

MARYLAND'S

HEALTH MATTERS

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COVID-19**
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UNIVERSITY of MARYLAND
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MIDTOWN CAMPUS

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President

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Ask an Expert SHIEN HU, MD

DR. SHIEN HU is an assistant professor of medicine at the University of Maryland School of Medicine and gastroenterologist at the University of Maryland Medical Center (UMMC). Dr. Hu sees patients at the new Midtown Outpatient Tower. Working closely with psychiatrists, nutritionists and pharmacists, he develops personalized treatment plans for people with digestive diseases, including gastroesophageal reflux disease (GERD), irritable bowel syndrome, constipation and diarrhea. Dr. Hu completed his medical degree at Peking Union Medical College, his residency at the University of Nevada School of Medicine, and fellowships at UMMC and the University of Chicago Medical Center.

WHAT ARE MOTILITY DISORDERS?

Motility disorders are digestive problems that occur when the nerves and muscles in your digestive tract do not work properly in a coordinated way. Motility disorders can impact your esophagus, stomach and your small and large intestines—including your colon and rectum.

WHAT ARE THE COMMON SYMPTOMS OF A MOTILITY DISORDER?

Symptoms vary depending on the area of the body impacted. Some common symptoms may include trouble swallowing, nausea or vomiting, heartburn, constipation and uncontrollable bowel movements. These symptoms may interfere with daily activities and result in anxiety and depression.

WHO IS AT RISK OF DEVELOPING A MOTILITY DISORDER?

Anyone can develop a motility disorder. There is no primary cause most of the time. However, people who have other

medical conditions such as diabetes and thyroid disease can have a greater risk of developing a motility disorder. People with neurological conditions such as Parkinson's disease and multiple sclerosis are also at risk. Genetics can play a factor as well.

HOW ARE MOTILITY DISORDERS DIAGNOSED?

Your primary care or family doctor might refer you to me after performing a thorough physical and evaluation. As a gastroenterologist, I may perform endoscopies and manometry tests to find out what is going on. Endoscopy is a nonsurgical procedure that uses flexible tubes with cameras and lights to show the inside of your digestive tract. Manometry is the measurement of pressure in the esophagus or intestine using a long skinny probe. If a motility disorder is detected, our care team will develop a treatment plan based on the type of motility disorder and severity.

WHAT TREATMENTS ARE AVAILABLE FOR PEOPLE WITH MOTILITY DISORDERS?

Treatment options may include lifestyle changes such as modifying your diet and increasing physical activity, medication, and in some instances, surgery. Our team will develop a personalized treatment plan based on your specific condition.

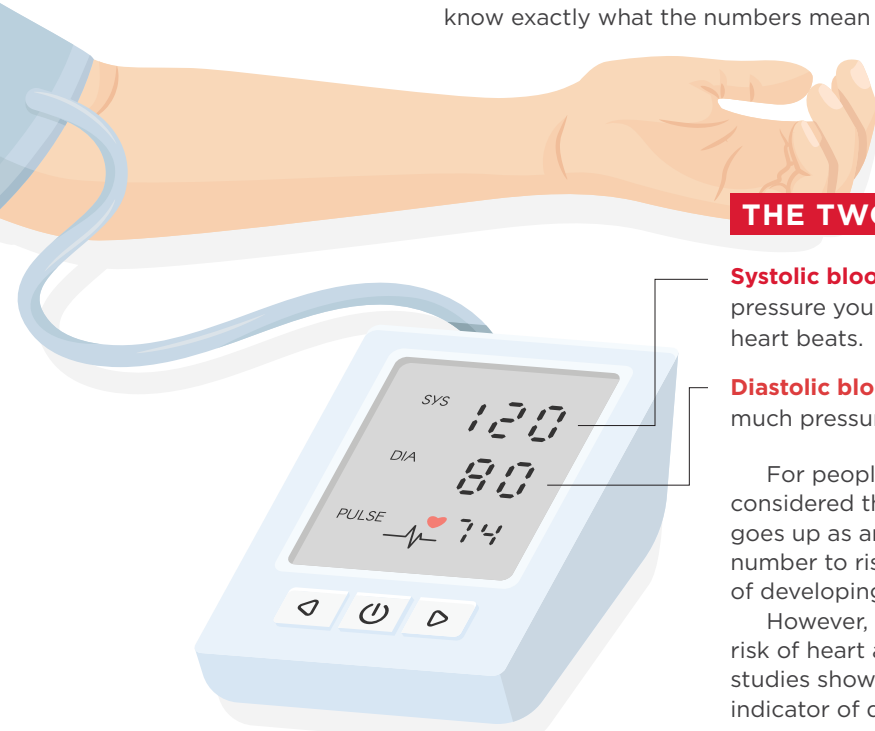


Visit ummidtown.org/gastro to download a Free Guide to Digestive Health and learn if you may be at risk of developing a motility disorder.

