

WOMEN'S healthsource

CEO'S MISSION
TO HELP ELIMINATE
DISPARITIES IN
**CANCER
CARE**



SPRING 2025 EASING CHEMOTHERAPY SIDE EFFECTS |
4 MISCONCEPTIONS ABOUT INCONTINENCE | DOES MY CHILD HAVE A
COLD OR ALLERGIES? | POST-CONCUSSION VISION CARE



Main Line Health®

Finding hope: Amy's journey to sobriety

Before walking through the doors of Mirmont Treatment Center, Amy Legath had fought countless battles with alcoholism. She tried outpatient treatments and abstinence, but nothing lasted. Alcohol was her escape from past traumas, grief and the overwhelming demands of raising a son diagnosed with autism at 18 months old. Struggling with abusive relationships and self-doubt, she believed she didn't deserve happiness or sobriety.

"I let myself go," Amy admits. "My addiction was destroying my marriage, my relationship with my son and myself."

But deep down, she knew she needed to change. She saw how alcohol was stealing her from her family, so she made the courageous decision to seek help at Mirmont Treatment Center, part of Main Line Health.

A TURNING POINT

Amy's first days in inpatient treatment were filled with fear and guilt. "The first night, I sat on the edge of my bed, telling myself to just get through the night," she recalls. But soon, she found unexpected support in Mirmont Treatment Center's community. Friendly faces welcomed her, and she realized she wasn't alone.

"It was comforting to know it was OK to be scared," Amy says. "I just needed to open up and let the program help me."

Group therapy, especially the trauma-focused Core and Phoenix groups, became her lifeline. "Facing my trauma head-on brought me back to life," she reflects. The friendships she built with fellow patients and counselors became a source of strength — bonds that still exist today.

A NEW BEGINNING

Recovery didn't end when Amy left inpatient treatment. She continued with intensive outpatient therapy at the Mirmont Outpatient Center - Exton location and remains engaged in ongoing support. The Mirmont Alumni group provides her with a lasting sense of community.

Since treatment, Amy has celebrated one year of sobriety. She's thriving in a new healthcare job, rebuilding her



Amy recently took a cruise to Alaska, an experience she fully enjoyed sober.

marriage and cherishing time with her son. Even her relationship with her mother, once strained for 15 years, has healed — they recently took a cruise to Alaska together, an experience Amy fully embraced sober.

MOVING FORWARD

Every day, Amy recommits to recovery. "I'm stronger than I gave myself credit for," she says. Her advice to others: "You have to want it for yourself. Take it one day at a time, and don't be afraid to ask for help."

Looking ahead, Amy is excited for the future — whatever it may hold. "I don't know what's next," she says, "but knowing I'll face it sober makes it that much more exciting."

Amy's story is a testament to resilience, the power of community and the hope that comes with recovery.

TAKING THE FIRST STEP

Embarking on the journey to overcome addiction begins with a critical first step: detox. This process involves safely eliminating harmful substances from the body under medical supervision, ensuring both safety and comfort.

At Mirmont Treatment Center, our professional detox services provide:

- Safety: 24/7 medical care to address any complications
- Comfort: Medications and therapies to ease symptoms
- Support: Emotional and psychological care to guide you

Recovery is possible — and it starts here. Call us at 1.888.227.3898.

A FRESH START BEGINS HERE

If you or a loved one is struggling with addiction, reaching out for professional help is a courageous and essential first step. For more information or to begin your path to recovery, contact our Admission Team at 1.888.227.3898 or visit mainlinehealth.org/recovery.



The key role of family history in heart health: How physicians use it to save lives



John Clark, DO
Cardiologist

In contemporary cardiac care, there's a strong understanding of how genetics and family history play a big part in shaping heart health — and, increasingly, how they can be used to help prevent a negative

health event before it occurs.

“Early detection can change the trajectory,” says John Clark, DO, cardiologist at Main Line Health in Philadelphia. “People may ask, ‘Why even check? If it’s going to happen, it’s going to happen.’ But the reality is, you have the chance to modify your future.”

Recognizing this, physicians at Main Line Health have adopted a proactive approach, using family history and genetic testing through their specialized Cardiovascular Genetics and Risk Assessment Program to help patients take control of their health before a crisis strikes. The program stands out for its comprehensive evaluations, which include detailed family history analyses, customized risk management strategies and tailored genetic testing.

