

MEDICAL REPORT™

ADVANCED CARE AND DIAGNOSTIC NEWS FOR PHYSICIANS AND HEALTH CARE PROFESSIONALS

Cooper Aortic Center Among First in Nation to Offer New Endovascular Treatment of Type B Dissections

When Cook Medical recently received FDA approval for its Zenith® Dissection Endovascular System, it was a major milestone for Cooper—which served as the flagship institution for the clinical trial that led to the device's clearance.

“This is the first and only “disease-specific” system of its kind that provides a less invasive alternative to open surgery for repair of complicated type B dissections of the descending thoracic aorta,” says Joseph V. Lombardi, MD, FACS, Head, Division of Vascular and Endovascular Surgery and Director of the Cooper Aortic Center, who served as the study's global principal investigator.

Aortic dissection is a tear that occurs between the innermost and middle layers of the aorta. When the inner layer of the aorta tears, blood flows through the tear, causing the inner and middle layers of the aorta to separate

“As the lead site for the clinical trial, Cooper has already acquired extensive expertise with this new system. So we're able to offer it to appropriate South Jersey patients immediately.”

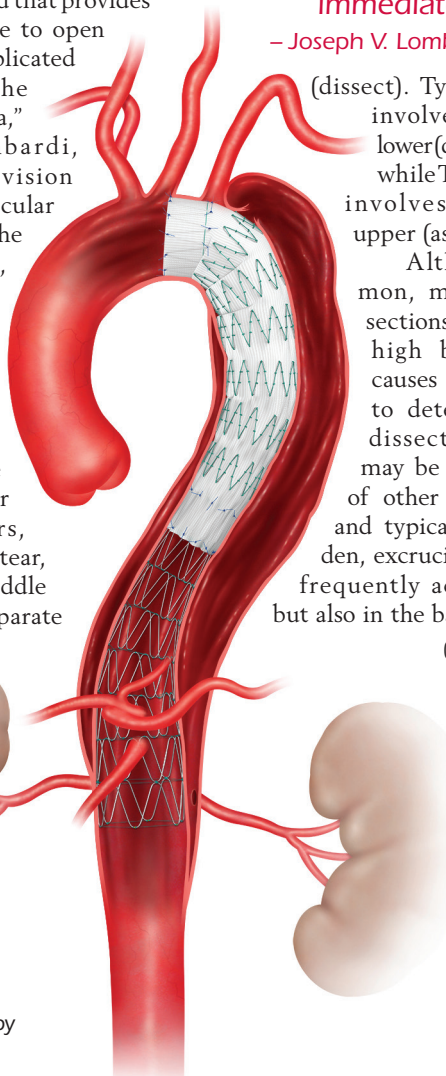
— Joseph V. Lombardi, MD

(dissect). Type B dissection involves a tear in the lower (descending) aorta, while Type A dissection involves a tear in the upper (ascending) aorta.

Although uncommon, most aortic dissections occur because high blood pressure causes the artery's wall to deteriorate. Aortic dissection symptoms may be similar to those of other heart problems and typically include sudden, excruciating pain, most frequently across the chest but also in the back between the

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Zenith Dissection Device
(permission for use granted by Cook Medical, Bloomington, Indiana)



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Cooper Aortic Center Among First in Nation to Offer New Endovascular Treatment of Type B Dissections (continued)

shoulder blades.

The Zenith system consists of a proximal stent-graft component and a distal bare stent component, which are delivered to the dissection site via catheter. Instead of making a large incision in the chest, the physician, without making an incision, enters the femoral artery near each hip to insert the device, then guides the device into place in the aorta.

Once in place, the device helps to prevent the aorta from bursting and can reestablish vital blood supply to other areas of the body. Before it was approved by the FDA, the device underwent two multi-year clinical trials with more than 160 patients in ten centers nationwide between December 2007 and August 2014.



Joseph V. Lombardi, MD, FACS, Head, Division of Vascular and Endovascular Surgery and Director of the Cooper Aortic Center

“As the lead site for the clinical trial, Cooper has already acquired extensive expertise with this new system,” Dr. Lombardi notes. “So we’re able to offer it to appropriate South Jersey patients immediately.”

