

MEDICAL REPORT™

ADVANCED CARE AND DIAGNOSTIC NEWS FOR PHYSICIANS AND HEALTH CARE PROFESSIONALS

Cooper Launches 24/7 Acute Care Surgery Program, First of Its Kind in South Jersey

As South Jersey's only Level I trauma center—and one of only three in the entire state—Cooper University Hospital is uniquely qualified to provide the most advanced care for critically injured patients at any time of day.

Because demand for around-the-clock emergency surgical care has grown in this region, it was natural for Cooper to respond by leveraging its expertise to create a formal Acute Care Surgery program. An evolving specialty with three essential components—trauma, critical care, and emergency surgery—Cooper's program is the first of its kind in South Jersey.

John M. Porter, MD, head of this new division, explains:

"Just about every other community hospital has a general surgeon, but at 2 a.m. that surgeon is most likely on call and home in bed," he says. "And so are the anesthesiologist and OR nurse.

"So if a patient goes to that hospital in the middle of the night with appendicitis or cholecystitis, the

emergency department will admit the patient, then call the general surgeon who probably sees the patient in the morning," he continues.

"But here at Cooper, we have a general surgeon who's also a trauma surgeon—along with anesthesiologists, nurses, and vital support services—and they're in the hospital 24/7," Dr. Porter says. "So when a patient comes in at 2 a.m., they're seen by a general surgeon at 2 a.m.

As South Jersey's only Level I trauma center—and one of only three in the entire state—Cooper University Hospital is uniquely qualified to provide the most advanced care for critically injured patients at any time of day.

"It translates into better decision making in a more timely fashion," he adds. "It also speeds the time to diagnosis and results in better outcomes."

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Cooper Acute Care Surgery Team

“In an emergency, you don’t want to make five phone calls to get a patient taken care of. One call to us and we’ll make it happen. And we pledge to not say no to any transfer. It’s great peace of mind.”
– Dr. Porter

Tracey McSweeney, 38, from Audubon, New Jersey, is a recent case in point. After months of worsening abdominal pain, tenderness, and weight loss, she experienced an acute episode that sent her to her local emergency room in fear that her appendix had burst. A CT-scan showed some inflammation in her lower intestine, so she was started on an antibiotic and a steroid and sent home with the recommendation to follow-up with a gastroenterologist.

She did so and began a diagnostic workup that included a colonoscopy—which was negative. The next step was to undergo an MRI. The day after her colonoscopy, however, McSweeney had what she characterized as “the worst, most severe pain I’d ever had.”

“I made it through the night but didn’t sleep, then my husband drove me to the ER at Cooper the next morning,” she continues. Imaging revealed an enlarged, inflamed gallbladder—acute cholecystitis.

She was admitted right away and underwent a laparoscopic cholecystectomy, although she



notes, “the surgeon had to make one of my incisions a bit larger than normal since my gallbladder was so big.”

She was home within 48 hours and gives the Acute Care Surgery team high marks for the care she received.

“The surgeon, anesthesiologist, and nurses all took time to talk to me and my family and really listened to my symptoms and issues,” she says. “They were very forthcoming about what to expect.”

Cooper launched its Acute Care Surgery program after a survey of surgical critical care program directors and major trauma organizations confirmed that trauma and critical care surgeons are increasingly responsible for

emergency surgical care.

“This is because there’s an increasing need for trauma and emergency surgical coverage in both academic and community hospitals,” Dr. Porter notes. “And community hospitals, in particular, are looking for a partner to care for the patients in need of intensive surgical care.”

“Cooper is uniquely positioned to be that partner,” he adds.

“Each member of our Acute Care Surgery team does three things: trauma, critical care, and emergency surgery,” Dr. Porter says. “So we provide what’s essentially ‘one-stop shopping’ when, for example, the ED at a community hospital has a critically ill patient who needs emergency surgery for peritonitis or diverticulitis, or if a surgeon has operated on a patient with complex issues and their hospital simply doesn’t have the critical-care resources to manage that patient postoperatively.”

To facilitate access to this level of care, Cooper offers a streamlined, around-the-clock transfer service.

“If a community hospital ER has a patient they feel needs more advanced care, one call to us and we’ll make it happen, regardless of time of day,” Dr. Porter says.

