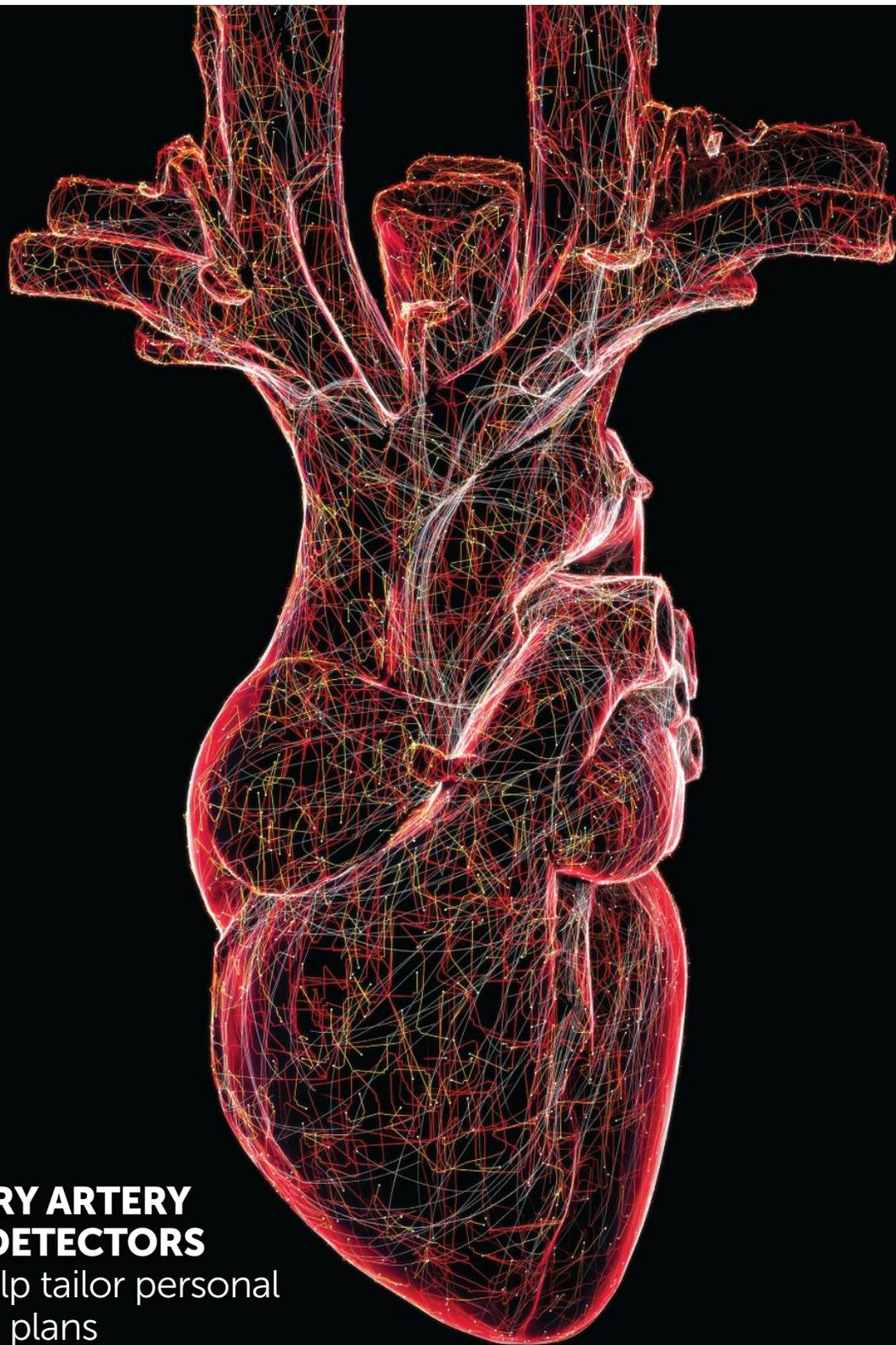


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AI tools help tailor personal
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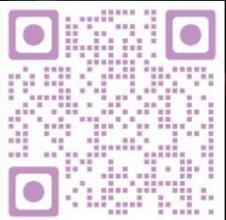


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CONTENTS

Features

24

A STEP AHEAD

AI tools gives cardiologists a jump in tailoring personal heart-care plans

By Robin F. DeMattia

30

WEIGHT-LOSS WONDER DRUGS

GLP-1 medications have an array of benefits

By Karen Feldman

36

AGING PARENTS, MODERN CARE

As an Age-Friendly Health System, JMC customizes seniors' care plans

By Eric Barton

42

GREAT EXPECTATIONS

From conception beyond delivery, JMC provides care and support to help growing families thrive

By Kelley Marcellus

48

PASSION & PURPOSE

All Saints Catholic School students create Run for Cancer to support Anderson Family Cancer Center

By Valerie Staggs

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CONTENTS

22



Departments

10

WELCOME

Greetings from Jupiter Medical Center

13

PULSE

Prevention | Ask the Expert | Well-Being | Treatment | Ask the Expert

50

SEASONAL SIPS

Deliciously healthy—and warming—holiday beverages
By Jules Aron

57

IN RECOGNITION OF FIRST-CLASS CARE

The faces of Jupiter Medical Center Foundation's Honor a Caregiver program

67

EVENT PHOTOS

Snaps from recent fundraisers and socials hosted by Jupiter Medical Center Foundation

80

GRATEFUL PATIENT

Palm Beach County teacher Steven Weber fully recovered from a massive stroke, thanks to quick, comprehensive treatment at JMC Stroke Center



50



16

ON THE COVER Naeblys/iStock.com

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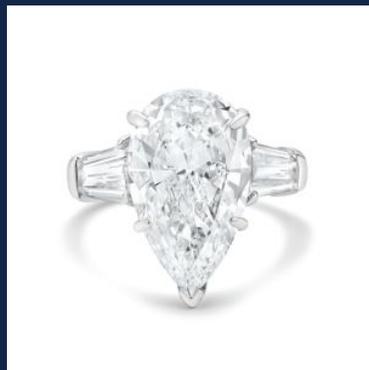
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WELCOME



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IN THIS ISSUE

As we enter the fall season—a time of reflection, preparation, and purpose—we are reminded of the importance of living with intention. Just as the changing season encourages us to assess our routines and priorities, this issue of *Pinnacle* invites readers to consider how everyday choices can meaningfully impact long-term health.

At Jupiter Medical Center, we are committed to empowering our patients through knowledge, innovation, and world-class health care. In this issue, we explore several powerful advancements and lifestyle interventions that are re-shaping how we help prevent, diagnose, and treat disease.

Inflammation is at the root of many chronic illnesses, and our experts address how small, sustainable changes in nutrition, sleep, physical activity, and even alcohol consumption can help reduce systemic inflammation—improving not just longevity, but quality of life.

We are also proud to share developments and leading-edge procedures to help diagnose and treat illness less invasively and more accurately. From being the first in the region to utilize the Neuroguard IEP filter system and perform the minimally invasive MIDCAB procedure, to pioneering lung cancer treatments with pulsed field ablation, our teams are redefining what's possible in cardiovascular, stroke, and cancer care.

Dr. Jon Du Bois, director of the Anderson Family Cancer Institute, shares his perspective on the latest trend in whole-body imaging to diagnose early-stage cancers and helps readers understand the importance of utilizing multiple tools—not just imaging. In addition, Dr. Michael Worley, also a member of the team at our Anderson Family Cancer Institute, shares his expertise utilizing high-precision protocols for complex gynecological cancers and how our robotic surgical techniques offer minimally invasive options that improve outcomes and reduce recovery time.

We're equally focused on bringing new life into the world. This issue highlights our expanded obstetrics program, which blends state-of-the-art birthing suites with childbirth classes, newborn care education, and lactation support to create an individualized, compassionate experience for every family.

Another exciting frontier is the role of GLP-1 medications in reducing cardiovascular risk. As these therapies become more mainstream, we are actively integrating them into patient care in ways that reflect the latest evidence and best practices.

As a health-care system, we recognize that longevity must come with quality. By embracing tools like Cleerly AI and coronary CT angiography (CCTA), which help stratify risks of coronary events, we are finding new ways to proactively manage heart disease and personalize care across every life stage.

Finally, this issue celebrates generosity and joy. You'll read a heartwarming story about a group of young girls from All Saints Catholic School who have become some of our youngest and most inspiring donors—a reminder that philanthropy knows no age. And for a lighter seasonal touch, don't miss our creative take on holiday mocktails that support wellness without sacrificing fun.

As we continue to grow and evolve, our mission remains steadfast—to deliver compassionate, world-class care close to home. I hope this issue of *Pinnacle* inspires you to make choices big and small that support your well-being and the well-being of those around you.

A handwritten signature in black ink, appearing to read 'Amit Rastogi'. The signature is fluid and cursive, with a long horizontal line extending from the end.