“Its availability also accelerates our goal to provide the region’s physicians with an array of durable, disease-specific treatment options that fit each patient’s unique anatomy and disease state,” he adds.

The leading-edge treatment options now available at the Cooper Aortic Center include interventions for complex aortic repair, abdominal aortic aneurysms (AAAs), arch aneurysms, thoracic aortic aneurysms (TAAs), thoracic and aortic dissections (type A and type B), and iliac aneurysms.

“It’s availability also accelerates our goal to provide the region’s physicians with an array of durable, disease-specific treatment options that fit each patient’s unique anatomy and disease state.”

– Joseph V. Lombardi, MD

“As a clinician and researcher, I found it professionally rewarding to lead a multinational team to develop this new, minimally invasive treatment option,” said Dr. Lombardi. “Advances like this give the medical community, and ultimately our patients, more options for a successful outcome.” Dr. Lombardi and a team performed the first commercial procedure with this device in the United States in March 2019.

Cooper’s Aortic Center has a team of seven vascular, endovascular, and cardiothoracic surgeons who specialize in the care and treatment of aortic disease—the only team of its kind in southern New Jersey. They perform more than 300 minimally invasive and open procedures a year. All are performed in a specially designed hybrid operating room that integrates sophisticated imaging and anesthesia with cutting-edge surgical technology.

These vascular and cardiothoracic surgeons are leaders in the endovascular repair of aortic disease and are renowned for their ability to perform complex open surgical procedures as well. They work closely with patients to identify the most appropriate treatment options for each patient’s disease and lifestyle. ■

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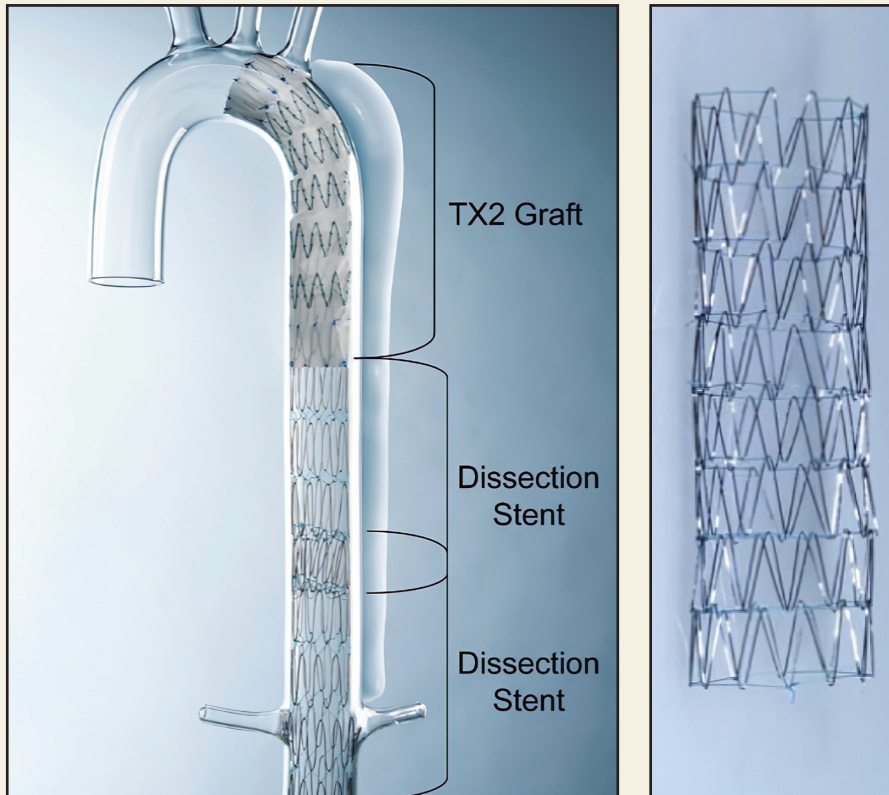


Illustration of the Zenith Dissection Endovascular System, comprising the Zenith TX2 thoracic aortic aneurysm Endovascular Graft with Pro-Form and the Zenith Dissection Endovascular Stent. The left panel shows one proximal TX2 endovascular graft and two distal dissection stents deployed in a model of Type B thoracic aortic dissection. The right panel shows a closer image of the bare metal dissection stent, which consists of multiple (four, six, or eight) self-expanding stainless steel z-stent segments sewn end-to-end with braided polyester suture.