“During consultations, we’re not just identifying risk factors,” explains Cristina Nixon, a certified genetic counselor at Main Line Health. “We’re providing patients with actionable steps to mitigate those risks and extend that knowledge across generations.”

WHY YOUR FAMILY HISTORY MATTERS

Nixon recommends patients talk to relatives to gather as many details as possible. They can start by having conversations with those closest to them and asking whether they are aware of anyone in the family who has suffered from heart disease, high cholesterol or other cardiovascular issues.

Once you have the information, have a thorough conversation with your cardiologist. Include specific diagnoses, ages of onset and relevant lifestyle factors

of affected relatives. For example, note any recurring patterns, such as heart attacks or strokes occurring before age 55.

Armed with this information, your doctor can recommend appropriate screenings. These may include cholesterol testing, blood pressure monitoring or advanced diagnostic tools, such as cardiovascular imaging.

THE IMPORTANCE OF GENETIC TESTING AND COUNSELING

With genetic testing, providers at Main Line Health are helping patients take the next step in breaking down their risk — and identifying the exact conditions that they need to target early. Doctors use this information to determine detailed, targeted prevention plans.

“We know that interventions with lifestyle changes or certain medications can actually decrease your risk of progression to symptoms or worsening of that condition,” Clark says.

Often, the earlier you get tested, the better. In fact, discovering a cardiac gene mutation in young adulthood or even childhood can set patients up for success in the long term and potentially save their lives.

Remember, your family history is just a starting point — it doesn’t define your future. By taking these steps, you’re making proactive choices for a stronger, healthier tomorrow.

This article was produced as part of paid media collaboration with Main Line Health and *Philadelphia* magazine.



HELP DEVELOP NEW TREATMENTS

Beyond family members, the growing amount of information on genetics also helps researchers better understand cardiac genetics and develop new treatments for everyone. For more information about cardiovascular genetics and risk assessment services at Main Line Health, visit mainlinehealth.org/cardiogenetics.



Easing patients' battle with chemotherapy side effects

Bridget Dougherty, a 41-year-old woman from Delaware County, couldn't understand it. Her neighbor was diagnosed on the same day with the same type of breast cancer, had the same oncologist and same surgeon, and was undergoing a similar chemotherapy regimen. "She hardly missed work and was able to take her kids to baseball practice, yet I couldn't get out of bed some days," Bridget says. "The nausea was so bad I had to go to the emergency room. I thought I was a crazy person."

Due to Bridget's participation in a clinical trial of a blood test designed to address that very problem, however, researchers had an explanation for her severe symptoms. Although patients generally aren't told their trial results, principal investigator Maggie Wallon, PhD, Assistant Professor at Lankenau Institute for Medical Research (LIMR), and Bridget's oncologist, Zonera Ali, MD, felt an exception was crucial because their patient direly needed some peace of mind to help weather the remaining infusions.

FINDING ANSWERS ... AND RELIEF

The blood test, called MyNauseaRisk™, is designed to predict who will suffer from chemotherapy-induced delayed nausea and vomiting. Results on more than 250 patients have shown with 80% accuracy that, in patients getting platinum-based chemotherapy, those who fail to generate enough of an antioxidant called glutathione will develop the condition. "Bridget had the lowest levels we had ever seen," Dr. Wallon says.

While the information provided welcome reassurance for Bridget, the goal is to get the diagnostic tool out into the medical mainstream so doctors know which patients will be affected before nausea strikes. Once delayed nausea kicks in, it is often too late to control it, but if patients get the right medication beforehand, it can be manageable.

LIMR has a licensing agreement with MYNARI Biomedical, a biotech startup



From left: Zonera Ali, MD, and Maggie Wallon, PhD, talk with Bridget Dougherty about her care.

working to secure U.S. Food and Drug Administration approval and commercialize the product. Currently, this experimental test is available only to customers who can afford the cost, which is not yet covered by insurance. If MYNARI gets regulatory approval, insurance reimbursement would likely follow.

Dr. Wallon hopes insurance companies will agree to cover the most potent — and also the most expensive — anti-nausea drugs, rolapitant and granisetron (given as a patch for those flagged by the test. Usually, patients must have unsuccessfully tried other less-powerful anti-nausea drugs before insurance approves rolapitant or granisetron.

FOCUS ON PREVENTION

It appears Dr. Wallon's test can predict more than one condition. She has evidence that the same biomarker can

predict which patients are likely to develop chemotherapy-induced peripheral neuropathy.