Amit Rastogi, MD, MHCM
President and Chief Executive Officer
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PULSE

Ask the Expert

JMC is pioneering pulsed field ablation
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Treatment

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Prevention

How to reduce inflammation and its harmful effects

Ask the Expert

High-precision robotic surgery
for complex gynecological cancers leads
to better outcomes, faster healing

PULSE PREVENTION

By Erika Klein



In the Right Direction

Small steps and changes in daily diet and habits can reduce chronic inflammation and its harmful effects

You may have seen warnings about the effects of inflammation on your health, but is it truly that bad? Everyone experiences inflammation sometimes, as it's your body's way of responding to injuries, bacteria, and other harmful occurrences. While short-term or acute inflammation is a normal part of the healing process, inflammation that occurs over months or years can damage your health.

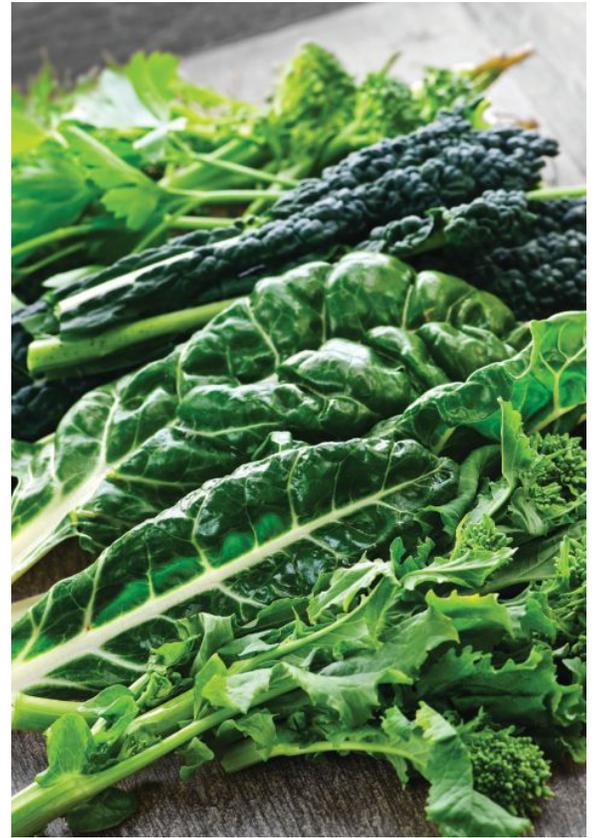
This condition, called chronic inflammation, can cause symptoms like pain, persistent fatigue, constipation, and recurrent infections.

It can also contribute to conditions including cardiovascular diseases, cancers such as colon and breast cancer, Type 2 diabetes, asthma, and more. Around 3 in 5 people around the world die from chronic inflammatory diseases, according to a study published in the National Institutes of Health's National Library of Medicine. "Anyone who has been told by their physician that they have or should be concerned about developing any of these conditions should consider making some dietary adjustments to address overall health and inflamma-

tion," says registered dietitian Lindsey Modica.

A variety of environmental and lifestyle factors may play a role in chronic inflammation. These include diet, stress, lack of exercise, air pollution, smoking, and more. Don't be discouraged, though—this means that everyday choices also offer many opportunities to reduce your risk of inflammation and resulting diseases.

Diet is an important cause of inflammation—but also an effective way to fight it. The Western diet is high in saturated fats and refined sugars that are linked to an increase in pro-inflammatory molecules. Specific foods that may contribute to inflammation include red meat, processed meats such as bacon and deli meats, deep-fried foods like donuts and French fries, white flour bread and pasta, and



sugary foods such as sodas, sports drinks, and candy. Besides often containing ingredients like sugar that actively lead to chronic inflammation, processed convenience products com-

mon in a Western diet also “lack fiber, vitamins, minerals, and antioxidants like anthocyanins and polyphenols” that can reduce inflammation, Modica says.

To help combat inflammation, Modica recommends plant-forward diets like the DASH (Dietary Approaches to Stop Hypertension) and Mediterranean diets. “Both of these diets include a much higher quantity of natural, unprocessed ingredients than typical Western diets,” she explains. Each one contains plenty of fruits, vegetables, whole grains, and nuts, but the lower-fat DASH diet focuses on lean meats and low-fat dairy while the Mediterranean diet emphasizes seafood and olive oil and limiting

meat. Both avoid sugary foods and full-fat dairy products like whole milk and butter. “Several research studies have shown that the Mediterranean diet is associated with reduced metabolic and cardiovascular disease risk,” Modica says, such as a research review published in the journal *Biomedicine* in 2020. In addition, because inflammation is linked to obesity, following these diets can lower your inflammation risk while helping you maintain a healthy weight.

Modica also recommends specific foods to target inflammation, such as leafy greens, fruits like berries and oranges, almonds, fatty fish (like salmon), and olive oil. Many fruits and vegetables are high in antioxidants and polyphenols, which are natural compounds that help protect the body from damage including inflammation. “Coffee and tea also contain polyphenols and other anti-inflammatory compounds and may protect against

inflammation, although it is important to avoid adding too much sugar to these beverages,” Modica adds.

The good news is that dietary and other lifestyle efforts don’t need to be all or nothing. “For most people, I suggest starting with adding more vegetables and fruit to your day,” Modica says. This may mean including an extra serving of vegetables to each meal or having fruit with Greek

yogurt as a snack. “Working to substitute commonly eaten pro-inflammatory foods with anti-inflammatory foods can start to make a difference,” she adds. Modica recommends replacing French fries with a baked potato (“leave the skin on for extra fiber,” she says), a charcuterie board with a vegetable tray with hummus, or Alfredo sauce on white pasta with tomato sauce on whole wheat or chickpea pasta.

Small changes can help in other areas, too. Exercising regularly, avoiding smoking, and limiting alcohol intake will improve your health and reduce your risk of chronic inflammation. Getting sufficient, uninterrupted sleep is also beneficial, as recent research links sleep disturbances to an increased risk of infections and inflammation. Finally, in recent years, researchers have linked chronic and acute stress to inflammation, so it’s key to manage stress levels.

There’s no guaranteed way to avoid chronic inflammation and related health conditions; the idea is to find ways to lower your risk. “Inflammation and its relationship to disease and overall health is multifaceted, but it is important to start to take steps to reduce it whenever possible,” says Modica. “With a little extra thought into the choices you make, you can start to make steps in the right direction.”



PULSE ASK THE EXPERT

By Nanci Theoret



Pioneering Lung Cancer Treatment

Jupiter Medical Center was the first local medical center to invest in pulsed field ablation, which treats tumors without damaging healthy tissue



Jupiter Medical Center is pioneering a revolutionary new technique that's offering a beacon of hope for patients with lung tumors. Pulsed-field ablation (PFA), an innovative,

non-thermal technology, precisely targets lesions without damaging surrounding tissue and organs, requires little down time, and provides a new option for patients no longer responding to even the most advanced treatments. It's also ideal for those who aren't good candidates for surgery.

"Despite our best efforts and the advances in chemotherapy, immunotherapy,

and molecular therapy, we still see patients who don't respond, or stop responding, to treatments," says Dr. Kevin Green, medical director of respiratory therapy. "They get a diagnosis, they go through treatment, and the disease still progresses. That's the worst thing." It was this challenge that led Green and Dr. K. Adam Lee, medical director of JMC's Thoracic Surgery and Lung Center of Excellence, to champion the groundbreaking treatment, which was purchased through Jupiter Medical Center Foundation.

Board-certified physicians Dr. Green and Dr. Michael Marsh, specializing in advanced bronchoscopy, have been using PFA to treat lung tumors since early spring. "We're one of

the first medical centers in Florida to receive this equipment and the first and only in Palm Beach County to utilize it," Marsh says. "It truly is next level."

PFA is a significant leap forward in ablative technology. Specifically designed for treating cardiac arrhythmias and certain types of cancer, Galvanize's Aliya system uses pulsed electrical fields to selectively destroy tumors. Because it's non-thermal—neither hot nor cold—the treatment doesn't damage surrounding healthy lung tissue and significantly reduces risks, such as fatal bleeding associated with thermal ablation.

"The technology works by delivering high-voltage, short bursts of energy that disrupt cell

membranes,” Green explains. “It’s safe and can be done without harm to the patient.” This ability to target and ablate tumors, even those near delicate structures like blood vessels or the heart, makes PFA a game-changer.”

The procedure is relatively quick, typically ranging from one to two hours. Because it’s performed bronchoscopically, hospitalization isn’t necessary. “Patients often recover quickly, with minimal to no discomfort,” Marsh notes.

While PFA is still in its infancy, the early data is highly promising, paving the way for its possible use as a primary treatment in the next few years. The JMC team is also excited about PFA’s potential to enhance the body’s immune response. “Non-thermal pulsed field ablation may help prime the body’s immune response to fight any remaining cancer cells,” Marsh explains, suggesting a synergistic effect with immunotherapies. Studies suggest that PFA may release antigens from dying tumor cells, potentially triggering an immune response against cancer cells.