For more information about the Zenith Dissection Endovascular System or the Cooper Aortic Center, please call 856.264.8855.

Cooper's Aerodigestive Program Offers Extensive Resources for Treating Unresolved GERD

"Reflux disease is not necessarily a benign condition," warns thoracic surgeon David D. Shersher, MD, Co-Director of the Cooper Aerodigestive Program, MD Anderson Cancer Center at Cooper and Cooper Digestive Health Institute. "For high-risk patients with medically refractory GERD, it's important that we offer treatment options beyond antacids to prevent their condition from progressing to esophageal malignancies."

"In the past, squamous cell carcinoma was the predominant form of esophageal cancer," he says, noting that, around the world, it still is. This type of esophageal malignancy is associated with smoking and alcohol use.

"But over the last decade or so in the United States, the majority of cases we're seeing are adenocarcinomas in the distal portion of the esophagus, which are related to reflux disease," he continues.

"Our job is not only to increase survival in patients who have esophageal cancer, but to prevent it from developing in the first place," he adds. "And the latter requires that we address chronic GERD more aggressively."

"GERD is quite common," says gastroenterologist Joshua P. DeSipio, MD, Co-Director of the Cooper Aerodigestive Program, MD Anderson Cancer Center at Cooper and Cooper Digestive Health Institute, noting that about 20 percent of people have hallmark symptoms such as heartburn or nighttime regurgitation at least weekly. "For some, their condition is effectively treated with a short-term course of H₂ blockers or proton pump inhibitors (PPIs)."

"Other cases are more complicated," he continues. "They respond to medical treatment, but when it ends, their symptoms return. These patients tend to require lifelong medication."

"Then there are those whose symptoms,

even with long-term treatment, aren't fully resolved," he says. "Or they have atypical symptoms such as a chronic cough or throat-clearing."

"For those patients who have had reflux for more than five or 10 years, particularly if they're over 50, we recommend an endoscopy to screen for Barrett's esophagus," Dr. DeSipio notes, referring to the GERD complication that can sometimes be a precursor of esophageal cancer.

Other tests may include the Bravo esophageal pH test to measure and record the amount of acid flowing into the esophagus. A small capsule is temporarily attached to the esophagus wall during an upper endoscopy; it measures pH levels and transmits readings over 48 hours to a receiver worn on the patient's belt or waistband.

There is also a 24-hour pH impedance test in which a tube is passed through the nose into the esophagus at the level of the lower esophageal sphincter (LES); it measures the movement of liquid from the stomach into the esophagus.

Lastly, esophageal manometry may be used to evaluate the function of the LES and esophageal muscles.

When GERD is confirmed as the culprit and it does not respond to medical management, Cooper offers several surgical interventions.

"We employ robotic surgery for hernia reductions and funduplications," Dr. Shersher says. The latter is a procedure to reinforce the LES in which the surgeon wraps the top of the stomach around the lower esophagus.

The newest technology for treating intractable GERD is the LINX® Reflux Management System. It consists of a small band of magnetized titanium beads wrapped around the LES; this helps prevent gastric acids from refluxing from the stomach into

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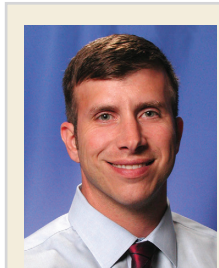
the esophagus while also safely allowing the LES to open for swallowing.

"Patients are able to go home the next day, and the long-term outcomes are excellent," says Dr. Shersher.

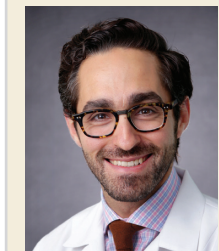
Another notable capability at Cooper is its multidisciplinary approach to treating patients who suffer from both GERD and obesity.