“In an emergency, you don’t want to make five phone calls to get a patient taken care of,” he adds. “One call to us and we’ll make it happen. And we pledge to not say no to any transfer.”

“It’s great peace of mind,” he adds. ■



John M. Porter, MD,
Head, Division of
Trauma Surgery;
Director of the
Center for Trauma
Services

**The Cooper Transfer Center can be reached 24/7 at 855.CUH.XFER (855.284.9337).
The transfer requires physician-to-physician consultation, which the Transfer Center initiates.**

GIVE US A BREAK: Reconstructive Orthopaedic Trauma Surgery Team Uniquely Qualified to Correct The Most Complex Injuries

Home to the only Level I trauma center in southern New Jersey, Cooper University Hospital has a team of orthopaedic surgeons with an unparalleled depth of expertise in correcting the effects of trauma, deformities, and other musculoskeletal problems.

While these board-certified, fellowship-trained orthopaedic traumatologists provide immediate, around-the-clock attention to patients of all ages who have experienced severe traumatic injuries—what’s called “hot” trauma—they also are equipped to handle complex cases in which an original injury hasn’t healed correctly, even months after the initial trauma.

“These are classified as ‘cold’ trauma cases,” explains Kenneth W. Graf, MD, director of Cooper’s Orthopaedic Trauma Program and Fracture Care, “and can include bones that haven’t healed, or have healed malaligned or short, or complex injuries that require the bone to be re-broken and realigned.



Kenneth W. Graf, MD
Director, Orthopaedic
Trauma Program and
Fracture Care

“One of the most common cold trauma issues we see on referral is a U-type pelvic fracture,” he notes. “Radiographs reveal only about 30 percent of sacral fractures, so they’re missed by a lot of ERs that can’t figure out why patients aren’t able to walk.”

Some of the other complex cases Dr. Graf and his colleagues, Henry J. Dolch, DO, and Rakesh P. Mashru, MD, see are acetabular fractures (a break

in the socket portion of the ball-and-socket hip joint) and periarticular fractures that occur around or immediately adjacent to a joint.

“We often have to delay surgery for these complicated breaks that go into the joint while the soft-tissue swelling subsides,” Dr. Graf notes.

Cooper’s Reconstructive Orthopaedic Trauma Surgery team has pioneered minimally invasive fracture surgery and limb-lengthening techniques here in South Jersey,



contributing to their consistent track record of successful outcomes even in the most complex cases. They are particularly adept at an advanced form of limb-lengthening known as bone transport, a salvage technique in which bony tissue is regenerated to fill a gap where bone is missing due to trauma or infection.

“We recently had to remove a 13-centimeter diseased portion of a patient’s femur/tibia,” Dr. Graf explains. “Then, using an external fixation device, we’re lengthening the healthy portion of the bone a little bit each day so the leg can be used again.”

Helping patients to regain function is one of the most gratifying aspects of the work Dr. Graf and his team performs.

“We see a fair number of patients who aren’t functioning as well as we’d expect with the types of breaks they have had,” he notes. “And, unfortunately, many are told that that’s the best they’ll be able to do.

“Usually, that’s not true,” he adds. “We have many different options to get people back to functioning more fully. The earlier [after a break] we can see someone, the better chance they have of doing well. But even if it’s months later, we’re equipped to help improve patients’ function.”

Notably, Cooper has earned global recognition for its capabilities in treating geriatric hip fractures. In fact, Cooper is the only hospital in the state certified by the International Geriatric Fracture Society (IGFS), an acknowledgment to its full continuum of care which ranges from osteoporosis intervention to extensive rehabilitation services.

“We do a lot of complex procedures here,” Dr. Graf says, “but we also take care of the basics, like hip or wrist fractures, extremely well.” ■



Henry J. Dolch, DO and
Rakesh P. Mashru, MD.

New Transanal Minimally Invasive Surgery (TAMIS) Capability Advances MD Anderson Cooper's GI Cancer Treatment Options

"Patients with colorectal cancer don't have to go anywhere else for the best care," says Steven J. McClane, MD, head of the Division of Colorectal Surgery and co-director of the Gastrointestinal Cancer Program at MD Anderson Cancer Center at Cooper. "Our affiliation with MD Anderson Cancer Center – a global leader in cancer care – has elevated care here to that of a world-class center, complete with proven treatment protocols, innovative research, and the latest clinical trials.