For patients, PFA offers profound benefits. “It means, ‘Let’s stay in the fight’ and gives patients a bit more ammunition we can try,” says Green. “That a community hospital system like ours is able to offer a treatment option like PFA spares patients from traveling and incurring extravagant expenses to get the best treatment.” This localized access to highly specialized procedures ensures patients can receive world-class care close to home.

Green and Marsh see PFA as a testament to the rapid advancements in interventional pulmonology. “From my early exposure to endobronchial ultrasound in 2011 to the advancement of robotic bronchoscopy just five years ago, which revolutionized the ability to biopsy small lung nodules, the field is constantly evolving. This technology is the future,” Marsh says. “We are now targeting lung cancer from the inside out.”



He anticipates the advent of even more sophisticated PFA systems, leading to larger ablation zones and shorter procedural times. This continuous innovation, combined with earlier cancer detection, promises to shift the diagnostic stage, ultimately leading to better overall outcomes for patients. “It’s about providing advanced technology and expertise in a way that is personal, precise, and forward-looking,” says Marsh. JMC is “at the forefront and the next five years promise to be very exciting.”

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PULSE WELL-BEING

By Phil Borchmann



Promise or Pitfall?

Whole-body imaging as a cancer screening modality is a growing trend—one the medical community is still evaluating

It's well known that diagnosing cancer at its earliest stages will lead to more successful treatments and outcomes. When symptoms arise, a combination of patient consultation and appropriate testing is a standard approach.

In the quest to catch the disease sooner, full-body scans with magnetic resonance imaging (MRI) and computed tomography (CT) are becoming popular. While it's an admirable pursuit, medical experts aren't sold on it. False positive and negative results, harmful radiation exposure, unnecessary follow-up testing, and cost are among the worries.

Dr. Jon Du Bois of Jupiter Medical Center is among the hesitant adopters. For him, the concern boils down to the imaging technology itself that can fall short on sensitivity in pinpointing some cancers, such as a small lesion in the pancreas. "As an oncologist, I would say CT scans and MRI scans—and positron emis-



sion tomography (PET) scans—have yet to be proven to meet the definition of a useful cancer screening test, that being a test that finds cancer early *and* reduces the chance that someone will die from that cancer."

Pricey, Out-of-Pocket Procedures

Full-body MRI scans are being promoted by companies such as Penuvo and Ezra. Both have raised tens of millions of dollars to grow their footprints, according to their websites. The diagnostic approach has been endorsed by celebrities including Kim Kardashian and Paris Hilton.

Penuvo, with nearly 20 centers across the country, checks for solid tumors, autoimmune and metabolic disorders (fatty liver, for example), brain aneurysms, spinal issues, and non-cancerous conditions such as cysts and abscesses. The 60-minute screening costs up to \$4,500 in the U.S. (depending on the location), which comes out of the patient's pocket.

That is telling for Du Bois. "Why aren't insurance companies eager to pay for these imaging tests? They have yet to pass the litmus test for any effective screening where you're not just finding something, but finding it earlier enough to make a real difference in outcome," he says.

Insurers often take their cues from the United States Preventive Services Task Force, an independent panel of national experts

"devoted to improving the health of people nationwide by making evidenced-based recommendations of effective ways to prevent disease and prolong life." The group, appointed by the U.S. Department of Health and Human Services, has not weighed in on whole-body imaging.

A University of Michigan radiologist who has studied the trend says that nearly 15 to 30 percent of all diagnostic imaging turns up at least one discovery not initially sought, which can be problematic. "New whole-body scans are scans that seek out incidental findings, which make the results seem more alarming," Dr. Matthew Davenport reported in a 2023 paper that explored the harms of imaging on low-risk patients. "Those findings often don't require treatment as they aren't serious. But when patients seek to maximize the diagnosis through oncologists or other specialists, the costs and time multiply. [That] can result in emotional and physical harm" from further invasive testing.

Unnecessary Radiation Exposure

The same goes for whole-body CT scans, which add the element of low-dose radiation exposure to the risk. The procedure costs about the same as an MRI but is quicker.

Both Du Bois and Davenport agree that exploratory scans are appropriate for patients who have a documented high risk of certain cancers. Screenings like pap smears, mammograms, and colonoscopies are covered by insurers because they're proven to make a difference in survival.

CT and MRI technology might improve over time, Du Bois says, but he's more interested in the promising and rapidly expanding field of molecular testing. It's a "laboratory method that uses a sample of tissue, blood, or other body fluid to check for certain genes, proteins, or other molecules that may be a sign of a disease or condition," according to the National Cancer Institute. "Molecular testing can also be used to check for certain changes in a gene or chromosome that may increase a person's risk of developing cancer or other diseases."

These tests hold the promise of cancer detection years prior to identification on an imaging study.

Du Bois notes that "early detection via molecular testing is extremely appealing. These tests literally look for molecular evidence of cancer, including cell-free DNA floating around in the bloodstream." ◀



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PULSE TREATMENT

By Denise Scott

Pioneering Cardiovascular Breakthroughs

Jupiter Medical Center sets new standards for heart bypass surgery and stroke prevention

Jupiter Medical Center is the first in the region to use minimally invasive direct coronary artery bypass surgery to treat heart blockages and the Neuroguard IEP System for treatment of carotid disease.

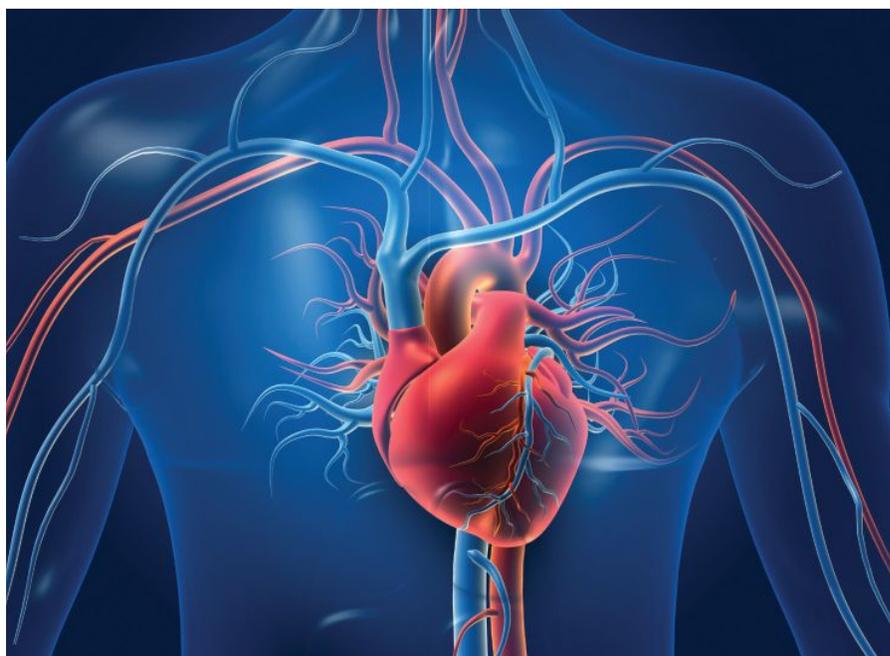
Minimally Invasive Coronary Artery Bypass



Open-heart surgery is not the only solution for some patients at JMC who have one or two blocked coronary arteries when stents aren't an option.

In 2024, JMC cardiothoracic surgeon Dr. Vivek Patel and his team performed JMC's first minimally invasive direct coronary artery bypass (MID-CAB) surgery and, by the summer of 2025, had completed a dozen more.

It is an alternative to the traditional coronary artery bypass grafting (CABG) surgery, first developed in the 1960s. The method is "still one of the most effective ways of treating blockages in the heart," Patel says. "Frequently, patients can't be treated with stents,



depending on where the blockage is located, their age, and other health conditions."

Open-heart surgery requires a large incision and cracking the breastbone to access the heart. "Recovery can be extensive," Patel says, "especially if they're older and frailer—as long as three months."

Patel has also completed four or five mitral valve robotic surgeries that are typically done as open-heart surgery. Using minimally invasive techniques "opens the door to doing a lot of other heart surgeries traditionally done through large incisions—aortic valve, tricuspid valve, heart tumors, arrhythmia surgery," he says. "We'll continue to push the frontier of what we can do."

Benefits

Patients who are selected for MIDCAB can expect several benefits from the advanced robotics and endoscopic camera-based technology:

- Shortened hospitalization, quicker recovery
- Smaller incision/scar (about 2 inches)
- Less pain
- Less blood loss/need for blood transfusions

- Less time on ventilator
- Less risk of wound infection
- Heart is not stopped during surgery

A faster recovery and return to normal physical activity are key benefits. "Certainly, we know the reduced time it takes for somebody to recover is associated with less depression," explains Patel.

Who Qualifies

Candidates are carefully selected by the JMC team. If patients have more than one or two blocked vessels, open-heart surgery is necessary for access. "And some patients have other problems—heart valve, atrial fibrillation—you need to fix," Patel says. "It requires full exposure to fix all the problems at once." Other disqualifying factors: having scar tissue from previous lung or open-heart surgeries, being morbidly obese, or having an enlarged heart.