"Obese patients tend to have more reflux," Dr. DeSipio says. "In patients with severe GERD, hiatal hernia, and obesity, we can do combination procedures in collaboration with bariatric surgeons to help resolve everything at once."

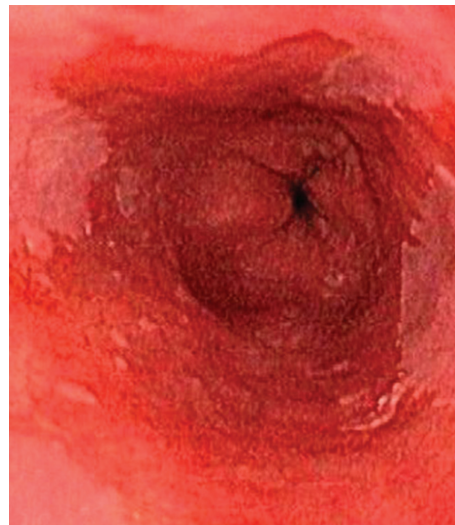
"Patients with medically refractory GERD can be a difficult population to manage," Dr. Shersher says. "We're here to help primary care physicians screen these patients appropriately, and provide the necessary interventions, so they can maintain the best possible aerodigestive health." ■



Joshua P. DeSipio, MD
Co-Director, Cooper
Aerodigestive Program



David D. Shersher, MD
Co-Director, Cooper
Aerodigestive Program



Endoscopic appearance of Barrett's esophagus

For a physician to physician consultation, or to discuss a patient case, call Dr. Joshua DeSipio at 609.238.4320 or Dr. David Shersher at 609.947.3658.

Maternal-Fetal Medicine at Cooper: Exceptional Resources, Unrivaled Experience

Each year, thousands of South Jersey women are referred to Cooper's maternal-fetal medicine (MFM) specialists for their expertise in high-risk pregnancies. With seven fellowship-trained, board-certified perinatologists, Cooper's MFM team offers a level of experience and accessibility that is unrivalled in this region.

"The average tenure of our MFM specialists is 18 years," says Richard Fischer, MD, Head, Division of Maternal-Fetal Medicine. "We also have superb sonographers who are required to have at least five years' experience in obstetrics before working for us. Some of us have been doing ultrasonography for as many as 29 years."

"As MFM specialists, the only ultrasounds we do are fetal ultrasounds," he continues. "As a result, our detection rate of birth defects is shown to be higher."

"What's more, in most other radiology suites, patients aren't given the results of their ultrasound while they're there," Dr. Fischer notes. "That's not how we do it—if we detect any issue, the doctor will come in and talk to the patient directly, interpreting the findings for the patient while she's here."

Another important feature of the MFM service is its flexibility in working with referring physicians.

"They don't have to send a patient to us to turn to us for help," says MFM specialist Robin Perry, MD, Chairman and Chief of the Department of Obstetrics and Gynecology. "If a community obstetrician feels they're facing an issue that's out of their scope of practice, needs a little guidance about what to ask a patient or which tests to run, or wonders whether a patient needs tertiary care or can stay closer to home—give us a call."

"It's more than being collaborative—it's a patient safety issue, and we're here to help," she adds.

The range of services



Robin L. Perry, MD, FACOG, Maternal-Fetal Medicine Specialist, and Grace Sveinbjornsson, Perinatal Ultra-sonographer, during a routine ultrasound in the Perinatal Center at Cooper.

Cooper's Maternal-Fetal Medicine Division offers is extensive, from prenatal to postpartum.

"Our physicians perform all types of obstetrical ultrasound, including anatomy scans and fetal echocardiography, sequential screening, and procedures such as chorionic villus sampling, amniocentesis, umbilical blood sampling, fetal transfusions, and correction of fetal arrhythmias," Dr. Fischer says. "We also do wellbeing testing of the fetus, including non-stress testing, biophysical profiles, and Doppler velocimetry."



Richard Fischer, MD
Head, Division
of Maternal-Fetal
Medicine



Robin Perry, MD
Chairman and
Chief, Department
of Obstetrics and
Gynecology

The MFM team also has a board-certified genetic counselor who talks to patients about drug exposures and genetic issues, including those related to advanced maternal age.