Understanding BLOOD PRESSURE

WHICH NUMBER MATTERS THE MOST, AND WHAT DOES IT TELL YOU?

Having your blood pressure taken is a routine part of any visit to the doctor's office. This is because high blood pressure can put you at higher risk for serious health conditions, including heart attack and stroke. Do you know exactly what the numbers mean when you have a screening?



THE TWO BLOOD PRESSURE NUMBERS

Systolic blood pressure is the first number. It shows how much pressure your blood pushes against your artery walls when your heart beats.

Diastolic blood pressure is the second number, which shows how much pressure is applied to the artery walls between heartbeats.

For people 50 and older, systolic blood pressure is usually considered the most important. As you age, this number gradually goes up as arteries become stiffer. Plaque buildup also causes this number to rise. A high systolic reading means you are at a higher risk of developing cardiovascular disease.

However, having an elevated diastolic reading can also raise your risk of heart attack and stroke. For people under age 50, recent studies show having a slightly elevated diastolic reading can be an indicator of developing high blood pressure in the future.

KNOW YOUR NUMBERS

People 40 and older should have their blood pressure checked at least once per year. Younger people between the ages of 18 and 39 who are not at high risk should check their blood pressure every three to five years.

The American Heart Association uses the following guidelines:

- **Normal Blood Pressure:** Less than 120 systolic/88 diastolic
- **Elevated:** 120-129 systolic and less than 80 diastolic. People with elevated blood pressure will likely develop hypertension unless they take steps to lower it.
- **Stage 1 hypertension:** 130-139 systolic or 80-89 diastolic. Your doctor will recommend lifestyle changes and might prescribe medication to lower your blood pressure.
- **Stage 2 hypertension:** 140/90 or higher: Your doctor will likely prescribe medication and recommend lifestyle changes.
- **Hypertensive crisis:** If you suddenly get a reading of higher than 180/120, wait five minutes and check it again. If the reading stays this high, contact your doctor right away.



The Community Health Education Center (CHEC) located in the lower level of the University of Maryland Medical Center Midtown Campus Outpatient Tower provides free blood pressure screenings Monday-Friday. Visit umms.org/chec for more information.



TAKE YOUR HEART TO THE *Mediterranean*

EATING LIKE YOU'RE ON A GREEK ISLE
OR THE AMALFI COAST IN ITALY HAS
BENEFITS FOR YOUR HEART HEALTH.

(DIET)

YOU MIGHT NOT BE ABLE to take a dream vacation to the crystal blue waters of the Mediterranean, but eating like the people who live near those waters can have its own rewards.

The Mediterranean diet isn't based on the food of any particular country, but rather a similar style of eating across the region. The diet is centered around vegetables, whole grains, nuts and nut butters, seeds, beans, lentils, fruits and fish, while also light on meats, dairy and eggs. Unlike low-fat diets, olive oil is encouraged in moderation, while fats such as butter and margarine are avoided.

RESEARCH SHOWS HEART-HEALTHY BENEFITS

The Mediterranean diet has been studied for decades, and compelling research—including the long-term Women's Health Study involving tens of thousands of participants—consistently demonstrates that it improves heart health and overall mortality rates. Additional research

includes the PREDIMED trial, which linked the diet to a lower risk of developing Type 2 diabetes, and the Nurses' Health Study, which showed women with this pattern of eating were almost 50% more likely to age healthily.

HOW TO GET STARTED

It can be hard to adjust your eating habits, but the positive changes that come from incorporating more produce into your diet are worth the effort. Try easing into a Mediterranean diet by making these adjustments:

- Cut back on meat. Instead of a whole steak, slice strips and add them to a salad.
- Swap bread for a side of bulgur or farro.
- Eat vegetarian meals at least one day a week.
- Make fresh fruit part of your breakfast or dessert instead of pastries or cookies.

WHAT'S IN A MEDITERRANEAN DIET?