Neuroguard IEP System

JMC Stroke Program Director Dr. Juan Gomez is using the latest stent technology for treating carotid artery blockages with minimal risks.





The narrowing or blockage of one or both carotid arteries is called carotid artery stenosis. Carotid artery disease (CAD), which Gomez describes as “a buildup of plaque blocking the normal blood flow to the brain.” Carotid artery stenosis, he explains, “significantly increases the risk of stroke due to a decrease in blood flow to the brain or a plaque rupture, which can lead to a blood clot that can travel to the brain.”

Carotid artery stenting—in use for several decades—is clinically proven to help alleviate the symptoms of CAD and minimize the risk of stroke. However, there had been little innovation over the past two decades—until the new Neuroguard IEP System received Food and Drug Administration approval last fall.

In January 2025, JMC was the first facility in South Florida to use the Neuroguard IEP System. “Since then, we have become among the top users in the state and the

country—with a zero-complication rate to date,” Gomez says.

The Neuroguard IEP Difference

The 3-in-1 system combines a stent, balloon, and filter into one single unit, making the procedure quicker and safer, Gomez says. The microfilter’s miniscule pores capture microparticles to prevent them from traveling to the brain and causing a stroke. “Preliminary clinical studies with the Neuroguard IEP System had the lowest one-year stroke rates ever shown for any type of carotid artery procedure,” Gomez reports. “During the procedure, there is continuous flow to the brain, as opposed to other available modalities.”

Who Qualifies

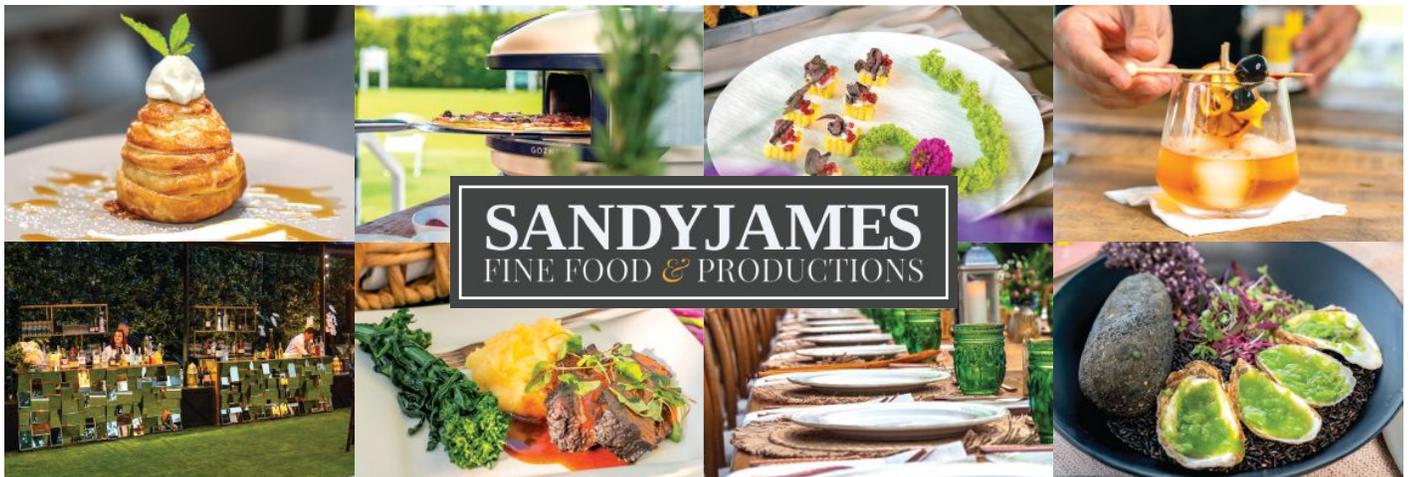
“Carotid angioplasty and stenting are no longer limited to high-risk patients,” Gomez says.



Most patients with carotid artery stenosis have no symptoms until they experience a stroke or a transient ischemic attack (known as a TIA), which has stroke-like symptoms that resolve within 24 hours. Symptoms include sudden weakness or numbness on one side of the body, trouble speaking or understanding speech, sudden vision loss, and dizziness or loss of balance.

Current Centers for Medicare & Medicaid Services guidelines state that angioplasty and stenting of the carotid artery is indicated for:

- Symptomatic patients with blockage of at least 50 percent
- Asymptomatic patients with blockage of at least 70 percent «



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PULSE ASK THE EXPERT

By Denise Scott

Raising the Standard of Care

High-precision protocols for complex gynecological cancers at Anderson Family Cancer Institute lead to faster healing, better outcomes



Invasive surgery is no longer the only treatment option for some complex gynecological cancers.

Dr. Michael Worley Jr., a board-certified gynecologic oncologist with Jupiter Medical Center's Anderson Family Cancer Institute, said most facilities that perform minimally invasive robotic surgery limit their offerings to endometrial (uterine) cancer, the most common of the five main gynecological cancers.

"Ovarian surgeries can be complex," Worley says, adding they are often performed with an open incision. However, "they can be offered robotically if the surgeon has advanced skills and knowledge."

Worley was recruited by JMC for his expertise in ovarian cancer and hyperthermic intraperitoneal chemotherapy (HIPEC) from Brigham and Women's Hospital in Boston, where he established the first HIPEC protocol as the director of ovarian cancer surgery at Dana-Farber Brigham Cancer Center. "There is a smaller niche of experts in that field," Worley says.

According to a study published January 2025 in the *European Journal of Surgical Oncology*, robotic surgery for gynecological cancers is much more than a technological advancement.

The study describes it as “a paradigm shift” that has ushered in “an era of minimally invasive approaches to complex oncological procedures, offering a compelling blend of precision, visualization, and ergonomic advantages that directly translate into improved patient outcomes.”

Evolving Technology

For most women, Worley says, the standard of care for endometrial cancer is a hysterectomy and lymph node evaluation. “Because of the advances, just five to six years ago, the robotic platform evolved to allow the evaluation of lymph nodes that is very different from 10 to 15 years ago,” he says. “It uses dye to evaluate the lymph nodes, so you take fewer lymph nodes.”

Robotic vessel-sealing devices have also gotten smaller over the last few years, causing less trauma to the tissue, Worley says. The latest version of the robotic platform has haptic—or tactile—feedback. Because the surgeon has the sensation of touching tissue, he says, “it allows us to offer more complex procedures.”

Benefits for the Patient

When such complex procedures are done through minimally invasive robotic surgery, Worley says, there is a long list of benefits for the patients, including:

- Fewer side effects
- Lower risk of infection
- Smaller incision
- Reduced time in the hospital
- Less pain
- Less blood loss
- Faster recovery
- Can be performed as an outpatient procedure

“Recovery takes a couple of days to a couple of weeks to get back to normal activity,” re-



Minimally invasive robotic surgery is a game-changer for oncology patients.

ports Worley, who also treats uterine, cervical, and vulvar cancers.

A 2024 study in the *Journal of Robotic Surgery* reports that by significantly reducing pain, robotic surgery reduces the need for painkillers: “Prolonged hospital stay, complications and pain are undesirable situations in the postoperative period. The solution of robotic surgery in these areas can increase the quality of nursing care and patient satisfaction.”

Managing Expectations

When patients meet Worley, they often expect open surgery because their referring physician or OB-GYN is familiar with that approach. Or a family member sets that expectation because they had the surgery years ago. He then explains minimally invasive options. “This is the new standard. It’s not experimental,” Worley says. “Lots of things change in 20 years—phones, TVs, medicine. Why would this be anything different?”◀

What is HIPEC?

An additional step during surgery for advanced-stage ovarian cancer can significantly reduce the chance of the cancer coming back. Called hyperthermic intraperitoneal chemotherapy (HIPEC), it’s the distribution of heated chemotherapy within the abdominal cavity where the disease was removed. It is done in combination with the standard treatment of surgery and six courses of chemotherapy.

Dr. Michael Worley Jr. established the first HIPEC protocol for ovarian cancer at Brigham and Women’s Hospital before coming to Jupiter Medical Center. “Brigham had a HIPEC program for thoracic surgery. They didn’t have it for ovarian,” he says. “Studies were starting to show it was a good option for patients, that they live longer.”

According to a 2022 study published in the *European Society for Medical Oncology*, HIPEC can significantly improve survival, reducing the risk of death by 23 percent at five years when compared with no HIPEC treatment.

Worley explains the process of treating the abdominal cavity with a gardening metaphor. “Once you pull all the weeds out, then you put a barrier down to prevent them from coming back in the same location, and you also treat the entire yard,” he says.

Although the data is strong, HIPEC is not for everyone. Good candidates have a new diagnosis of stage 3 ovarian cancer or have recurrent ovarian cancer that is confined to the abdominal cavity. “With HIPEC, they’ll live longer and it’s less likely to recur,” Worley says. “It’s not just an option—it’s a good option for patients.”