These services are easily accessible: Cooper's Maternal-Fetal Medicine specialists see patients on an outpatient basis at seven offices throughout South and Central New Jersey (Camden, Voorhees, Washington Township, Willingboro, Princeton, and Cape May).

"Patients generally can be seen within a week, but we'll

also add on patients the same day if it's a complex case," Dr. Perry says. "One of our rules is if a patient is tearful—perhaps she received a worrisome test result—we'll add her on so she doesn't have to go to sleep feeling stressed."

"Because we also provide inpatient obstetrical services, one of our specialists is always available for any emergency that could arise, including deliveries—something you won't get with any other MFM practice in South Jersey," Dr. Fischer says.

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—Richard Fischer, MD

Importantly, in case of emergency, Cooper's Transfer Center is staffed 24/7 and provides a streamlined "hello-and-go" service, accepting all patients.

"We'll take care of lining up whatever other specialists need to be involved," Dr. Perry says. "And we keep the referring physician informed throughout." ■

For a physician-to-physician referral to Maternal-Fetal Medicine at Cooper, please contact our office at 856.342.2265.

Big Pediatric Surgery Resources for the Littlest South Jersey Patients

If there's one message that Matthew Moront, MD, Head, Division of Pediatric Surgery at Children's Regional Hospital at Cooper, wants to communicate to the region's referring physicians, it's this:

"We have the expertise to handle easily 90 percent of the pediatric surgical care a child may need—and to do it as well as any other facility in the region," he says. "This means that for the vast majority of pediatric surgical issues, there's no reason to send a child across the bridge to a quaternary facility."

"Because of the relatively small size of our program, kids here don't get lost in the shuffle. We take a caring, kid- and family-friendly approach that reassures parents that their child is in good hands."

– Matthew Moront, MD

"For anxious, time-strapped South Jersey parents, particularly those who work or have other children to take care of, keeping a hospitalized child closer to home is a real advantage," he adds.

Dr. Moront also notes that referring pediatricians are often surprised by the

breadth of what a pediatric general surgeon can do.

"In addition to routine abdominal procedures such as appendectomies and cholecystectomies, we also perform thyroid surgery, lymph node dissections, and remove lesions on the head and face and congenital lung lesions," he says. "We also do simple urologic procedures to address hernias, hydroceles, normal circumcision, and undescended testicles. And we perform gynecologic procedures such as ovarian cyst removal."

"Many of these are performed minimally invasively," he points out.

Prior to joining Cooper, Dr. Moront and his colleague Douglas Katz, MD—both fellowship-trained in pediatric surgery—honed their expertise at St. Christopher's Hospital for Children in Philadelphia, and Nemours/Alfred I. DuPont Hospital for Children in Wilmington, Delaware, respectively.

Another distinguishing feature of Cooper's pediatric surgery program is its emphasis on personalized care.



Matthew Moront, MD
Head, Division of Pediatric Surgery,
Children's Regional Hospital



Douglas Katz, MD
Pediatric Surgeon

"Because of the relatively small size of our program, children here don't get lost in the shuffle," Dr. Moront says, noting that the team is made up of two full-time surgeons and a third who provides support when needed, a physician assistant, and a nurse practitioner. "We take a caring, kid- and family-friendly approach that reassures parents that their child is in good hands."

Dr. Moront and his team are equally attentive to the pediatricians who refer their young patients to Cooper for surgery.

"We're very responsive about consults here at the hospital and in the community," he says, explaining that he and his team hold clinics at Cooper locations in Voorhees and Egg Harbor Township in addition to Camden. "We give

our cell numbers to referring physicians, and encourage them to call us if they ever have questions about the most appropriate provider for a particular situation. Our aim is to always ensure that a child gets to the right place at the right time; it doesn't serve anyone if a child has to be rerouted."

"And we never forget that these children are the referring physicians' patients," he stresses. "We just 'borrow' them—and enhance their experience by providing great care to the patients and superior customer service to the referring pediatrician."

That service includes a direct call to referring physicians about their patients' status.