"This affiliation also has enabled us to recruit some of the nation's finest clinicians – both senior physicians and surgeons – and those from top fellowship programs," he adds.

Colorectal surgeon Michael E. Kwiatt, MD, is a case in point. After completing his fellowship at the Cleveland Clinic last year, he joined MD Anderson Cooper, adding his expertise in transanal minimally invasive surgery (TAMIS) to the Cancer Center's already-considerable skillset for treating gastrointestinal cancers.

TAMIS is a specialized, minimally invasive approach to removing benign polyps and some early-stage tumors within the rectum and lower sigmoid colon. It's considered an organ-sparing procedure in that the surgeon can precisely remove the diseased tissue, leaving the rest of the natural bowel lumen intact, so patients experience a quick return to normal bowel function.

"Appropriate patients are able to have a small procedure that's performed completely through the anus without any incisions or scars on the abdomen," Dr. Kwiatt explains.

**"This strong, multidisciplinary approach to GI cancer care is what sets us apart."
– Dr. McClane**



Steven J. McClane, MD
Head, Division of Colorectal Surgery; Co-director, Gastrointestinal Cancer Program



Michael E. Kwiatt, MD
Attending Physician
Colorectal Surgery

"They can avoid conventional open colon resection, with its several days to a week-long hospital stay, and even longer recovery. Instead, with TAMIS, they spend just one night in the hospital and are back to their regular activities within days."

Who is the appropriate candidate for TAMIS?

"This procedure is for patients with the earliest rectal cancers," Dr. Kwiatt says. "These are T1 lesions—those that have invaded only into the sub-mucosa but not deeper into the muscular layers of the bowel."

"The decision as to which patients are candidates for TAMIS isn't made solely by the surgeon," Dr. Kwiatt stresses. "All cases are reviewed at our tumor board meeting, where input from pathologists, radiologists, radiation oncologists, medical oncologists, gastroenterologists, and other clinical experts help determine the best course of treatment for each patient."

"This strong, multidisciplinary approach to GI cancer care is what sets us apart," Dr. McClane notes. "From screening and diagnosis, through treatment and survivorship, patients are seen by multiple specialists, and this comprehensive team shares their expertise to develop a care plan tailored to the individual's unique health needs."

This team expands to include an array of supportive services including social work, nutritional therapy, and genetic testing and counseling.

MD Anderson Cooper is equally committed to preventing colorectal cancer, pledging its support for the "80% by 2018" initiative spearheaded by the National Colorectal Cancer Roundtable. This awareness initiative aims to get 80 percent of eligible men and women screened for colorectal cancer by 2018.

"Currently, nationwide numbers for screening colonoscopy in patients over age 50 are in the 50 to 60 percent range," Dr.

McClane notes. "These rates are lower in South Jersey, however, especially in areas of Camden.

"So we have work to do in getting word out, and engaging and educating the community," he adds. "But this is a preventable cancer, so there's so a great deal to be gained." ■

80% by 2018!

To Reduce Colorectal Cancer

Through the "80% by 2018" initiative led by the National Colorectal Cancer Roundtable (NCCRT), MD Anderson Cancer Center at Cooper is one of thousands of organizations that pledged its commitment to substantially reducing colorectal cancer as a major public health problem. Our team is working toward the shared goal of having 80% of adults aged 50 and older being regularly screened for colorectal cancer by 2018.

While colorectal cancer incidence rates have dropped in the U.S. among adults aged 50 and older, it is still the second leading cause of cancer death in the United States, despite being highly preventable, detectable, and treatable. In fact, it is estimated that in 2016, 134,490 cases of colorectal cancer will be diagnosed. If we can achieve 80% by 2018, 203,000 colorectal cancer deaths would be prevented across the U.S., – 6,000 in New Jersey alone – by 2030.

Part of the 80% by 2018 goal is to leverage the energy of multiple and diverse partners to empower communities, patients, and providers to increase screening rates.