A Step Ahead

Identifying coronary artery disease with AI tools gives cardiologists a jump in tailoring personal heart-care plans

By Robin F. DeMattia

Medical imaging continues to improve at a breakneck pace, and now cardiovascular CT scanners are being equipped with artificial intelligence (AI). This newly added AI provides physicians the tools to identify coronary artery disease—plaque buildup in the blood vessels of the heart—in much greater detail, thereby decreasing the risk of heart attack, stroke, and sudden cardiac death.

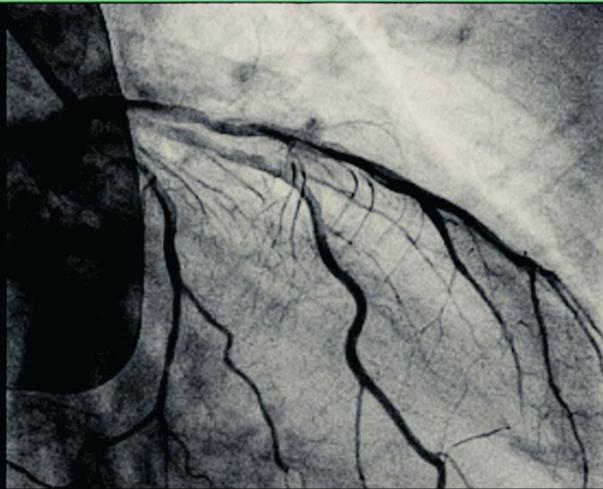
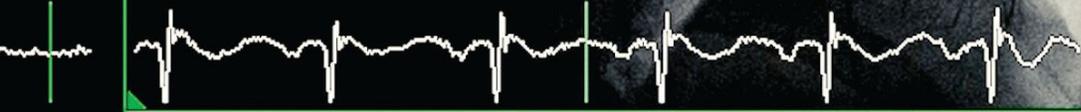
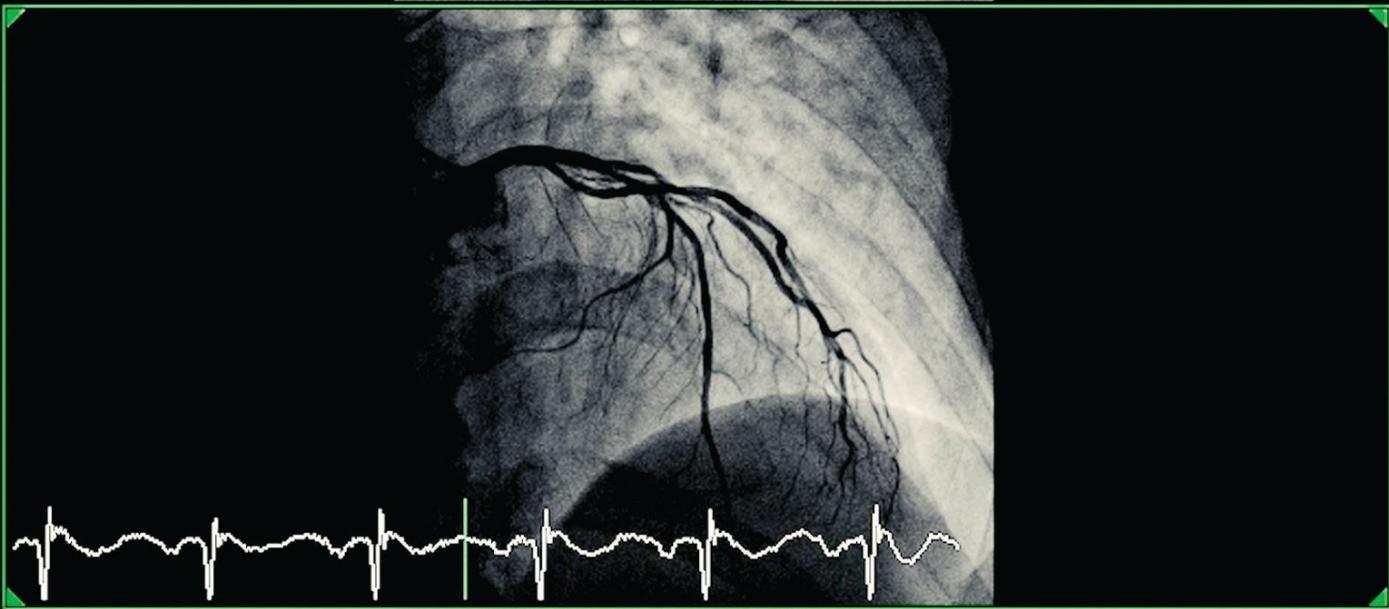
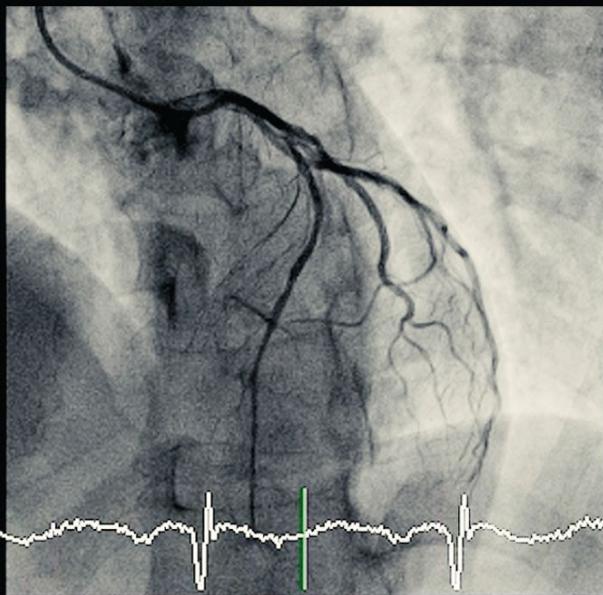
Since February 2025, Jupiter Medical Center has offered AI-enabled analysis of coronary computed tomography angiography (CCTA). This CT scan not only identifies and quantifies plaque buildup in the heart's arteries, but also the type—hard or soft. This is a significant advantage because some soft plaques have a

higher risk of rupturing, which can lead to heart attacks and other medical emergencies.

“Having the AI system assist in interpreting the CCTA is incredibly helpful,” says Dr. Paul Cofnas, a board-certified interventional and diagnostic radiologist. “Now we have a better understanding of what a particular plaque is made of, which in turn allows are cardiovascular colleagues to tailor individual treatment plans.”

“With this information in hand, patients may be able to reduce their risk through lifestyle changes and medications,” Cofnas says. “These changes include eating a heart-healthy diet, engaging in regular exercise, maintaining a healthy weight, smoking cessation, managing stress, and using medications to control blood







Dr. Paul Cofnas

pressure or diabetes or to lower cholesterol.”

Coronary CTA studies may be recommended for several reasons by a health professional. Patients may experience chest pain, shortness of breath, or other symptoms their doctor may be concerned about. They may also have risk factors such as high cholesterol, diabetes, a history of tobacco use, or a family history of coronary artery disease.

After identifying these risk factors, physicians may order noninvasive tests such as a CT scan, stress test, or cardiac calcium score. While these are quite helpful in identifying plaque buildup and limitations in blood flow to the heart, they are not perfect. A key to prevention is knowing what a plaque is made of, Cofnas says, so that the treatment plan can be customized.