"The onset of peripheral neuropathy is a slower process than chemotherapy-induced nausea, but it can be more severe and even irreversible," says George Prendergast, PhD, President and CEO of LIMR. "The goal is to identify neuropathy early on so we can adjust the patient's care, which, even if it doesn't eliminate the condition, might reduce the severity of the symptoms.

"Dr. Wallon's test is one of the most exciting developments at LIMR because we believe it will illuminate other disorders caused by oxidative stress that can be accurately predicted and responded to before the patient is affected. For that reason, we are keenly focused on getting the test into doctors' hands."

READ ABOUT OUR RESEARCH

To learn more about the clinical trials at Lankenau Institute for Medical Research, visit mainlinehealth.org/limr.



Take control: 4 common misconceptions about incontinence



Marc Togli, MD
OB/GYN and
Urogynecologist

Afraid to laugh too hard for fear of bladder leakage?

Have you changed your exercise routine, travel plans or social life due to bathroom issues? Despite being such a common condition, urinary incontinence is rarely talked about.

Marc Togli, MD, Chief of female pelvic medicine and reconstructive surgery at Main Line Health, discusses misconceptions about urinary incontinence and provides hope that relief is possible.

MISCONCEPTION #1: URINARY INCONTINENCE IS A NATURAL PART OF AGING.

Women of all ages can experience urinary incontinence. “Bladder leakage is quite common and affects at least one in three adult women,” Dr. Togli says. And although the risk increases after childbirth and menopause, it’s never normal to leak urine. In fact, there are very specific, underlying reasons for the problem, such as weakening of the muscles that support the bladder and urethra, damage to the valve that controls the flow of urine, or abdominal pressure due to pregnancy and other issues. Knowing what is causing the incontinence is important for effective treatment. “As women age, the pelvic floor progressively gets weaker,” explains Dr. Togli. “The first step is getting an evaluation.”

MISCONCEPTION #2: I SHOULD BE ABLE TO HANDLE THIS MYSELF.

When women begin having bladder problems, they often try to manage the issue themselves by changing their fluid intake or doing Kegel exercises. While these efforts can be positive if done correctly, they can be hard to do without guidance and, unfortunately, typically do not solve the problem. “Women are often so busy caring for everyone else in their family that they do not prioritize their own need for treatment,” says Dr. Togli. “Urinary incontinence can negatively impact their quality of life.” Seeking treatment for the problem is one of the best things women can do for themselves.

MISCONCEPTION #3: TREATMENT OPTIONS ARE LIMITED OR DON’T WORK.

“The reality is, there are many safe and effective treatments for urinary incontinence, but the right treatment plan for you depends upon the type of incontinence you have,” Dr. Togli explains. Types of incontinence include stress incontinence (leakage with activity) and urgency incontinence (an overactive bladder). However, some women may have symptoms of both or other pelvic floor problems, such as prolapse, that could lead to a third type of leakage known as overflow incontinence.

Although your doctor may use a combination of treatment options — including physical therapy, medication and lifestyle changes — surgery is often the first line of treatment because it is so effective and long-lasting. The urethral sling is the most common surgery for stress incontinence. It involves placing a durable mesh to support the urethra and prevent leakage. The noninvasive procedure is performed on an outpatient basis, and women are back to regular activities quickly.

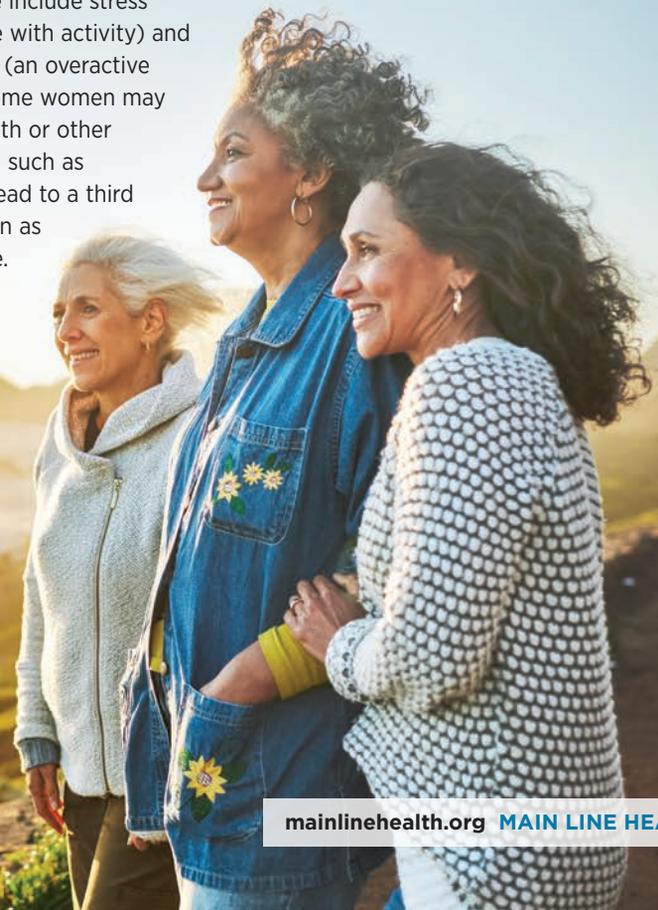
MISCONCEPTION #4: MY ISSUES AREN’T BAD ENOUGH FOR TREATMENT.