We encourage all healthcare providers in New Jersey to join us in this effort. Recommend colon cancer screening to your eligible patients, talk to them about their risk of colon cancer, and, if you are 50 or older be sure to get YOUR colon cancer screening.

To schedule a colonoscopy with a Cooper gastroenterologist, call 1.800.8.COOPER (1.800.826.6737).

For a physician-to-physician referral to the MD Anderson Cooper Gastrointestinal Cancer Program, call Dr. McClane directly at 203.223.1079. For more information about TAMIS, call Dr. Kwiatt at 847.989.6410.

New SPiNView Navigational Bronchoscopy Aids in Early Diagnosis of Lung Cancer

Lung cancer is the deadliest malignancy in the world, claiming more lives than colon, breast, prostate, and pancreatic cancers combined. While early detection greatly increases the chances of successful treatment and improves survival rates, most lung cancers aren't found until they are at advanced stages.

Technology called electromagnetic navigational bronchoscopy is playing a vital role in turning this trend around.

Notably, Cooper is the first and, to date, only hospital in South Jersey to utilize Veran's SPiNView electromagnetic navigation bronchoscopy system that enables physicians to biopsy solitary pulmonary nodules (SPNs) for the potential early diagnosis of lung cancer.

This state-of-the-art navigation system, which is included in the new American College of Chest Physicians (ACCP) guidelines for establishing the diagnosis of lung cancer, provides



Wissam Abouzgheib, MD,
Assistant Professor of
Medicine

visualization, accurate navigation, and real-time confirmation of nodule location—something that conventional bronchoscopy cannot do.

"The lungs simply have too many bifurcations to easily find single nodules," explains interventional pulmonologist Wissam Abouzgheib, MD. "If you were to spread out the lungs' airways, the surface would equal the size of half a tennis court. And you're trying

to find the equivalent of a quarter-size lesion using a small needle.

"In the past, we'd view CT results, approximate where the nodule was, and try to navigate the airways to reach it," he continues. "But we often were wrong because there were just too many turns to make. We needed a GPS system to guide us to the nodule.

"This is what SPiNView provides," he adds. "It enables you to create a roadmap to the target, follow it and, once there, it tells you you're inside so you can obtain a specimen."

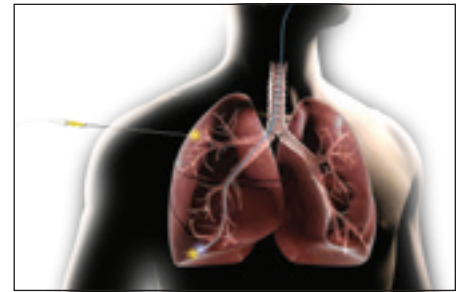
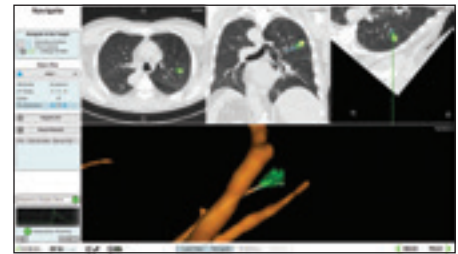
The SPiNView system also offers a significant advantage over other navigation bronchoscopy technology currently available.

"The navigational guidance isn't just endobronchial but also percutaneous," Dr. Abouzgheib says. "If there's a nodule near the chest wall but you can't reach it via bronchoscopy because there's no airway leading to it, SPiNView allows you to use a needle from the outside.

"So instead of stopping and rescheduling the patient for a second procedure, we can perform two procedures during the same encounter," he adds. "It's easier on the patient and speeds time to diagnosis."

Another unique SPiNView advantage is that the technology complements the CyberKnife robotic radiosurgery system.

"A large portion of lung cancer patients aren't surgical candidates due to comorbidities, but they can be treated with radiosurgery," Dr. Abouzgheib



notes. "During navigational biopsy with SPiNView, we can facilitate treatment by placing the fiducial markers necessary for subsequent CyberKnife therapy."

As more current and former smokers undergo low-dose CT screening based on the U.S. Preventive Services Task Force guidelines, the appropriate selection of patients for biopsy is the key to efficacy and cost-effectiveness.