Noncalcified Plaque

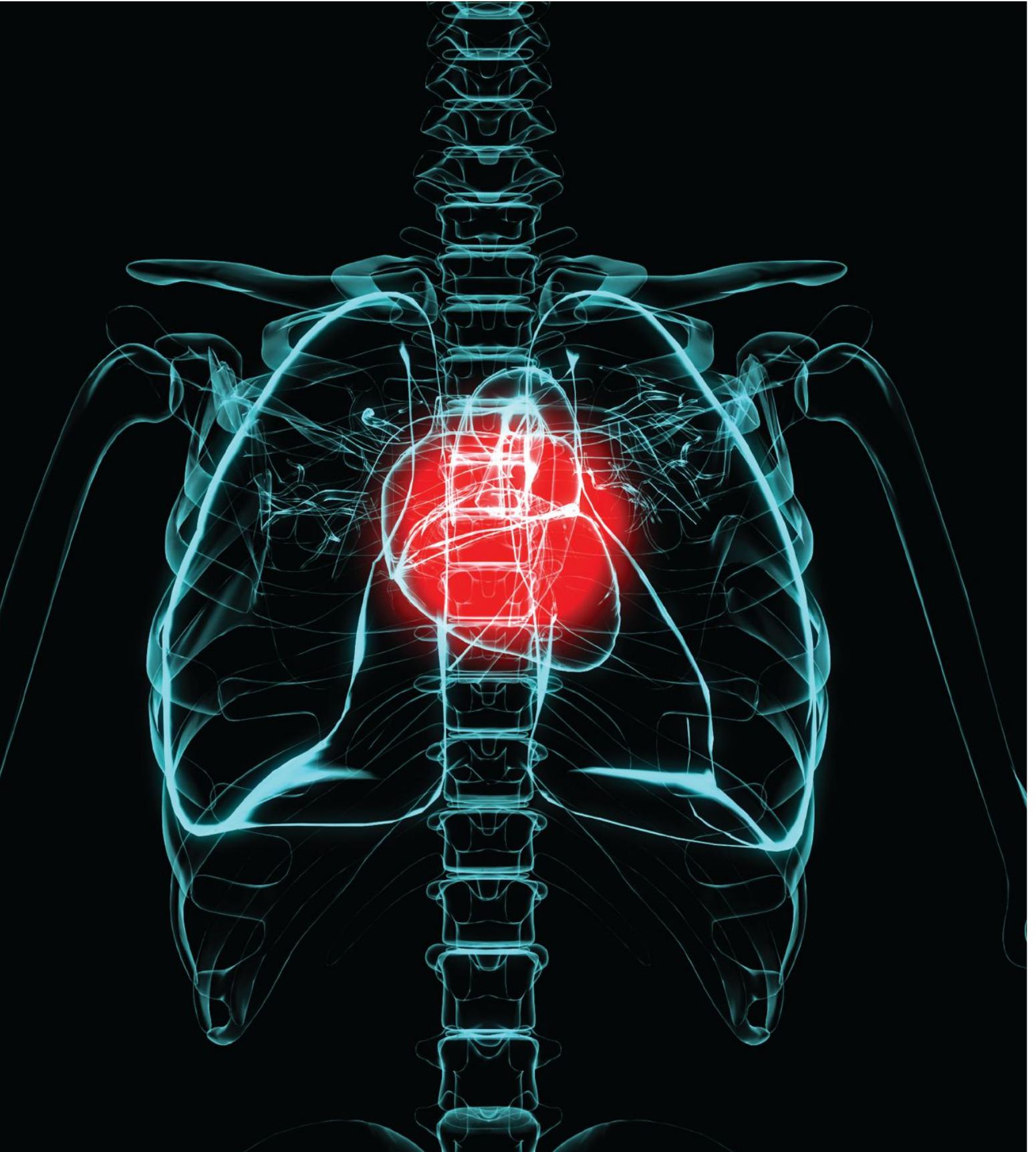
Plaque buildup in the arteries is either hard (calcified) or soft (noncalcified). Soft plaque is made up of cholesterol, fat, and other cellular debris. Soft plaque is potentially more dangerous because it can become dislodged and lead to a heart attack, stroke, or sudden death.

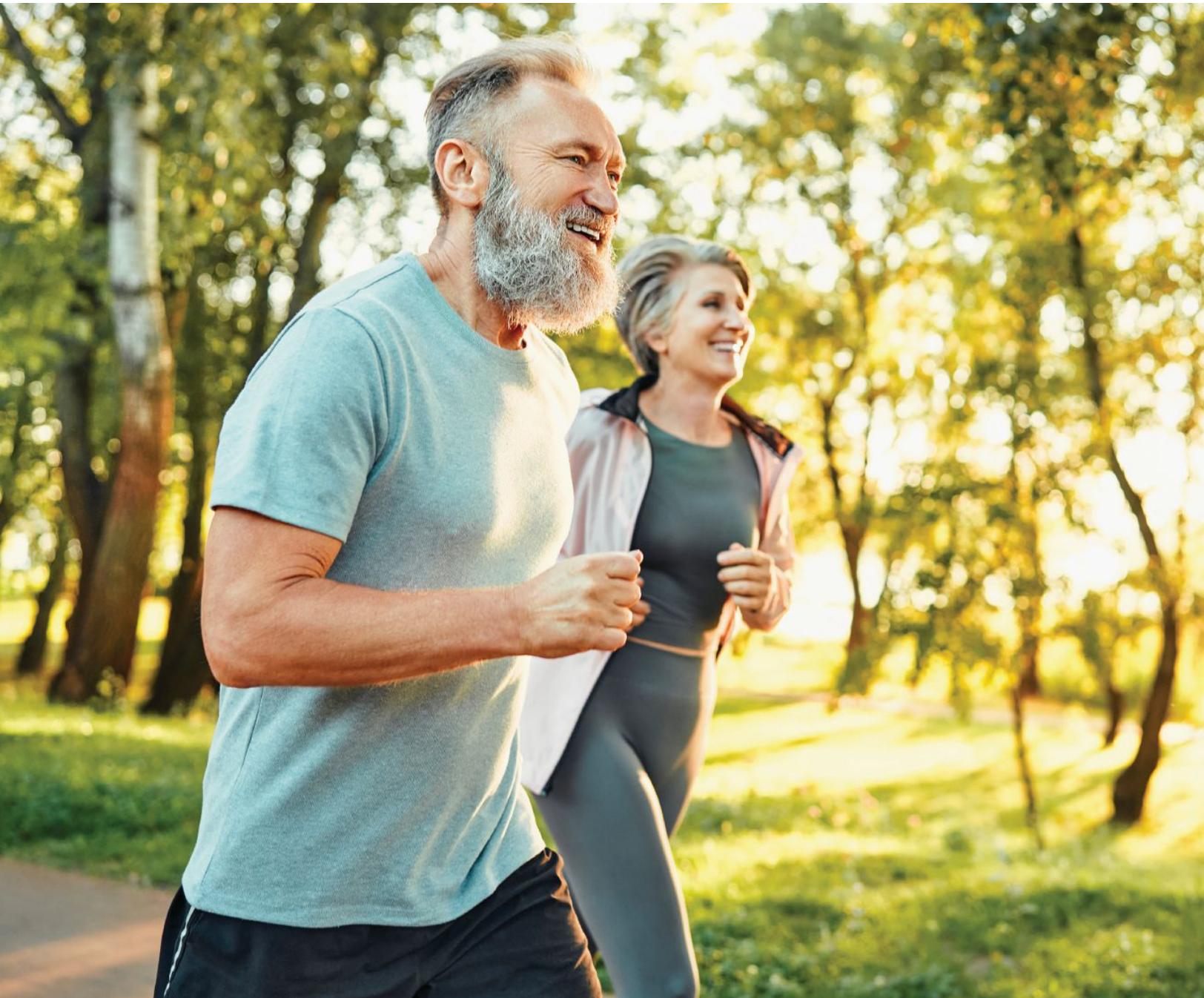
A heart-healthy diet, exercise, and stress management can help stabilize existing plaque. Medications such as statins which reduce cholesterol can also help stabilize soft plaque, making it less likely to rupture. Medical procedures such as cardiac catheterization, balloon angioplasty, and stent placement may also be considered by a health professional for treatment and management of plaque buildup.

Early detection and intervention are the keys to managing soft plaque.

“The new AI software compares a newly discovered plaque with thousands of completed studies, resulting in an output that can be easily interpreted.”

—Dr. Paul Cofnas





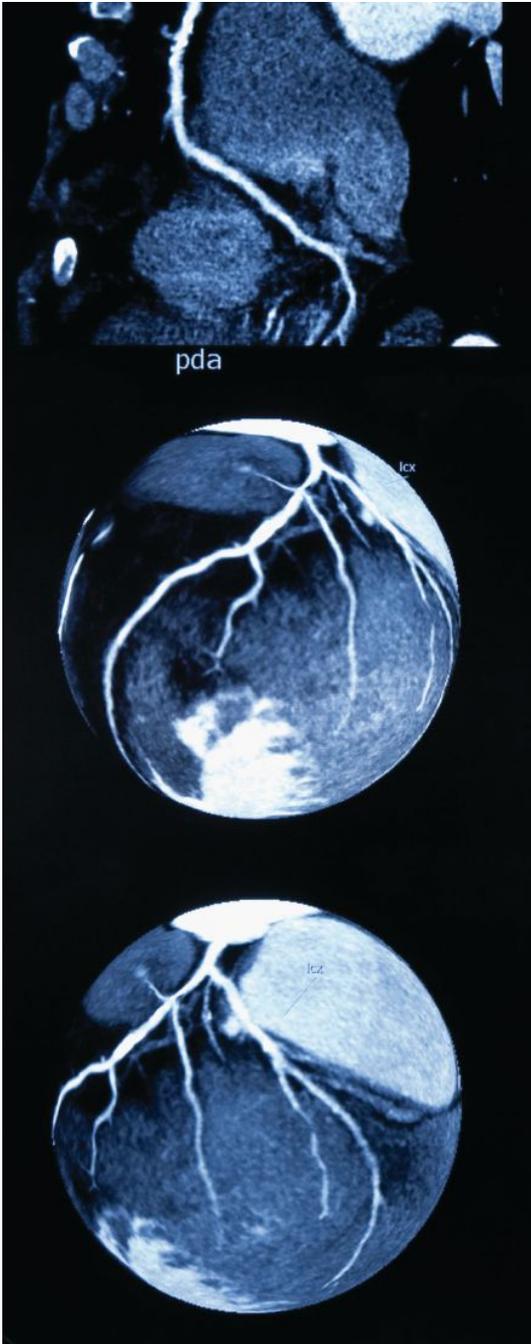
Cleerly AI analyzes CCTA scans in less than four hours—and sometimes in minutes.