"If a child comes in with belly pain, we'll call and let the referring physician know if an operation is or isn't necessary," Dr. Moront says. "Of course, we send a discharge summary, but we think a timely call as soon as the patient is seen is a more personal touch."

"Affability, availability, and ability—that's the essence of what we're offering at Cooper," he adds. "And it's all right here, close to home." ■

24 Hours a day/7 Days a Week Surgical Coverage for Your Pediatric Patients

Common reasons for referrals:

- Abdominal pain
- Appendicitis
- Atresias—Bronchial, Biliary, Esophageal, Small Bowel
- Chest wall deformities
- Circumcision and undescended testicles
- Feeding problems/failure to thrive
- Gallbladder disease
- GERD
- Gynecological procedures such as ovarian cyst removal
- Hernias – Hiatal, Inguinal, Morgagni, Umbilical, Ventral
- Inflammatory Bowel Disease
- Lymph node dissections
- Masses and tumors
- Pilonidal Disease
- Thyroid surgery
- Trauma

For a physician-to-physician referral to Pediatric Surgery at Cooper, please contact our office at 856.342.3250.

New Rare Cancers Program Now Available at MD Anderson Cancer Center at Cooper

While rare cancers are defined as those with fewer than six cases per 100,000 people per year, collectively, they are surprisingly common—with one in five cancers diagnosed in the U.S. considered a rare cancer [see sidebar for a list of the cancers that are characterized as rare].

“We have been seeing a significant number of rare cancers since the expansion of our cancer program and have recognized that these patients require specialized care. We developed the Rare Cancers Program at MD Anderson Cancer Center at Cooper to meet the needs of this unique patient population—providing them with a dedicated clinical team focused on highly coordinated clinical care and supportive services,” explains Tae Won B. Kim, MD, Director of the Rare Cancers Program.

“Patients are seen by all of the crucial specialists appropriate for their disease type at their initial visit,” he continues, noting that in this patient-centric model, the various disciplines come to the patient instead of the patient having to visit different specialists.

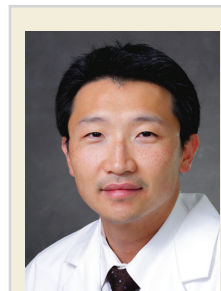
“Because of the scope of our cancer program we have experts in every disease type. If we need the expertise of an

orthopaedic oncologist, or a thoracic oncologist—we have them, and we bring them in as members of the team,” he says. “We also have dedicated clinic schedules for rare cancer patients so that the team and the care are fully coordinated.”

“This focused, multidisciplinary approach facilitates the advanced care coordination patients need and allows disease site experts to come together to discuss the patient’s care plan,” he adds. “This is important because the standard of care often isn’t well defined for rare tumors.”

“This multidisciplinary approach helps patients leave their initial visit with a clearer understanding of their disease and what their treatment will entail as well as the confidence of knowing that an entire team is working collectively and collaboratively on their behalf,” he says.

“The services offered through MD Anderson at Cooper’s Rare Cancers Program are extensive, and include special testing of tumors when appropriate,” Dr. Kim notes.



Tae Won B. Kim, MD
Director, Rare Cancers Program

Our pathologists subspecialize in the analysis of different types of tumors, and when appropriate, consult with experts at MD Anderson Cancer Center in Houston to ensure accurate pathology findings,” he says. “Advanced studies such as molecular profiling enable us to get the data we need to make definitive diagnoses efficiently and definitively.”

The Rare Cancers Program gives patients access to more treatment options than ever before, including standard chemotherapy, radiation, and surgical oncology, as well as access to the latest immunotherapies and targeted drug regimens specific to the patient’s cancer.

“Our access to experts at MD Anderson Cancer Center in Houston is also a distinct advantage,” Dr. Kim says. “Through our partnership with one of the nation’s leading cancer centers, we can call upon our colleagues in Houston who may have considerable experience dealing with particular types of rare cancers—consulting with them to determine the best course of treatment. We don’t have to reinvent the wheel with a new protocol.”

In addition, ongoing research and clinical trials enable the MD Anderson at Cooper team to offer patients novel treatments before they are widely available.