"We don't biopsy every nodule we pick up, just the ones that are suspicious," Dr. Abouzgheib stresses, noting that about 96 percent of nodules his team detects are benign. "You want your patient to be evaluated by someone who sees a high volume of these cases, and that's what we do here at Cooper."

"Having such advanced technology allows Cooper to be one of the few institutions in the region to offer patients earlier, quicker, and more efficacious diagnosis of suspicious lung nodules," says R. Phillip Dellinger, MD, MCCM, Chair of the Department of Medicine.

"The Cooper Adult Health Institute is committed to cutting-edge interventional pulmonology as we partner with MD Anderson Cooper Cancer Center to diagnose lung cancer and, equally important, to find alternate diagnoses that exclude lung cancer," he adds. ■



**For more information or to refer a patient for evaluation, please contact Cooper's
Interventional Pulmonology Department at 856.342.2406.**

On the Leading Edge: Advanced Cardiac Surgery at Cooper

When it comes to advanced cardiac and thoracic surgical services, the Cooper Heart Institute's cardiothoracic surgery team lives up to the designation "world-class."

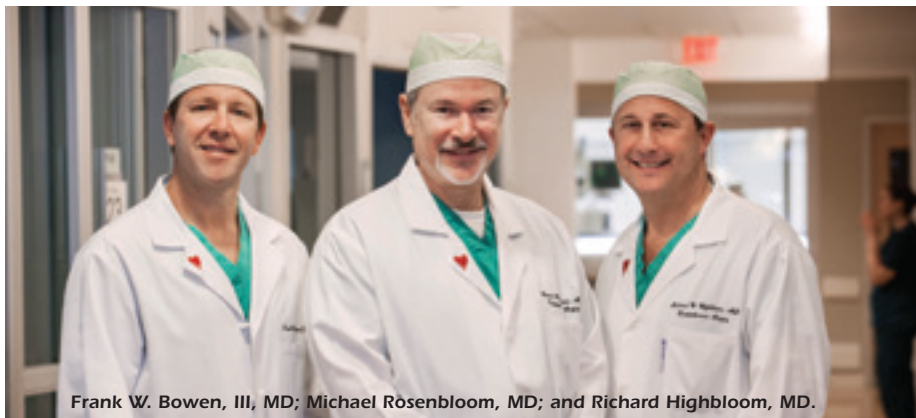
"We have a phenomenal group of surgeons with complementary skillsets and an exemplary success rate," says Phillip A. Koren, MD, the Institute's medical director. "No one else in this region is able—or willing—to do all the highly specialized procedures that our team does."

These capabilities include minimally invasive valve and bypass surgery, advanced aortic surgery, including endovascular as well as complex root surgery, mitral valve repair, and robotic-assisted cardiac surgery.

"We pioneered minimally invasive techniques with both mitral and aortic valve replacement procedures here in the Delaware Valley," says Michael Rosenbloom, MD, FACS, FACC, FACCP, co-director of Cooper's Heart Institute and head of the Division of Cardiac Surgery.

In fact, a large percentage of Cooper's cardiac surgery volume—one of the largest in the region—is made up of valve procedures. Of these, nearly all of aortic valve replacement surgeries and most of the mitral valve procedures are performed minimally invasively using a non-sternotomy approach that dramatically lowers complication rates and results in less pain and faster recovery.

Cooper also pioneered endovascular valve replacement in the region. Notably, Cooper was the first commercial site for the Edwards SAPIEN transcatheter heart valve as well as the only New Jersey hospital to participate in the subsequent PARTNER II clinical trial, making the next generation



Frank W. Bowen, III, MD; Michael Rosenbloom, MD; and Richard Highbloom, MD.

"We've maintained a three-star rating from the Society of Thoracic Surgeons for the last five years. This places us among the top five to ten percent of hospitals in the nation." – Dr. Highbloom

of transcatheter aortic valve replacement (TAVR) technology available—extending its application to patients at moderate risk for surgery. Today, Cooper not only has performed more TAVR procedures than any other hospital in the South Jersey region but also is one of the highest-volume sites in the nation.