"The new AI software compares a newly discovered plaque with thousands of completed studies, resulting in an output that can be easily interpreted," he explains. This leads to consistency in reporting, Cofnas says, rather than relying solely on a doctor's interpretation of the results. "The technology is fantastic, a great tool to have in the toolbox," he says. However, the technology still requires a physician's analysis. "It's not replacing doctors; it's here to help us."

He adds that radiologists are responsible for interpreting anything visualized on the CCTA such as aortic aneurysms, blood clots that have traveled to the lungs, and potential lung nodules that, although rare, may be cancer.

About 10 percent of JMC's CCTA scans were AI-enabled within the first few months of the technology being offered, and the number continues to grow.

JMC uses Food and Drug Agency-approved



CORONARY ARTERY DISEASE

Coronary artery disease (CAD) is very common and occurs when plaque develops in the blood vessels, called the coronary arteries, that supply the heart. When blood flow to the heart is reduced, it's called ischemia. When the buildup narrows the arteries significantly, it can cause heart failure (decreased pumping of blood by the heart), and symptoms such as shortness of breath, chest pain, or even sudden death.

For many people, plaque starts to build up during adolescence and worsens as they age.

Risk factors include: high LDL cholesterol, low HDL cholesterol, high blood pressure, family history, diabetes, smoking, and obesity. In men, the risk increases after age 45. In women, the risk increases after 55.

A healthy lifestyle combining good nutrition, weight management, physical activity, and stress reduction may reduce or delay CAD progression. Medications to control blood pressure and diabetes and to lower cholesterol may also be prescribed.

For many people, the Centers for Disease Control and Prevention (CDC) reports, "the first clue they have CAD is a heart attack." But these are other symptoms, according to the CDC, to watch for:

- Angina (chest pain and discomfort)
- Weakness, light-headedness, nausea, or a cold sweat
- Pain or discomfort in the arms or shoulder
- Shortness of breath

software made by Cleerly, which Cofnas calls "the leading company in the digital health-care space for cardiovascular health." The scan creates dozens of images, and Cleerly's analysis of the scan is completed in less than four hours—and sometimes in minutes.

Cofnas says the AI test results assist his cardiology colleagues. "It's certainly important to know if there is a 50 percent or 60 percent stenosis (narrowing of the arteries) within the heart arteries. But with the

AI software, which has analyzed millions of images, we can look even deeper to identify restricted blood flow. This information has been instrumental in decision making and treatment."

Cleerly's analyses are based on more than 10 million images from over 40,000 patients gathered during a 15-year period in multicenter clinical trials. The proprietary machine learning algorithms noninvasively measure atherosclerosis (plaque), stenosis,

and the likelihood of ischemia (restricted blood flow). The AI tool creates a 3D model of a patient's coronary arteries along with a comprehensive report for physicians to help develop personalized care plans.

Another benefit: when a patient is obtaining a Cleerly AI-enabled CTA coronary study for the first time, they can have their previous CCTA scan analyzed free of charge with AI, even if it was not done initially using the AI software.◀





WEIGHT-LOSS WONDER DRUGS

Widespread use reveals GLP-1 benefits
for cardiovascular conditions,
sleep apnea, and addiction

By Karen Feldman

Ozempic, Wegovy, and Mounjaro are synonymous with weight loss. But their medical value seems to be on a steady upswing, as researchers discover these medications are playing a powerful role with many other conditions.

What began as weight-loss and glucose-management treatment for people with Type 2 diabetes, the group of medications known as Glucagon-like peptide-1 receptor agonists (GLP-1 RA) are proving to successfully battle addictive behaviors, sleep apnea, and kidney ailments.

Perhaps the most significant emerging benefit is the positive impact these drugs

can have on cardiovascular conditions. “While they were developed to treat obesity, we know they’re very good at managing diabetes and it’s proven to be effective in preventing cardiac conditions, especially in those who already have coronary artery disease or congestive heart failure,” says Dr. Morteza Tavakol, a cardiologist at Jupiter Medical Center. “They reduce future cardiovascular events, such as heart attack and stroke.”

Many patients with congestive heart failure who had failed to lose weight multiple times with other methods succeeded with this treatment, according to Tavakol. Considering that cardiovascu-



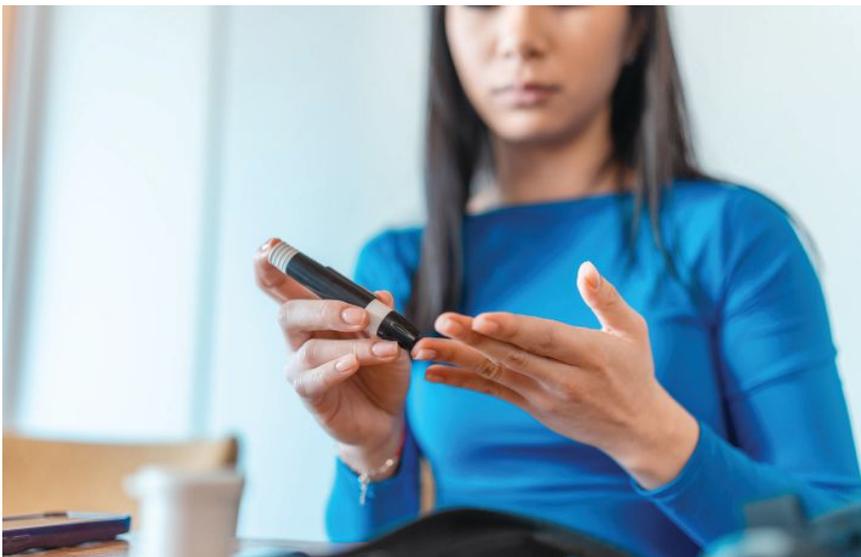
“People tend to have fewer strokes. We see people dying less and kidney disease is reduced, so it’s protective. There is less sleep apnea, fewer hospitalizations, and improved quality of life.” —Dr. Morteza Tavakol

lar disease is the leading cause of death for people with Type 2 diabetes, these results are particularly encouraging.

“Some who used them were able to get off oxygen,” he says of patients he has treated. “People tend to have fewer strokes. We see people dying less and kidney disease is reduced, so it’s protective. There is less sleep apnea, fewer hospitalizations, and improved quality of life.”

The weight loss likely gets some of the credit, but the drug’s cardiovascular benefits appear to involve more than that. Large-scale, randomized, controlled tests conducted on three brands of GLP-1 RAs showed reductions of between 12 percent and 26 percent in major adverse cardiovascular events, such as cardiovascular death and nonfatal heart attacks and strokes.

“Over the last 20 or 30 years, there have been several weight-loss drugs developed, but none have reduced cardiac disease or the number of cardiac events,” Tavakol says. “We don’t really know how it does that, but it’s evident that it does. These drugs are well studied. We know how they work for weight loss and sugar control. We just don’t know how they





Dr. Morteza
Tavakol

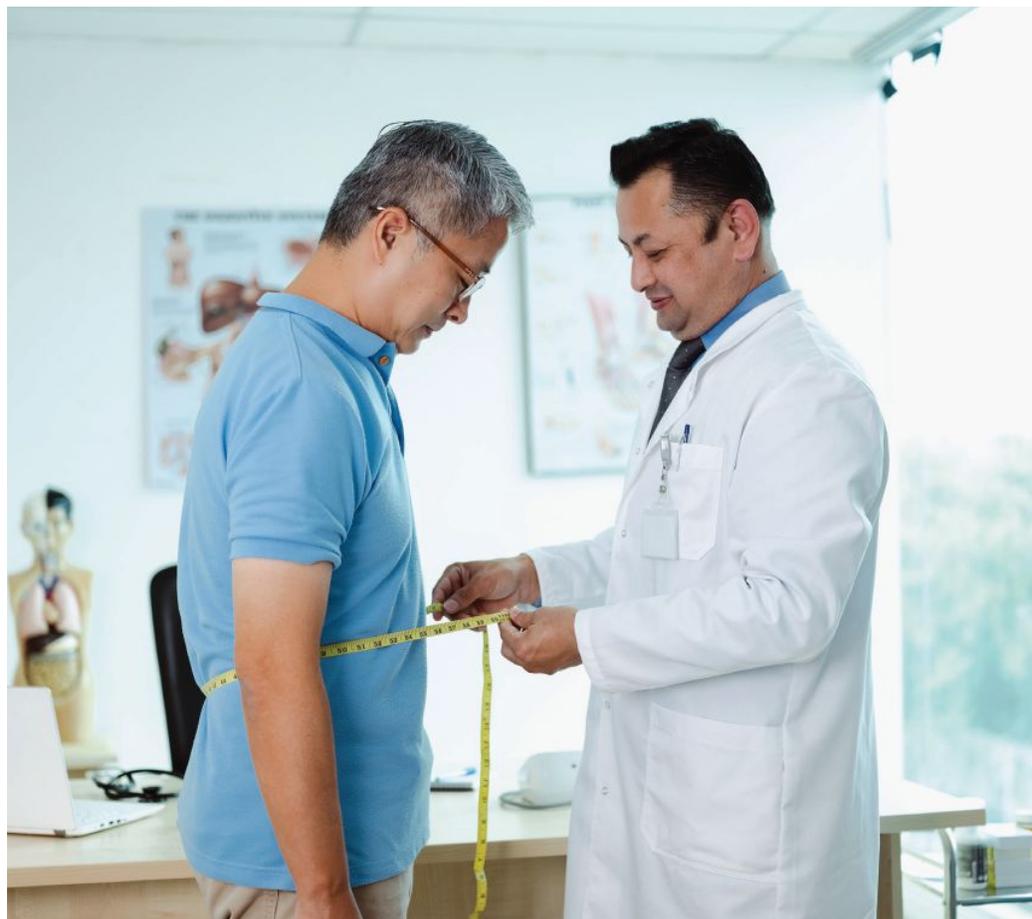
prevent cardiovascular or kidney disease.”