It can be difficult to know when to seek treatment for a problem. “I tell patients that the time to schedule an evaluation is when the problem begins interfering with quality of life,” says Dr. Togli. It’s so rewarding to see how treatment can empower women to live the way they want once again. It’s truly life-changing.



CARING FOR WOMEN

For more information about female pelvic medicine and reconstructive surgery at Main Line Health, visit mainlinehealth.org/urogynecology.



Expert lung cancer care close to home



Deric Savior, MD
Medical Oncologist



Patrick Ross, MD, PhD
Thoracic Surgeon

If you are facing lung cancer, you don't have to go far for expert care. At Main Line Health, we're dedicated to providing top-quality treatment right in your community — from early detection to the most advanced therapies.

"We offer the same level of expertise as any major academic medical center, so there's no need to travel anywhere else for your care," says Dr. Savior, MD, medical oncologist and co-director of Main Line Health Cancer Care. "We're with our patients every step of the way — from screening and diagnosis to treatment — so you'll always have a dedicated team guiding you through your journey."

CATCHING CANCER SOONER

We're committed to catching lung cancer early, when it's easiest to treat. "We use cutting-edge diagnostic tools to find even the smallest cancers," says Dr. Savior. One of these tools, robotic bronchoscopy, can detect and remove cancers smaller than a grain of rice.

PERSONALIZED CARE TAILORED JUST FOR YOU

If you're diagnosed with lung cancer, our specialists work together to create a customized treatment plan based on your unique needs.

"Personalized medicine means more than seeing each patient as an individual," says Dr. Savior. "We look at your unique genetics and the makeup of your tumor, and then tailor your treatment plan to these factors. This type of personalized care leads to better outcomes and fewer side effects."

ADVANCED, MINIMALLY INVASIVE SURGERY

For patients who need surgery, we offer the latest minimally invasive techniques, including single-port robotic thoracic surgery, which means smaller incisions, less pain and faster recovery.

"As someone who's done thoracic surgery for more than 30 years, I'm in awe of how far we've come," says Patrick Ross, MD, PhD, Chair of the Department of Surgery at Main Line Health and the first surgeon in Pennsylvania trained in single-port robotic thoracic surgery. "We once had to create large incisions and spread the ribs to get to a tumor. Now, we can navigate a robotic bronchoscope to establish the diagnosis, target where we want to go and reach the target through a 3-centimeter incision that enters the chest below the ribs, not

between them. That's like Star Wars for thoracic surgeons."

A COLLABORATIVE TEAM

When you choose Main Line Health, you get a team of experts working together for you. From pulmonologists, thoracic surgeons and oncologists to radiation specialists, lung cancer nurse navigators and certified oncology nurses, we take a collaborative, multidisciplinary approach to ensure you receive the best possible care.

"We review every case as a team to make sure our patients get the most effective treatments," says Dr. Savior. "We're not just treating cancer — we're caring for you."

At Main Line Health, you're never alone in your fight against lung cancer. We're here to provide expert care, close to home, with compassion every step of the way.



LUNG CANCER EXPLAINED: NAVIGATING THE JOURNEY

Join Dr. Deric Savior, lung cancer specialist, for an insightful discussion on lung cancer, including risk factors, treatment options, side effect management and emotional support.

Dates: Thursdays, May 22, July 24, October 23

Time: 1 – 2 p.m.