Another vital resource that the Rare Cancers Program provides is supportive care services, including nutrition counseling, complementary medicine therapies, palliative care, financial counseling, and social work. These services make a vital difference in the well-being of our patients.

“We also have dedicated nurse navigators to help patients and their families through the health care system in a meaningful, thoughtful way,” Dr. Kim notes. “The Rare Cancers Program is a patient-centered effort that allows for efficient communication and delivery of care based on the latest scientific knowledge.” ■

The Rare Cancers We See

Our program sees the full range of cancers characterized as rare:

Oral Cavity and Pharynx

- Lip
- Tongue
- Salivary gland
- Floor of mouth
- Gum and other mouth tissue
- Nasopharynx
- Tonsil
- Larynx
- Oropharynx
- Hypopharynx

Respiratory System

- Trachea, mediastinum

Gynecologic

- Vagina
- Vulva

Gastrointestinal

- Small intestine
- Anus, anal canal, and anorectal
- Gallbladder
- Retroperitoneum, peritoneum, omentum, and mesentery

Genitourinary

- Penis
- Testis
- Ureter

Breast

- Male breast cancer
- Inflammatory breast cancer

Brain and Central Nervous System

- Meninges
- Brain
- Spinal cord, cranial nerves, and other parts of CNS
- Pituitary gland
- Pineal gland

Other Rare Cancers

- Soft tissue sarcomas, including heart
- Bone sarcomas
- Cancer diagnosis during pregnancy
- Pregnancy in cancer survivors

For a physician-to-physician referral to the Rare Cancers Program at MD Anderson Cancer Center at Cooper, please call Dr. Kim directly at: 215.516.9660.

Cooper Offers Innovative Therapy for Patients with Central Sleep Apnea

Last November, Cooper became the first health care facility in the eastern United States—and one of only 24 in the entire nation—to offer a newly FDA-approved device for patients with central sleep apnea (CSA). Called the *remedē*® (sounds like remedy) sleep system from Respicardia®, Inc., the implantable device treats CSA by activating the nerve that sends signals to the diaphragm to stimulate breathing.

“Unlike the more common obstructive sleep apnea, in which breathing disruptions are caused by upper airway obstruction, central sleep apnea occurs when the brain fails to send signals to the diaphragm, triggering lapses in breathing that can last from a few seconds to minutes,” explains John A. Andriulli, DO, FACC, electrophysiologist and Director of the Arrhythmia Device Program at Cooper University Health Care.

This can lead to poor sleep and raise a patient’s risk of health problems, including hypertension, myocardial infarction, stroke, obesity, and diabetes.

“Central sleep apnea is a serious disorder that negatively affects quality of life as well as overall cardiovascular health,” he emphasizes. “What’s more, it often occurs in cardiac patients, especially those with congestive

heart failure, increasing mortality risk.”

Before *remedē* was FDA-cleared for use, the primary treatment option for CSA was adaptive Servo ventilation (ASV), a type of positive airway pressure that continuously monitors a patient’s breathing. However, this option is not specifically tailored for treating CSA; rather, it is used in adults who have either CSA or obstructive sleep apnea.

The *remedē* device—for which Cooper served as a study site for the initial investigational device exemption (IDE) trial—gives CSA patients a better option tailored to their specific disorder, especially those with congestive heart failure.

“It’s like a pacemaker in that it’s implanted in the chest with several leads that pace the phrenic nerve and monitor a person’s lung function during sleep,” Dr. Andriulli says. Implantation is a simple outpatient procedure.

“Clinical testing showed that patients



John A. Andriulli, DO, FACC
Director of the Cooper Arrhythmia Device Program



Ramya Lotano, MD, FCCP
Cooper Pulmonologist

with central sleep apnea had a 50 percent or better reduction of apnea during sleep using *remedē*,” he continues, noting that this compared to an 11 percent reduction among those who didn’t have the system implanted. “Two other secondary endpoints were improved quality of life and improved sleep,” he adds.

Dr. Andriulli also points out that patients in the trial who had heart failure demonstrated a 5 percent improvement in ejection fraction and, at six months post-implantation, a reduction in hospital admissions related to heart failure.

