2018] AND WANTED TO KNOW IF THERE ARE ADDITIONAL OPTIONS FOR ALLEVIATING THE PAIN IN MY FEET. I KNOW THAT INSOLES AND STRETCHING CAN SOMETIMES WORK, BUT COULD BUYING NEW SHOES HELP, TOO?

ROBERT J.

*Your shoes could definitely be contributing to foot pain. I recommend taking a look at a Thrive article from the year before last ["Your Best Foot Forward," Winter 2016] that examines multiple feet issues and ways to address them.*

*When shopping for shoes, try to find a pair that fits well and has strong arch support. If you still experience pain, talk with your doctor to see what is causing the problem and discuss your treatment options.*

—Ronald L. Soave, D.P.M.,  
Attending Podiatrist at NewYork-Presbyterian  
Brooklyn Methodist Hospital

## WINTER RAYS

I'M ADAMANT THAT MY KIDS WEAR SUNBLOCK FOR MOST OF THE YEAR, BUT I'VE NEVER THOUGHT TO USE SUNSCREEN IN WINTERTIME UNTIL READING "PLAY IT SAFE ALL WINTER" [*THRIVE*, WINTER 2018]. REGARDLESS OF HOW BUNDLED UP MY KIDS ARE, I'VE STARTED PUTTING SUNSCREEN ON THEIR FACES BEFORE THEY GO OUTSIDE. THEY DON'T LIKE IT, BUT I KNOW THEY'LL BE THANKFUL FOR IT IN THE LONG RUN.

JOANNA W.

#### **Alzheimer's Disease Wellness Support Group\***

For patients with cognitive deficits/memory loss and their caregivers.

For times, dates, location and to register (required), call 646.330.3286.

*\*Sponsored by the The Carolyne E. Czap and Eugene A. Czap Alzheimer's Program*

#### **Care 4 Caregivers (Dementia)\***

For caregivers of patients experiencing cognitive deficits/memory loss.

*Meets the second Monday of each month, 5 p.m.–7 p.m.*

For location and to register (required), call 646.330.3286.

*\*Sponsored by the The Carolyne E. Czap and Eugene A. Czap Alzheimer's Program*

#### **Bereavement Support Group**

For those who have lost an adult loved one during the past year.

For more information, location and to preregister (required), call 718.780.3396.

#### **Brain Aneurysm Support Group**

For individuals and their family members who want to gain awareness about brain aneurysms.

*Sat., April 7, June 2, 9 a.m.–11 a.m.*

For location and additional information, call 718.246.8610.

#### **Breastfeeding Support Group**

For mothers and their babies from birth to three months old.

*Every Tuesday, 2:30 p.m.–3:30 p.m.*

Wesley House Room 3K-C, 501 Sixth Street  
Walk-ins welcome. No appointment necessary. For more information, call 718.780.5078.

#### **Caregivers Support Group**

For family members and

friends caring for an older adult.

*Wed., April 11, April 25, May 9, May 23, June 13, June 27 3 p.m.–5 p.m.*

Wesley House Room 6A/6B, 501 Sixth Street  
To register, call 718.596.8789.

#### **CHF Support Group**

This group is open to patients with heart failure and is led by a cardiologist and a peer leader.

*Tues. April 17, 6 p.m.–7 p.m.*

Carrington Conference Room, 506 Sixth Street  
For more information and to register (required), call 347.442.4997.

#### **Diabetes Support Group**

For people with diabetes and prediabetes.

*Meets the last Thursday of each month, 5 p.m.–6 p.m.*

Buckley Pavilion Room 820, 506 Sixth Street  
For additional information and to register, call 718.246.8603.

#### **Look Good Feel Better®**

For women with cancer who want to feel beautiful inside and out.

*Thurs., May 17 3 p.m.–5 p.m.*

Wesley House Room 6A, 501 Sixth Street  
To register (required), call 718.780.3593.

#### **MS Support Group**

For individuals with Multiple Sclerosis.

*Meets on second Thursday of each month 12 p.m.–1:30 p.m.*

Buckley Pavilion Room 820, 506 Sixth Street  
For additional information and to register, call 800.344.4867.

#### **Parkinson's Disease Support Group**

For those with Parkinson's disease.

*Meets the third Wednesday of each month, 2 p.m.–3:30 p.m.*

For location and to register (required), call 646.704.1792.

#### **Parkinson's Disease Caregivers Support Group**

For people caring for loved ones with Parkinson's disease.

*Meets the fourth Tuesday of each month, 2:30 p.m.–4 p.m.*

For location and to register (required), call 646.704.1792.

#### **Parkinson's Wellness and Exercise Classes**

Dance: Meets twice a month on Thursdays

Yoga: Meets twice a month on Fridays

*2 p.m.–3 p.m.*

Wesley House Room 6B, 501 Sixth Street  
For dates and to register (required), call 646.704.1792

#### **Pulmonary Hypertension Support Group**

For individuals with pulmonary hypertension.

*Mon., April 2 5 p.m.–7 p.m.*

Wesley House Room 7A, 501 Sixth Street  
To register (required), call 718.780.5614.

#### **Stroke Support Group**

Share your experience, meet other survivors and hear from different stroke specialists at NYP Brooklyn Methodist Hospital.

*Tues., April 10, May 8, June 12 2 p.m.–3 p.m.*

Wesley House Room 3H, 501 Sixth Street  
For more information, call 718.780.3777.

#### **Surgical Weight Reduction Seminar/Support Group**

Led by a surgeon, this group is open to pre- and post-operative patients.

*Fourth Thursday of each month 6 p.m.–7:30 p.m.*

Carrington Conference Room, 506 Sixth Street  
For more information, call 718.780.3288.

Please call the Department of Public Affairs at 718.780.5367 for updates to this calendar.

## SEVENTH HEAVEN STREET FAIR

NewYork-Presbyterian Brooklyn Methodist will offer free blood pressure, dental and podiatry screenings. Doctors and healthcare professionals will be available to answer questions on women's health, chronic disease and many other medical topics. Free health education and giveaways.

Sun., June 17, 11 a.m.–5 p.m.

Seventh Avenue, between 6th and 7th Streets

Call 718.780.5367 for more information.

## COMMUNITY EVENTS

#### **Senior Health Seminars**

Join the Hospital's doctors as they discuss health topics that are important to older adults.

*Wed., April 18, May 16, 2:30 p.m.–3:30 p.m.*

Brooklyn College Student Center, East 27th and Campus Road  
Call 718.501.6092 to register (required).

#### **Stroke Alert Day**

Free blood pressure screenings. Specialists from the Department of Neurosciences will be available to answer questions.

*Wed., May 23, 11 a.m.–2 p.m.*

Carrington Atrium Lobby, 506 Sixth Street  
Call 718.780.5367 for more information.