Location: Lankenau Medical Center, 100 East Lancaster Avenue, Wynnewood, PA

LEARN MORE For more information about Main Line Health's lung cancer program, visit mainlinehealth.org/lung.

With you through your cancer journey

SUPPORT GROUPS

Information, support, connections

BREAST CANCER SUPPORT GROUP

First Tuesday of each month, 5:30 p.m. Contact: 484.227.3141 or mantegnad@mlhs.org

METASTATIC BREAST CANCER SUPPORT GROUP

First Tuesday of each month, 4:30 p.m. Contact: 484.565.1253 or powersv@mlhs.org

CANCER SURVIVORS SUPPORT GROUP

Third Thursday of every month, 4:30 p.m. Contact: 484.476.6239 or brogans@mlhs.org

CAREGIVER SUPPORT GROUP

Second Wednesday of each month, 5:30 p.m. Contact: 484.565.1253 or powersv@mlhs.org

COLORECTAL CANCER SUPPORT GROUP

Second Thursday of each month, 1 p.m. Contact: 484.476.8503 or bidasg@mlhs.org

COPING WITH CANCER A TO Z

Second Monday of each month, 4:30 p.m. Contact: 484.227.3794 or stolbergt@mlhs.org

LUNG CANCER SUPPORT GROUP

Fourth Thursday of each month, 1 p.m. Contact: 484.476.6239 or brogans@mlhs.org

WE SEE YOU: A SERIES ON CARING FOR YOUR EMOTIONAL WELL-BEING

Every Tuesday in May, 12:15 p.m. Contact: 484.337.8775 or sweeneyta@mlhs.org

Does my child have a cold or allergies? And why does it matter?



Annamarie Koller, DO
Pediatric Hospitalist

When your child has a runny nose, cough or congestion, it can be hard to tell if it's from a cold or allergies.

"It can be helpful to know the cause of your child's symptoms, not only because different treatments are

recommended for colds and allergies, but because colds are highly contagious," says Annamarie Koller, DO, pediatric hospitalist, Children's Hospital of Philadelphia (CHOP) at Bryn Mawr Hospital, part of the Main Line Health and CHOP affiliation.

CATCHING COLD

Dr. Koller explains that most colds are viral infections and easily spread through direct personal contact, exposure to airborne respiratory droplets (breathing the same air after someone sick has sneezed or coughed) or contact with the pathogen (or bug) on surfaces.

"Although there's not much you can do to avoid your child bringing a cold home from school, there are steps you can take to reduce the rest of your family's exposure," says Dr. Koller.

These include reminding your child to cover their sneezes and coughs, encouraging good handwashing and disinfecting surfaces — especially areas that are used frequently by the whole family, such as doorknobs, refrigerator handles and TV remotes.

SYMPTOMS OF COLDS VS. ALLERGIES

"One way to tell if your child has a cold or allergies is if they have a fever or body

aches. Allergies don't usually cause these symptoms, but colds can, especially in the beginning," Dr. Koller says.

Colds and allergies often share these upper respiratory symptoms:

- Stuffy or runny nose
- Sneezing
- Coughing
- Wheezing

Allergies are often associated with an itchy nose, throat or ears and itchy, red, watery or swollen eyes. They can also cause dark circles under the eyes.

Additional ways to identify if your child has a cold or allergies include:

- **Energy level** — If your child's symptoms include exhaustion, it's a good indication they're dealing with a cold.
- **Nasal discharge** — Colds typically start with clear, watery nasal discharge that gets thicker and may turn whitish, yellow or green. Nasal secretions caused by allergies always remain clear and thin.
- **Duration of symptoms** — A typical cold usually lasts three to seven days (or up to two weeks), while allergies may stick around for weeks or months.

If your child has recurrent respiratory allergies, talk to your pediatrician. They may refer you to a pediatric allergist or pulmonologist for allergy testing and treatment.

Always seek emergency care or call **911** if your child is having difficulty breathing or their lips or fingernails look blue.

Calendar of events

**JUNE IS
PRIDE
MONTH**



As we celebrate Pride Month, we honor the resilience, diversity and strength of the LGBTQ+ community. This month reminds us of the mental health challenges many

LGBTQ+ individuals face due to stigma and discrimination. Higher rates of anxiety, depression and other mental health issues are common in the community, emphasizing the need for supportive environments and accessible mental health resources. Let's stand together in promoting acceptance, understanding and well-being for all.

COMMUNITY CPR CLASSES

We offer several different courses to meet your needs.