Mitral valve repair is another area in which Cooper excels. It is a highly specialized area of expertise in that the majority of mitral valve repair surgeries in the U.S. are performed by a small percentage of cardiac surgeons. While all Cooper's cardiac surgeons are facile with this procedure, Dr. Rosenbloom is a nationally known expert, having performed mitral valve repairs for nearly 30 years.

"It's my main passion in cardiac surgery," he notes.

As a result, a patient with a leaking mitral valve has a better chance of having it repaired at Cooper versus replaced, resulting in less stress on the heart muscle. This, too, is performed minimally invasively whenever appropriate, translating into a shorter length of stay and faster recovery.

Cooper's approach to coronary artery bypass surgery (CABG) is on the leading edge, too.

"Our colleague, Richard Y. Highbloom, MD, FACS, is a big proponent of using multiple arterial conduits in bypass surgery when possible," Dr. Rosenbloom says. "There's mounting evidence that they're more durable than veins and confer more long-term benefit. Patients are more likely

to have this at Cooper."

Further, he notes, his team is performing some single, double, and sometimes triple bypass procedures minimally invasively, with and without the daVinci robot.

"Altogether, these capabilities aren't available anywhere in South Jersey," notes Frank W. Bowen, III, MD, FACS, director of thoracic aortic surgery and associate director of the Cooper Aortic Center, "and this puts us on a par with larger academic institutions."

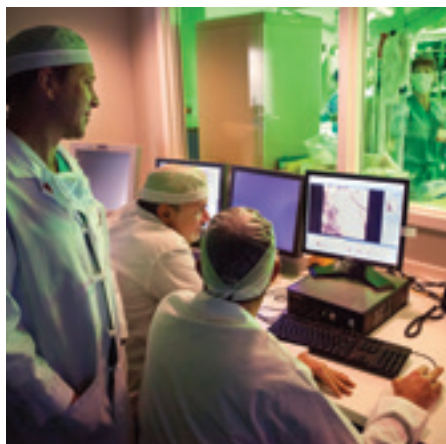
Patient outcomes are the ultimate measure of Cooper's cardiac surgery expertise.

"We've maintained a three-star rating from the Society of Thoracic Surgeons for the last five years," Dr. Highbloom notes, referring to the highest quality tier of the STS rating system. "This places us among the top five to ten percent of hospitals in the nation."

"Our strength is an integrated multidisciplinary approach," Dr. Rosenbloom adds. "We surgeons can't take any more credit for these results than our anesthesiologists, critical care specialists, cardiologists, nurses, and technicians. We work well together; we really are a team in every sense."

Accessibility to this advanced care is streamlined with a single call to the Cooper Transfer Center that provides 24/7 air and ground transport (855.284.9337).

"We have an open-door policy that's insurance-agnostic," Dr. Koren notes. "We're here to help patients. ■"



For more information, please go to [CooperHealth.org/departments-programs/cardiac-surgery](https://www.cooperhealth.org/departments-programs/cardiac-surgery), or call 856.342.2034 to refer a patient.

New Solutions for Patients with Lysosomal Storage Diseases

Lysosomal storage diseases (LSDs) are some of the most challenging disorders facing patients and clinicians. Fortunately, the Lysosomal Disorders Center at Cooper – the only resource of its kind in South Jersey – provides diagnostic evaluation, multispecialty care, and management of both adults and children with these disorders in a single, convenient location.

“Lysosomal storage diseases are a group of about 50 rare, inherited metabolic disorders caused by missing or poorly functioning enzymes,” explains Jaya Ganesh, MD, Associate Professor in the Division of Genetics at Children’s Regional Hospital at Cooper, referring to the enzymes within lysosomes that digest large molecules and pass the fragments on to other parts of the cell for recycling.

“When they don’t function properly, chemicals that should have been degraded accumulate excessively, damaging various organs,” she continues. “In many instances, this damage occurs gradually, and symptoms can be very non-specific, mimicking more common diseases and delaying diagnosis. Sadly, permanent organ damage may occur before a definite diagnosis is made.”