- Every meal should have some combination of vegetables, nuts, legumes, beans, whole grains, seeds, herbs and fruit. Use olive oil as your healthy fat.
- Eat fish or seafood at least twice a week. Look for oily fish high in omega-3 fatty acids, such as salmon.
- Eat poultry, low-fat dairy and eggs no more than two or three times a week.
- Save red meat and sugary sweet treats for special occasions.
- Drink plenty of water.
- Don't overconsume alcohol, but an occasional glass of wine is fine.



Visit ummidtown.org/primarycare to schedule an appointment with our primary care providers at Midtown Health Center.



A New Life

AFTER COVID-19

AFTER MONTHS IN THE HOSPITAL RECOVERING FROM COVID-19, TWO WOMEN TURNED TO ONE DOCTOR AT UMMC MIDTOWN CAMPUS FOR HELP.

IN THE SUMMER OF 2020, Maria Young was 41 and Destiny Banks-Taylor was 28. Neither could have imagined the trauma that awaited them that fall. They were both taking pandemic precautions.

Unfortunately, as it turned out, they both became infected. Not only did both women spend months in the hospital with COVID-19, but they have also spent even longer recovering from it. Both Banks-Taylor and Young have long COVID, ongoing health conditions that can last several weeks or even years. Today, more than a year after leaving the hospital, both women feel like their lives are back to something resembling normal—something that has only happened with the help of one clinic at the University of Maryland Medical Center Midtown Campus.

WORST. BIRTHDAY. EVER.

A few days before her 28th birthday in August 2020, Banks-Taylor started to feel ill.

“I thought it was just a cold, but I canceled my birthday plans to be safe,” Banks-Taylor said. “But as my symptoms worsened, I got tested for COVID-19. I found out I was positive a day or two after my birthday. Two days later, I could barely breathe.”

Banks-Taylor called a nurse helpline, which told her to immediately call an ambulance. She was taken to one hospital, then transferred to another.

“And that’s the last thing I remember,” Banks-Taylor said.

What she doesn't remember is being airlifted to the University of Maryland Medical Center, where she spent seven weeks in a medically induced coma in the Lung Rescue Unit. She was placed on an extracorporeal membrane oxygenation (ECMO) machine and a ventilator to keep her heart and lungs functioning.

"My family told me that it was touch and go for a long time," Banks-Taylor said.

After 99 days at UMMC, Banks-Taylor was wheeled out of the hospital to begin the first phase of her long recovery.

IT WASN'T THE FLU

Maria Young's story started differently. In late October 2020, Young wondered if she had the flu. She had gone to her doctor and tested negative for COVID-19, but her symptoms kept getting worse. She went back and was diagnosed with a urinary tract infection. Despite antibiotic treatment, her condition got worse. She went to the hospital, where she finally tested positive for COVID-19 and pneumonia. But after three days, she was discharged.

Two days later, Young was back in the ICU and then transferred to another area hospital. She was placed on a ventilator and was on ECMO for 69 days. She did not return home until early March 2021.

"As I was recovering, my next question was, 'Who takes over my care now?'" Young said. "A friend from North

Carolina said she had heard from a colleague about the provider I needed to see."

A SHARED ROAD TO RECOVERY

Banks-Taylor began her post-COVID care at UMMC Midtown Campus in January 2021. Young started three months later in April. And both women worked with the same physician, Andrea Levine, MD, assistant professor of medicine at the University of Maryland School of Medicine and director of the University of Maryland Critical Illness Recovery Clinic.

"We set up this clinic prior to the pandemic," Dr. Levine said. "We knew patients leaving the ICU who had been on life support or ECMO would need a fair bit of help with medication management and restoration of pulmonary function. Then when COVID-19 hit, it was clear the clinic was perfectly designed to help critically ill patients during their recovery."

The first months of recovery were not easy. Banks-Taylor said she barely remembers the beginning of treatment, but Dr. Levine's persistent care helped her recover lung function. While in the hospital, Banks-Taylor had a tracheotomy, a surgical procedure to insert a tube in your neck to help with breathing. The surgery allowed Banks-Taylor to come off the ventilator, but it was a devastating procedure for someone whose main pastime outside of work was singing.

"Her respiratory function and ability to sing were severely impaired when I first saw her, due to lung damage and some vocal cord dysfunction," Dr. Levine said.



Maria Young (left) practices yoga while Destiny Banks-Taylor (above, at left) performs with her band. Both women experienced the long-term effects of COVID-19.



SYMPTOMS OF LONG COVID

If you've had COVID-19, you can develop long COVID whether or not you were hospitalized. Some people with even a mild initial case develop the longer version. If you or a family member has had COVID-19 and are experiencing any of the following symptoms, you should discuss them with a medical provider.