Basic Life Support (BLS) is designed for healthcare professionals and other personnel who need to know how to perform CPR and other basic cardiovascular life support skills in a wide variety of in-facility and prehospital settings.

Heartsaver is designed for nonmedical professionals who need a course completion card for their job, regulatory (e.g., OSHA) or other requirements, or anyone who wants to be prepared for an emergency in any setting. **Family & Friends® CPR for Expecting Parents and Caregivers** focuses on the lifesaving skills of child CPR/AED/choking and infant CPR/choking. Adult hands-only CPR/AED is also included. Skills are taught using the AHA's research-proven practice-while-watching technique, providing students with the most hands-on CPR practice time. Includes the Family & Friends® student manual. For more information or to register, visit mainlinehealth.org/events.

THE DEAVER EDUCATION CENTER AND THE WELLNESS FARM

Offering in-person or virtual health education classes to schools and community or church organizations. Classes are for school-age or adult groups. To schedule, call **484.476.3434** or email lhhealthcenter@mlhs.org.

MLH KING OF PRUSSIA TEACHING KITCHEN

Our King of Prussia Community Health and Outreach team offers a variety of health-related virtual educational programs and in-person cooking demonstrations free of charge. To see our list of upcoming events and how to register, please visit mainlinehealth.org/kopevents.

HEALTHY STEPS FOR OLDER ADULTS

A free falls risk awareness program for PA adults ages 60+. This evidence-based program is designed to raise awareness of falls, introduce steps on how to reduce falls, improve overall health and provide referrals and resources. For more about upcoming programs, visit mainlinehealth.org/events.

PREVENTT2 LIFESTYLE CHANGE PROGRAM (DIABETES PREVENTION)

If you have prediabetes or other risk factors for Type 2 diabetes, now is the time to take charge of your health and make a change. Our PreventT2 Lifestyle Change Program is part of the National Diabetes Prevention Program and features a proven approach to preventing or delaying Type 2 diabetes. To register, visit mainlinehealth.org/kopevents.

CAR SEAT CHECKUP EVENTS

Are you using your car seat the right way? Safe Kids Chester County provides car seat safety checks free of charge to families. These appointments are one-on-one, in-person, with a certified car seat safety technician. Preregistration is required. Registration will open two months prior to each event date. Call for registration assistance at **610.344.4461**.

FREE WIG PROGRAM

This program is for female cancer patients currently or about ready to undergo chemotherapy or radiation therapy. For information or to schedule a free wig fitting, call **484.337.5215**.

A MATTER OF BALANCE

This free evidence-based program for adults explores concerns about falling, the value of exercise, fall prevention and assertiveness. Offered virtually and in-person. To register for this free program, go to mainlinehealth.org/balance.

SMOKE-FREE: VIRTUAL

This free six-session program encourages smoking cessation among tobacco users and vapers. Participants may be eligible for free nicotine replacement therapy (NRT). For more information or to register, call **484.227.FREE (3733)**.

SAFER STEPS: VIRTUAL

This one-hour free fall prevention program will be offered on the third Tuesday of every month. To register, visit mainlinehealth.org/events. For questions, or if interested in offering a group in person Safer Steps program, call **484.337.5211** or email chivalettek@mlhs.org.



SAFE SITTER BABYSITTING COURSE

This course is designed to prepare students in grades 6 to 8 to be safe when they're home alone, watching younger siblings or babysitting. This program teaches childcare skills, CPR first aid and rescue skills, and life and business skills. Each student will also receive a Safe Sitter Kit (cinch bag, notepad, handbook, LED flashlight, bandage dispenser), plus a completion card and certificate. To register, visit mainlinehealth.org/events.

A light at the tunnel's end: Post-concussion vision care



**Ava Gambucci, MS,
OTR/L**
*Occupational
Therapist*

Traumatic brain injuries — even more mild ones, like concussion — can cause vision, balance and cognitive challenges that may impact your ability to move through your day. While many concussion symptoms may resolve with

short-term rest, when symptoms persist for weeks or even months, the skilled neurorehabilitation specialists at Bryn Mawr Rehab, part of Main Line Health, are here to help.

“We see everything — from people who have slipped and fallen to motor vehicle and on-the-job accidents,” explains Occupational Therapist Ava Gambucci, MS, OTR/L. “Of course, we also treat student athletes. We even see many moms who’ve hit their head while playing with or caring for their children.”