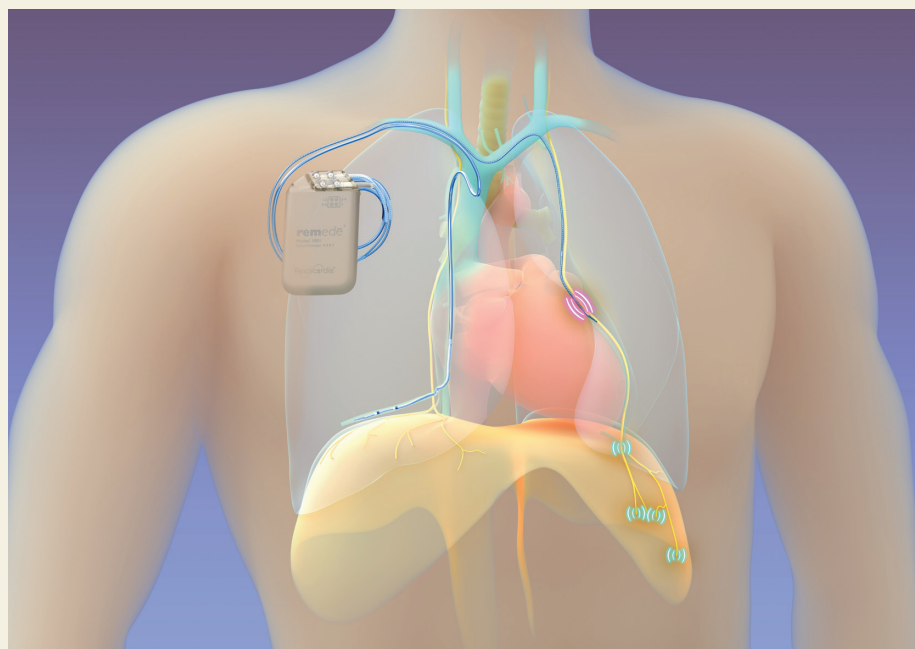
“The study wasn’t designed to study these secondary endpoints, however, so there is another ongoing study to validate these further,” he adds.

If you have a patient who you think may benefit from the *remedē* sleep system, the first step is to order a sleep study to demonstrate that central sleep apnea is the culprit.

“Many patients have mixed obstructive sleep apnea and central sleep apnea,” Dr. Andriulli says. “But in order for the *remedē* device to be indicated, the patient must predominantly have CSA.

“Once that’s confirmed, the patient can be referred to Cooper, where pulmonologist Ramya Lotano, MD, FCCP, a sleep expert, will validate the findings, then refer the patient to me for implantation,” he continues.

“Now that we can offer a treatment that’s been proven beneficial for patients with central sleep apnea, I urge my colleagues to be more aggressive about screening for this sleep disorder—particularly among their patients with congestive heart failure,” he adds. ■



The *remedē*® system is a battery powered device placed under the skin in the upper chest area with two small thin wires (leads), one to deliver the therapy (stimulation lead) and one to sense breathing (sensing lead). This system continuously and automatically monitors and stabilizes the breathing pattern, restoring sleep throughout the night.

To schedule an appointment with Dr. Andriulli, patients may call the Cooper cardiology office in Voorhees at 856.325.6700. To schedule an appointment with Dr. Lotano, patients may call the Cooper pulmonary office in Cherry Hill at 856.536.1500.

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UPCOMING CME ACTIVITY:

Pediatric Trauma Care: Saving Lives for the Future

- **DATE/TIME:** Friday, December 6, 2019, 7:30 a.m. – 3:15 p.m.
- **LOCATION:** Crowne Plaza, 2349 Marilton Pike West, Cherry Hill, NJ 08002
- **REGISTRATION FEE:** \$125 Practicing Physicians, \$75 Residents*, Fellows*, and Allied Health Professionals

**A letter of verification from your program director must accompany registration in order to receive reduced rate*

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logistics by ground or air.

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the Cooper Transfer Center,
contact **Karen N. Gruber, RN,
BSN, CEN, AVP**, Patient Care
Services, Urgent and Emergent
Services, at **856.342.2429**.



For more information: **SJMedicalReport.com**