- Brain fog
- Confusion
- Exercise intolerance, such as not being able to walk short distances
- Dizziness when you stand
- Forgetfulness
- Severe fatigue
- Shortness of breath

Meanwhile, Young's lung capacity was back to 90% three months after leaving the hospital. But other long COVID symptoms continued.

"I struggle with fatigue and brain fog," Young said. "I have a partially paralyzed vocal cord and additional nerve damage."

Dr. Levine had set the clinic up as a hub-and-spoke model, which consists of a central location where patients visit her then get referred to other UMMS specialists.

Banks-Taylor worked with an ear, nose and throat specialist to help improve her vocal function. Young saw a neurologist to help with her brain fog. And then there's the much-needed mental health support.

"While surviving such extreme cases of COVID-19 is incredible, there is still significant trauma that both patients and their families have to process during recovery," Dr. Levine said.

FINDING THEIR WAY BACK

Banks-Taylor and Young realize how lucky they are to have survived and recovered to the extent that they have, which they both said is around 80% of their former physical capacity.

"I have had access to the most amazing doctors in this area, especially Dr. Levine, and I'm acutely aware that not everybody has that," said Young, who lost a cousin in Ecuador to the disease.

Young has started a nonprofit, Maria's Miracle, that will raise money to provide critical care and ECMO training to physicians serving priority populations. The organization will also develop resources for ECMO patients and their families experiencing COVID-19 and other illnesses.

"Maria's recovery has been fantastic, and the work that she's doing to advocate for other people who have had COVID-19 and were on ECMO is really incredible," Dr. Levine said.

Recovery for Banks-Taylor has been just as much of a challenge, but with the clinic's help she can sing again.

"Waking up from a coma and realizing that I could not talk, let alone sing, was very traumatic," Banks-Taylor said. "Being able to regain the ability to speak clearly and to sing again has been amazing. Finally, I can lead praise and worship at my church again and sing and write music with my family, even if it's slightly different now."

Banks-Taylor recently married the man who stood by her side throughout the entire illness, and she's expecting her first child this fall.

"Just to see her over the last two years, from being unable to walk to sending me videos of her walking along the beach with her husband, has just been so wonderful," Dr. Levine said.

If you or a loved one is experiencing symptoms of long COVID, University of Maryland Center for Pulmonary Health providers are here for you. Find a doctor and make an appointment today at ummidtown.org/pulmonary.

A CHANCE TO **THRIVE** WITH **HIV**

THE UNIVERSITY OF MARYLAND
SCHOOL OF MEDICINE INSTITUTE OF
HUMAN VIROLOGY'S THRIVE PROGRAM
PROVIDES REVOLUTIONARY TREATMENT
FOR INFECTIOUS DISEASES.



THE THRIVE PROGRAM, which stands for Together, Healing, Reaching and Inspiring to achieve Victory over illness and Embrace life, is a critical part of UMMC Midtown Campus.

"The THRIVE care model incorporates the foundational parts of modern HIV care including multidisciplinary care and primary care," said Patrick Ryscavage, MD, associate professor at the University of Maryland School of Medicine Institute of Human Virology and division chief of infectious diseases at UMMC Midtown Campus. "We also provide advanced support services. Our social work team is the beating heart of our clinic."

ACCESS NEW HIV TREATMENT

The THRIVE Program now offers a new injectable medication, Cabenuva, a monthly/bimonthly injection used to manage HIV. Many patients benefit from an injectable HIV medication. Cabenuva is the brand name for the drug cabotegravir/rilpivirine.

"Everyone has a different reason why they choose to take Cabenuva, but a common theme is freedom from taking pills daily," Dr. Ryscavage said. "For some patients, the daily ritual of taking HIV medication is burdensome and some people struggle to physically take pills or stress about missed doses."

TAKE A SHOT AT PREVENTION

Additionally, the Food and Drug Administration recently approved a new injectable medication, Apretude, also a form of cabotegravir, for pre-exposure prophylaxis (PrEP) medication used to prevent the spread of HIV. THRIVE providers and pharmacists are working with patients and insurance companies to get Apretude for people at risk of an HIV infection.

"Traditional PrEP can cause pill fatigue for many patients," said Neha Sheth Pandit, PharmD, professor of infectious diseases/HIV pharmacotherapy at the University of Maryland School of Pharmacy and clinical pharmacist at the THRIVE Program. "Apretude is life-changing for patients who find taking daily medications difficult."

For the providers at THRIVE, these advancements are just another step to providing patient-focused care for infectious diseases.