Impairments in functional vision after a concussion may include:

- Blurred vision/double vision
- Sensitivity to light and screens
- Low tolerance for visual clutter

Low tolerance for noise, dizziness/balance deficits, headache, brain fog, irritability and depression may also figure into the equation. In therapy, Gambucci and her colleagues collaborate with each other and with the patient to develop a customized plan designed to return the patient to their previous activity level.

SEEING THE WHOLE PERSON

Therapies that Gambucci and her colleagues provide for concussion-related vision issues help each patient improve:

- How the eyes coordinate with each other to track an object
- Their ability to focus on near and far objects
- How the eyes scan the visual field
- How the brain interprets visual information



- Hand-eye coordination
- Light sensitivity

Gambucci notes the therapy provided at Bryn Mawr Rehab is always patient-centered and individualized to their needs and goals. “A student needs to be able to sit at a computer for hours. A mom has to navigate a house full of kids. We identify barriers that are preventing our patients from returning to their desired activities. Then we help with remediation and adaptation, gradually building up tolerance.

“Everyone may have the same mechanism of injury, but everyone lives a different life,” Gambucci says. “I always tell my patients, I’m not just looking at your eyes, I’m looking at all of you. Are you a caregiver, a worker, a student? What do you do for fun? The good news is that with the right care, patients who experience a concussion can improve and resume their previous activities.”

GETTING YOU BACK TO YOUR BEST

In addition to occupational, physical and speech therapy, the neurorehabilitation team has a range of specialties they can call on, including neuropsychology and neuro-optometry/ophthalmology. These

services may be part of helping patients work through the strategies they have developed to compensate for post-concussive symptoms without even realizing it.

“Someone is keeping one eye closed because when they open both, they see double. Or another person comes in with sunglasses and a hat because the light is just too much,” Gambucci explains. “A patient might benefit from simply seeing their own eye doctor, particularly if they haven’t been in a while. Once they’re here, we’re able to use objective measurements, provide clinical recommendations and bring in additional specialists when needed.”

Treatment timelines vary based on symptom severity, with progress assessed monthly. Says Gambucci, “This lets us continue to refine our treatment plan — and the patient can see how far they’ve come.”

CARE FOR CONCUSSIONS

Learn more about concussion rehab.
Visit mainlinehealth.org/rehab or call
484.596.5000.

Eliminating disparities in cancer care

Main Line Health President and CEO

John J. “Jack” Lynch III may be retiring on June 30, but his remarkable legacy of excellence, innovation and compassion will continue to inspire and shape the future. That’s because a new system-wide program — The Jack Lynch Cancer Initiative: Closing Gaps in Care at Main Line Health — will expand on Jack’s 20-year mission to eliminate disparities in care, with a focus on the growing number of cancer patients in our community.

Jack had an early introduction to the medical field, and cancer, in particular — his father was an oncologist and his mother was a nurse. “I grew up understanding some of the challenges that oncology patients face,” he says. “It’s devastating for a patient and their family to receive a cancer diagnosis.”

Over the course of his career, it became very clear to Jack that although cancer could strike anyone at any time, access to care and outcomes could be very different, depending on an individual’s age, gender, race, ethnicity or socioeconomic status.

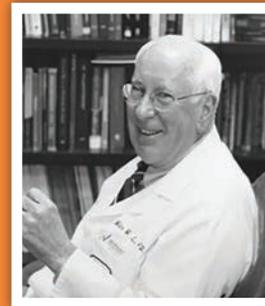
“Cancer can be a scary and an overwhelming diagnosis, but clinicians have more tools to treat the disease than ever before. That said, it is important that you get access to timely and great care,” he says. “I’ve been on a mission since I started at Main Line Health to do all I could to eliminate disparities in care.”

CLOSING THE GAPS

In honor of Jack’s commitment to addressing disparities within our community and to mark his retirement, the health system recently launched the Jack Lynch Cancer Initiative. The goal is to raise at least \$5 million to close the following four key gaps in cancer care:

- Knowledge gaps and lags in screenings affecting prevention and early detection that are most prevalent among underserved and low socioeconomic status patients and communities.
- Disparities in outcomes by gender, socioeconomic status, race/ethnicity, education level and ZIP code must be tackled head on.
- Social determinants of health and

Helping Others Runs in the Family



“Helping people regain health has been near and dear to me since I was a child. You might say it’s in my blood since I learned so much about this from my mother, a nurse, and my father, an oncologist who not only cared for cancer patients, but fought to make sure all his patients had equitable access to care.” – Jack Lynch III

situations in which a cancer diagnosis affects those struggling to make ends meet. The difficulties faced by cancer patients are magnified when patients can’t afford basic needs.