LSDs have an estimated combined incidence of 1 in 5,000 to 1 in 10,000 live births. Until the early nineties, treatment was limited to symptom management and supportive care. In 1991, however, enzyme replacement therapy (ERT) became available for Type I Gaucher disease, one



Jaya Ganesh, MD
Associate Professor, Division
of Genetics, Children’s
Regional Hospital at Cooper

of the more common LSDs. Since then, ERT has become available for other LSDs including Fabry disease, Pompe disease, mucopolysaccharidosis Types I, II, IV and VI, and lysosomal acid lipase deficiency.

“The principle of ERT is to replace deficient enzymes in LSD patients with synthesized functional enzymes,” Dr. Ganesh says. “The synthetic enzyme is infused intravenously, on a weekly or biweekly basis,

indefinitely.”

This underscores the importance of having an easily accessible facility for patients and families affected by LSDs. Before the Lysosomal program began in 2015, patients had to travel long distances and sometimes out of state to obtain the comprehensive care they require.

“Some individuals simply couldn’t travel and went without treatment,” Dr. Ganesh notes. “But now we’re able to take care of them closer to home.”

ERT is initially administered onsite at Cooper’s Short Procedure Unit (SPU). Once they are stable, patients are transitioned to home infusions while continuing to receive multispecialty care from the team of geneticists, neurologists, nephrologists, cardiologists, and other subspecialists specially trained in LSD

care. The multidisciplinary team also includes nurses, physical therapists, and pharmacists. Comprehensive genetic counseling is provided for affected families.

“While there currently is no cure for LSDs, ERT can relieve disease-specific symptoms, improve organ function, prevent ongoing damage, and improve overall quality of life for affected patients,” she adds.

Notably, newborn screening for several LSDs is slated to launch in New Jersey in 2017. The Lysosomal Disorders Center will provide comprehensive care for these babies and their families.

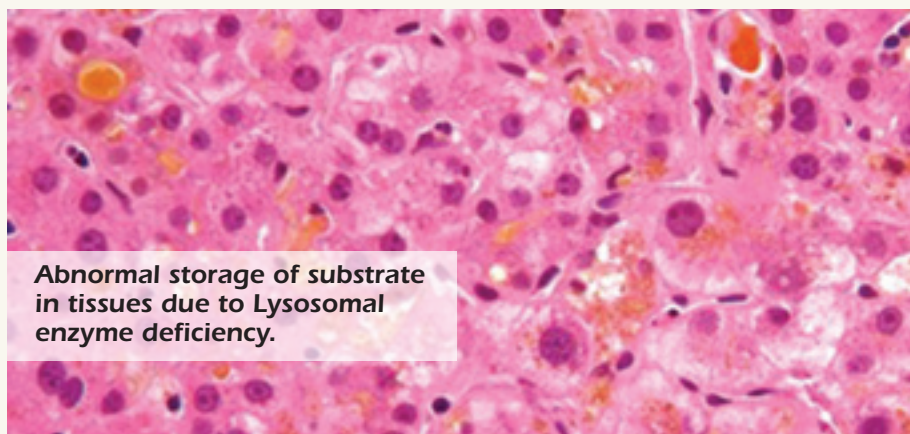
In addition, the Center’s participating faculty and staff participate in international collaborative lysosomal disease registry programs—longitudinal, observational databases that track outcomes of routine clinical care for this patient population.

“We’re hopeful that this data will provide information to facilitate development of more targeted therapies in the future,” Dr. Ganesh says. “Plus, several novel treatments including use of molecular chaperones and substrate inhibition therapy are currently under development.

“We are dedicated to remaining on the cutting edge of research and treatment by providing comprehensive and compassionate care for all our patients affected by these diseases,” she adds. ■

“While there currently is no cure for LSDs, ERT can relieve disease-specific symptoms, improve organ function, prevent ongoing damage, and improve overall quality of life for affected patients.”

– Dr. Ganesh



Abnormal storage of substrate in tissues due to Lysosomal enzyme deficiency.

“Lysosomal storage diseases are a group of about 50 rare, inherited metabolic disorders caused by missing or poorly functioning lysosomes. When they don’t function properly, it causes chemicals that should have been degraded to accumulate excessively, damaging various organs.”

While the program is housed within Children’s Regional Hospital at Cooper, both children and adults can access its services. To schedule an appointment or speak with a member of the Lysosomal Disorders Center, please call 856.968.7255.

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