"Therapies like Cabenuva and Apretude help us meet patients' needs in a way we couldn't before," Dr. Pandit said. "Our multidisciplinary team works to ensure we're doing the best we can for those we serve."

MORE REASONS TO THRIVE

The THRIVE Program at the University of Maryland Medical Center Midtown Campus offers quality care services including:

- Anal and cervical cancer screening
- Employment counselors
- Hepatitis C management
- Housing coordinators
- Insurance specialists
- Medical nutrition therapy evaluation and counseling
- Mental health therapists
- Substance abuse counselors
- Vaccines, including for COVID-19

THRIVE also offers employment counseling, housing resources and legal services.

Get quality care for infectious diseases at the THRIVE Program. Call 410-225-8369 to make an appointment.



For help managing your HIV at the THRIVE Program, call **443-386-1746** to speak to the HIV Prevention Team

Advances in **TRANSPLANTATION,** **ADVANCES IN LIFE**

**MARYLAND'S FIRST
ROBOT-ASSISTED
LIVING DONOR KIDNEY
TRANSPLANT**

HAPPENED AT THE
UNIVERSITY OF
MARYLAND MEDICAL
CENTER.

Omelia Bennett
is all smiles after
undergoing a
kidney transplant
that minimized
both scarring and
recovery time.

OMELIA BENNETT, 36, had a twinkle in her eye and a smile under her mask as she made her way towards the operating rooms at University of Maryland Medical Center (UMMC). The Baltimore County resident was about to undergo a kidney transplant, putting an immediate stop to seven years of end-stage renal failure. She was more than ready for this new kidney and genuinely excited to be the first person in Maryland to receive a living donor kidney through a robot-assisted surgery.

When Chandra Bhati, MS, MBBS, a professor of surgery at the University of Maryland School of Medicine, joined the University of Maryland transplant team in 2021, he brought with him vast experience, including using the robot in multiple ways. Robotic surgeries have a long history at UMMC for many different surgical procedures, including the removal of kidneys from living donors. The robot had never placed a kidney inside a recipient.

“Dr. Bhati explained to me that this would be a first here,” Bennett said. “I knew he was an expert and had done this in other states. Honestly, I did not mind being a guinea pig. I just wanted to start my life over and if this surgery meant a faster recovery with fewer scars, I was in.”

CLEAR ADVANTAGES

This minimally invasive approach of placing a kidney into a recipient offers many advantages. According to Dr. Bhati, “The robotic approach improves the surgeon’s precision and makes it easier to navigate within the body. Also, there are fewer incisions. We make a two-inch cut above the belly button and three or four smaller incisions in the belly. Compare this to a traditional open transplant which requires cutting about 8 inches through abdominal muscle. In the end, this newer surgery means faster recovery, less pain and a reduced chance of wound complications.”

Bennett can attest to all these advantages. She was on her feet almost 12 hours after the operation, walking the hallways. She felt little pain and went home three days after the transplant. “I have been cut on a lot in the past seven years and I can honestly say this was the best surgery I ever had!”

Months later, during a checkup with another physician, the doctor expressed shock that she did not have large visible scars. “He almost did not believe that I had the transplant,” Bennett joked.

MAKING TRANSPLANT MORE AVAILABLE

This robotic technique makes transplantation available to more patients, particularly those with a high body mass index. Many transplant centers across the United States turn away overweight or obese patients, considering them high risk.

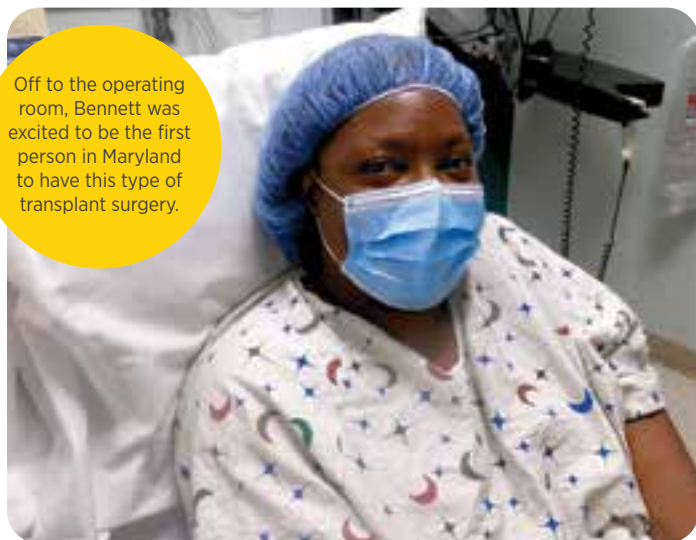
“The larger the patient, the larger the scar, because we have to reach to the lower portion of the abdomen to place the kidney. With the robot’s extended reach, complications related to scarring are reduced and we can offer transplants to more patients,” explained Dr. Bhati, who completed this type of surgery more than 55 times.