- Access to clinical trials by making participation accessible and empowering patients to ask questions and better understand clinical protocols.

SETTING PRIORITIES

The Jack Lynch Cancer Initiative builds on Main Line Health’s existing strengths and knowledge of these care gaps and features two main goals:

- Adding new community health workers to serve as patient navigators for cancer patients and help with prevention outreach and earlier screening. These individuals will also assist patients in applying for financial

assistance, establishing relationships with doctors and finding transportation to appointments.

- Naming a Jack Lynch Cancer Equity Fellow who will work together with community health workers to understand what is causing gaps and how they can be resolved. Also, the fellow will use quantitative and qualitative measurements to determine the success of the program and share findings and progress through Main Line Health’s annual Disparities in Care Colloquium.

“I believe the efforts we’re taking now will make a lasting impact,” Jack says. “I can’t express how grateful I am to the Main Line Health Board for putting this program in place.”

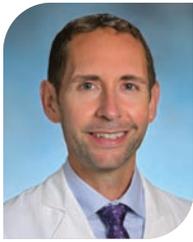
Cover photo by Tessa Marie Commercial

IMPROVING CANCER CARE

LEARN MORE ABOUT THE JACK LYNCH CANCER INITIATIVE and how you can help make an impact on our community by visiting mainlinehealth.org/closinggaps.



Head to toe: Nonsurgical treatment options offer orthopaedic solutions



Kevin DuPrey, DO
Orthopaedic Specialist

Our bodies are capable of amazing things. And we put them to the test each day — from playing pickleball and running after kids to working for hours at the computer. But even simple, everyday

activities can have a major impact on the muscles, bones, joints and ligaments of our musculoskeletal systems. If an injury occurs or symptoms pop up, treatment can help.

Kevin DuPrey, DO, a board-certified sports medicine and orthopaedic specialist at Main Line Health, discusses nonsurgical options.

Q. What orthopaedic conditions or injuries can be successfully treated without surgery?

A. Some of the most common problems we treat with nonsurgical therapies include osteoarthritis and overuse injuries, such as rotator cuff tendinitis and tennis elbow. But the list of orthopaedic conditions that benefit from these therapies is extensive — from carpal tunnel syndrome, lower back pain and ankle sprains to frozen shoulder, knee bursitis and plantar fasciitis. We have tremendous success managing these and other issues with physical therapy, bracing and various injections that can work to reduce inflammation, provide cushion, stimulate healing and so much more.

By using more conservative treatment options, patients avoid the increased risks and longer recovery of surgery.

Q. How has nonsurgical treatment of orthopaedic issues evolved?

A. Over the past decade, research has greatly expanded our understanding of orthopaedic conditions, leading to better technology and treatment. Some advances include:

- Bedside ultrasound technology, which delivers immediate, real-time visualization of internal structures, allowing quick and accurate diagnosis as well as precision guidance of injection treatment
- An innovative procedure called tenotomy, which uses ultrasound-guided needling or special probes to break down and remove scar tissue in painful tendons
- New types of injection materials, such as delayed-release cortisone to help ease knee osteoarthritis pain
- Platelet-rich plasma (PRP) therapy which uses the patient's own blood to stimulate healing

Q. What are some common misconceptions about nonsurgical treatment options?

A. When it comes to medical treatment, many people believe that noninvasive methods are used to treat only minor orthopaedic issues. But conservative, nonsurgical options are a primary treatment for more serious concerns, too. For example, acute calcific tendinitis, a condition in which calcium deposits build up in the tendons, can cause sudden and intense pain that often requires emergency care. These patients can be easily treated with needle tenotomy, which breaks up the calcification without the need for surgery.

Q. What's the most rewarding part of treating patients without surgery?

A. Patients typically come to me when an injury or orthopaedic condition has negatively impacted their quality of life. Maybe they can no longer ski, play with their grandchildren or simply take a walk. It's so rewarding helping patients get back to doing the things they love.



SEE WHAT'S POSSIBLE

Dr. DuPrey offers online scheduling for your convenience. For more information or to make an appointment, please visit mainlinehealth.org/kevinduprey or call 610.642.3005.



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