Members of the UMMC transplant surgery team are committed to transplanting as many patients as possible.

“Having an organ transplant changes lives,” said Daniel Maluf, MD, director of the UMMC Program in Transplantation and professor of surgery and medicine at UM School of Medicine. “Patients can go back to doing things they love. They can go back to feeling good in a short period of time. It’s incredible to see, and just one reason why we are so committed to getting as many people transplanted as possible.”

UMMC is the academic medical center of the University of Maryland Medical System and, in addition to providing the highest quality of care, is one of only two medical centers in Maryland offering organ transplantation. In addition to kidneys, patients can receive a liver, pancreas, heart and lungs. UMMC prioritized transplant when establishing the program in 1968 and continues to make it a top priority today. The program continues to grow and advance every year. Patients benefit from access to innovative options, such as the robotic surgery that transformed Bennett’s life. The experts at UMMC perform 400 transplants a year.



Off to the operating room, Bennett was excited to be the first person in Maryland to have this type of transplant surgery.



Back to living her best life, Bennett likes picking out her own ingredients that she makes into culinary delights.

ON THE WAITING LIST

Chronic kidney disease is on the rise, with diabetes and high blood pressure often the cause. It's estimated that 15% of American adults have the disease, and many of those people don't even know it.

That's what happened to Bennett. It's still a mystery why she ended up with failing kidneys; she was generally in good health and at a healthy weight. She received her diagnosis in 2014 in an emergency room. She thought she just had a stomach bug. Instead, doctors told her both of her kidneys were shutting down from end-stage renal failure.

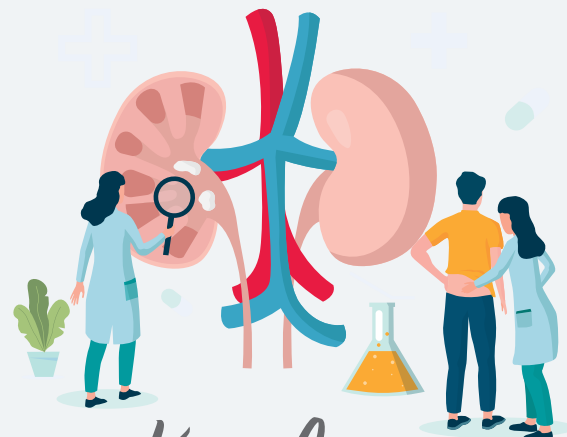
The very next day, she began the process of getting on the transplant waiting list. While she waited patiently for a cadaver kidney, she also looked for a living donor since this can mean a more immediate transplant with a better-quality organ. It can also last longer than a deceased donor kidney.

In the end, after several grueling years of dialysis, her kidney transplant came from an anonymous living donor. This donor's altruistic act meant a new lease on life for Bennett.

ON TO LIVING

Fully recovered from the surgery, Bennett is rediscovering some of life's simple pleasures. Her real passion is cooking, which is something she couldn't keep up with when she was sick. Now, she is back in the kitchen both at home and at work—preparing meals for residents at a local nursing home. Thanks to an anonymous kidney donor and an innovative approach to transplant, Bennett is living a full life again.

Learn more about Omelia Bennett's robot-assisted living donor kidney transplant at umm.edu/robot-assisted-transplant.



Keep Away, KIDNEY STONES

CHEMICALS IN YOUR URINE CAN CRYSTALLIZE TO FORM TINY OBJECTS CALLED KIDNEY STONES—WHICH HAVE POTENTIALLY PAINFUL CONSEQUENCES. MAKE LIFESTYLE CHANGES TO REDUCE YOUR RISK.

KIDNEY STONES are notorious for the discomfort they can cause, typically in the lower back due to blocking the flow of urine in the urinary tract. Addressing the factors that can contribute to kidney stones, such as a high-salt diet and not drinking enough water, can help you avoid them. Here's what you can do:

- **Fill up on fruits and vegetables.** You're more likely to develop kidney stones if your urine is acidic. Eating plenty of fruits—even acidic fruits—and vegetables increases alkali and reduces acidity in your system.
- **Make drinking water a routine part of your day.** Drinking plenty of water—most people need more than 12 cups daily, according to the Institute of Medicine—can help prevent low urine volume, a kidney stone risk factor. If your urine is clear or light yellow, your water intake is good.
- **Scale back on salt.** Excess salt in your diet can lead to the formation of calcium kidney stones, the most common type. Reduce your intake of salt-heavy foods, such as processed snacks.

If you have had a kidney stone in the past and want to prevent one in the future, talk to one of our kidney specialists about the best plan for you. Need a provider? Visit ummiddtown.org/kidneycare.

How to Find a

LIVING DONOR

Living donors can improve outcomes and decrease wait times for people who need a transplant. For those who need a kidney or liver, however, the prospect of finding a living donor can feel overwhelming.

KIDNEYS ARE THE MOST COMMON ORGANS TRANSPLANTED FROM A LIVING DONOR, BUT A PORTION OF A LIVER CAN ALSO BE DONATED BY A LIVING DONOR.

Here are some strategies the transplant team at **University of Maryland Medical Center** recommends to people seeking a living donor:



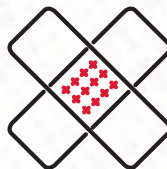
1 EXPLAIN HOW THE PROCESS WORKS.

When someone comes forward considering donation, details are kept confidential. They undergo a health history and checkup, labs, imaging and other tests to determine if they are a suitable donor. Also, just because someone goes through the process does not mean they have to donate an organ.

KNOW THE FACTS ABOUT LIVING DONATION.

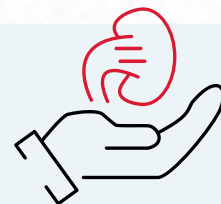
- A kidney donor does not need to have the same blood type as the intended recipient. Some kidney exchange programs pair each recipient with the most compatible donor available.
- Donors recover quickly and don't need to take lifelong medication after donation.
- Healthy people only need one kidney.
- The liver grows back after donation.
- Transplant testing and surgery are free for the donor.
- The donor's health is always a priority.

2 ACKNOWLEDGE THAT THIS IS DIFFICULT TO ASK.



3 BE PATIENT.

Finding a living donor takes energy and perseverance. Stay upbeat and be patient.



4

TELL ANYONE INTERESTED IN BEING A DONOR THAT YOUR DOCTOR THINKS A LIVING DONOR IS BEST FOR YOU.

5 KEEP ASKING AND TELLING YOUR STORY.

Repetition is very important. Many people need to hear something seven or more times before making a decision. Get other people to be your champions and share your story. Don't be afraid to get personal either. Share your dreams and hopes for the future since organ donation can ultimately save your life. And don't forget to say it over and over again since it may take 10 or more volunteers before one donor matches.



Visit umm.edu/livingdonorkidney or umm.edu/livingdonorliver for more information.



HEALTHY LIVING FOR *Healthy Breasts*

YOUR ANNUAL MAMMOGRAM IS ONE OF MANY WAYS TO PROTECT YOUR BREAST HEALTH.

YOU MAY KNOW ONE THING you can do for your breast health is to have annual screening mammograms. This test can help physicians detect breast cancer early when it's easier to treat. Fighting breast cancer, however, goes beyond your annual imaging appointments.

RISK REDUCERS

Avoid alcohol, if possible. Giving it up altogether is best for breast health. If you choose to imbibe, limit yourself to one drink per day.

- **Eat for your health.** Make sure your diet includes plenty of fruits, vegetables and whole grains. Limit sugary and high-sodium/processed foods, and those with saturated and trans fats.
- **Move more.** Being active regularly can help lower your breast cancer risk. Work toward at least 30 minutes of moderate-intensity exercise most days of the week.
- **Watch your weight.** Use a nutritious diet and regular exercise to reach and maintain a healthy weight. Being overweight or obese is a risk factor for breast cancer.

Has it been 12 months or more since your last mammogram? To schedule your screening at the University of Maryland Breast Center, call **410-328-3225**.

STOLER CENTER CONSTRUCTION UNDERWAY



\$55 MILLION CAMPAIGN TO RAISE FUNDS FOR NEW CANCER CENTER HOME

THE UNIVERSITY OF MARYLAND MEDICAL CENTER broke ground in May on the Roslyn and Leonard Stoler Center for Advanced Medicine, the new home of the University of Maryland Marlene and Stewart Greenebaum Comprehensive Cancer Center. The occasion also marked the public launch of the Building for Life Campaign, an extraordinary effort to raise \$55 million for the building's construction and the advancement of clinical care, patient support services, research, training and education within the cancer center.

The transformational gift from Roslyn and Leonard Stoler—for whom the building is named—helped to propel the campaign and inspire several donors to invest in this project, which will change the future of cancer care in Maryland and beyond.

"Our deepest wish is that we can bring some light to people who are suffering physically and mentally" Leonard said. "If we help them in any way, we're satisfied."

"We care about people, we want to help," Roslyn Stoler added. "Helping people is what is so important to both of us."

For more information about the construction of the new Stoler Center, please visit umgccc.org/stolercenter. To learn more about philanthropic opportunities, please visit ummsfoundation.org/buildingforlife.

NEWS & Events

FIGHT THE FLU: GET YOUR SHOT TODAY



Flu shots can increase the chance of staying healthy through the winter months. Getting vaccinated will not only help keep you healthy, but it can help to prevent you from getting others sick too. It is recommended that everyone 6 months and older get a yearly flu vaccine.

The Community Health Education Center (CHEC), located at the bottom level of the Midtown Outpatient Tower, offers free flu shots.

In addition to flu shots, CHEC offers free health, wellness and lifestyle resources, as well as health testing and screenings. If needed, our team can provide referrals to diabetes, heart, lung, kidney, eye, sleep, digestive health and infectious disease specialists all conveniently located in the same building.

Learn more at ummidtown.org/chec or call 443-552-2432.

HEALTH AND FITNESS CLASSES COMING TO YOU

The Community Health Education Center (CHEC) announces the following free programs available for the community.

Living Well with High Blood Pressure: This fun, interactive workshop is designed to help people learn ways to better control their high blood pressure. During this workshop, participants will learn how to:

- Take their own blood pressure
- Eat healthy
- Identify salty foods and how to avoid them
- Take medications correctly
- Know their numbers for a healthy lifestyle

Exercise and Line Dancing: These 60-minute classes are designed to get your heart rate up and boost cardiac endurance. All fitness levels are welcomed. The classes will be held in the Community Conference Center across from CHEC.

- **Zumba**—Monday mornings
- **Cardio and Dance**—Wednesdays
- **Line-Dancing**—Second Tuesdays and fourth Thursdays of the month

Healthy Cooking and Healthy Eating: Preparing the right foods can make a big difference in your health. Participants will learn cooking tips, healthy food swaps, and grocery shopping tips.

- **Nov. 19**—Fall Favorites With a Health Spin
- **Dec. 7**—Healthy Holiday Eating for the Whole Family

Visit ummidtown.org/chec to learn more about upcoming classes and schedules.

DIABETES AWARENESS EVENT

In conjunction with Diabetes Awareness Month, the University of Maryland Medical Center and the Endocrine Society are partnering to provide a Diabetes Awareness Day on Saturday, Nov. 5 at New Shiloh Baptist Church, 2100 N. Monroe Street, from 10am to 2pm. This free event is offers something for every age and every stage.

The event includes:

- A1C screenings to see if you are at risk for diabetes, cholesterol, blood pressure
- Body mass index (BMI) testing
- Vision screenings
- Fun activities for children
- Ask a Doc
- Health information tables and giveaways

ARE YOU READY TO MAKE A CHANGE TO PREVENT GETTING DIABETES?

If you are at risk for diabetes, you don't want to miss out on the Center for Diabetes and Endocrinology's free diabetes prevention classes. You don't need to be a University of Maryland Medical Center Midtown Campus patient to take part.

If you are interested in being a part of the next class or learning more about the program, please contact our team by calling 443-682-6800 or visit ummidtown.org/dpp.



MOSAIC UNVEILING

Over a series of workshops, University of Maryland Medical Center team members and leadership worked alongside our community to create one of the largest mosaics installed by Art With a Heart to date. The mosaic hangs in the lobby of the Midtown Outpatient Tower and exemplifies our deep commitment to partner with our neighbors to achieve their best health.

Learn more about the Midtown Outpatient Tower by visiting ummidtown.org/tower.



Connecting all of Derrick's care in one location.

The coordination of care available at the **University of Maryland Medical Center Midtown Campus** helps people like Derrick manage multiple medical conditions like diabetes and kidney disease and provides access to advanced therapies like kidney transplantation in one convenient location — eliminating the stress and guesswork that goes into balancing your health. It's modern care that is building up the health of our neighbors in West Baltimore and beyond.



Visit umm.edu/ConnectedCare to request an appointment and hear from patients like Derrick.