Despite their high rate of success, there are people for whom this treatment is not recommended. “They should not be used by patients with a history of pancreatic issues, certain liver conditions, thyroid cancer, or pancreatic cancer, as use of the drug can exacerbate these conditions,” Tavakol says. And, of course, those who are allergic to any of the ingredients should also avoid them.

According to a report in the National Library of Medicine, common side effects include nausea, vomiting, and diarrhea, dizziness, mild tachycardia, infections, headaches, and indigestion.

HOW THEY WORK

The medication is usually administered as a subcutaneous injection, typically distributed in pre-filled pens. Most require a week-



ly shot the patient can administer to themselves. They contain a synthetic version of the GLP-1 hormone that is produced in the small intestine and colon to help regulate insulin levels in response to food intake.

The medication also assists the liver with glucose levels, slows gastric emptying in the gastrointestinal tract to produce a feeling of fullness, suppresses appetite, and reduces neuroinflammation.

They aid the heart by lowering blood pressure and lipids while boosting the heart rate, according to a *Frontiers in Clinical Diabetes and Healthcare* article.

WHO TAKES THEM

Like all treatments, this class of medicine isn't a panacea. According to a poll by the health policy research and polling firm KFF, roughly 12 percent of U.S. adults—1 in 8—have used a GLP-1 drug. The study also revealed that 43 percent of adults with diabetes and 26 percent of those with heart disease reported using a GLP-1 RA. Roughly 6 percent of Americans currently take a GLP-1 drug.

Older adults make up the largest group using them, which makes sense because they are more likely than younger people to have been told by a doctor that they have diabetes or heart disease. The treatment is recommended by the American Diabetes Association and major cardiology organizations.

WHICH TO CHOOSE

Tavakol says he selects the type and brand of the medication depending on the patient. “Generally, I prescribe whichever one is covered by insurance,” he says. “I use semaglu-



“Over the last 20 or 30 years, there have been several weight-loss drugs developed, but none have reduced cardiac disease or the number of cardiac events.” —Dr. Morteza Tavakol

ACRONYMS 101

GLP-1: – Glucagon-like peptide-1 is a hormone secreted in the intestines in response to food intake. It aids insulin secretion, suppresses glucagon release, and provides a sense of fullness. But it degrades rapidly.

GLP-1 receptor agonists (RA): These are synthetic versions that last longer than the naturally produced hormone. They provide glycemic (blood sugar) control, enhance satiety, and improve cardiovascular health by reducing inflammation and improving blood flow and blood pressure. There are several types used to treat obesity and Type 2 diabetes. They have also proven to help reduce sleep apnea and addictive behavior. Also called GLP-1 analogs and incretin mimetics, the first one, exenatide, was approved by the Food and Drug Administration in 2005.

GLP-1 RA TYPES/NAME BRANDS:

Dulaglutide (Trulicity)
Exenatide (Byetta, Bydureon)
Liraglutide (Victoza, Saxenda)
Semaglutide (Ozempic, Wegovy, Rybelsus)
Tirzepatide (Mounjaro, Zepbound)



tide and tirzepatide most often.”

There are some differences among the various formulas. Semaglutides work on one hormone, while tirzepatides work on two. Studies indicate patients tolerated the tirzepatides better, experiencing fewer unpleasant side effects.

Patients who are on this drug regimen return to the clinic for periodic monitoring for as long as they continue to take it, Tavakol says, which can be three or four years. “They are usually on it indefinitely, but after a few years we can taper off or put them on a maintenance dose, where you take it every other week,” he says. “Generally, by that time, the behavior has changed.”

DRAWBACKS

One drawback is the cost, which runs from \$700 to about \$1,300 monthly without insurance, according to figures listed in Good Rx. People whose coverage includes these drugs may pay nothing to a portion of the cost.

“Getting the insurance to authorize it, even when someone has diabetes, can be challenging,” Tavakol says, because of the cost. “It also works well in those who don’t have diabetes, but insurance is less likely to cover it or, if they do, the patients pay a portion, too.”

More than half of those who used it said they had difficulty paying for it, whether they had insurance or not.

Another drawback: concerns when discontinuing GLP-1 drugs are weight gain, the impact on lifestyle habits, metabolic changes, and emotional health. To preserve the benefits derived from taking GLP-1 drugs, it’s important to maintain good nutritional habits and exercise.

Tavakol says JMC monitors patients who are tapering off. For those who have been on it for a few years, he believes changes in



habits and, if they need more assistance, a biweekly maintenance dose, work well.

Other ways to get support while weaning off the drugs include apps and weight-loss companies such as Noom and MyFitnessPal, as well as online forums or coaching. Dietitians and health coaches can help those transitioning off the drugs to reinforce good habits and introduce new ones.



ADDED BENEFITS

While the fact that those who have obstructive sleep apnea report a decrease in difficulty sleeping and decreased reliance on their continuous positive airway pressure (CPAP) machines, the cause is likely due to the weight reduction, which also results in better breathing.

Improved impulse control is likely related to

the impact the drugs have in reducing cravings and may also help with behavioral addictions, such as overeating or excessive screen time.

An observational study published in *Progress in Cardiovascular Diseases* in February 2025 concludes that tirzepatide and semaglutide may provide significant anti-consumption benefits, reducing recreational drug use, alcohol consumption, and

other addictive behaviors.

“Something we didn’t anticipate was how it would reduce the addiction portion of a person’s lifestyle,” he says. “People who are alcohol dependent respond well. It reduces their craving for alcohol, smoking, and other things. That was not originally foreseen. It takes down that drive, reduces the amount of pleasure.”◀



AGING PATIENTS MODERN CARE

As an Age-Friendly Health System, Jupiter Medical Center customizes seniors' care plans

By Eric Barton

When Jill Shutes began her nursing career more than three decades ago, hospitals were still learning how best to care for older adults. The prevailing focus was on treating illness and injury, not necessarily on preserving independence or quality of life for older patients during hospitalization.

Now a geriatric nurse practitioner and the geronto-

logical clinical coordinator at Jupiter Medical Center, Shutes has spent her career helping shift that mindset. Her path into elder care began with a personal appreciation for older adults—specifically, her grandparents, who lived independently into their 90s. She was drawn to their stories and to the practical wisdom they carried. “As a young nurse in my 20s, I wanted to learn what to do and what not to do, and older pa-







tients have those stories," she recalls.

Today, that interest is a guiding force not just for her department, but for the entire hospital. In August 2025, JMC became recognized as an "Age-Friendly Health System—Committed to Care Excellence," a distinction awarded through a national initiative led by the Institute for Healthcare Improvement and The John A. Hartford Foundation. It marks the hospital's commitment to a care model designed specifically for patients 65 and older—

one that promotes better outcomes, fewer complications, and greater dignity during and after hospitalization.

Caring for a Rapidly Aging Population

At the heart of the age-friendly approach is a framework known as the 4Ms: what matters, medication, mentation, and mobility. Together, these principles reshape the way care is delivered—from the first conversation with a patient to the moment they leave the hospital, and often, well beyond.

The process begins with asking older patients not simply what symptoms they're experiencing, but what matters most to them. Do they want to regain strength in time for an upcoming family event? Is their goal to manage pain rather than pursue aggressive treatment? Those answers should guide every step of the care plan, whether it's selecting a course of treatment or deter-



mining discharge plans. The goal is to avoid paternalism and instead center each decision on the patient's values.

That same personalized approach extends to medications. As people age, certain prescriptions can become less appropriate—or downright harmful. Drugs that might help control a chronic condition could also contribute to confusion or sedation. That's why age-friendly hospitals make it standard practice to review medication lists with an eye toward side effects that specifically affect older patients. Just as important, they educate patients and families on how to advocate for safer, more age-appropriate alternatives.

Cognitive health is another essential focus.







At the heart of the age-friendly approach is the 4Ms: what matters, medication, mentation, and mobility.

A recent Centers for Disease Control and Prevention (CDC) report found that only about 4 percent of adults 65 and older report having had a dementia diagnosis—despite evidence that as many as 13 percent of those over 85 have been diagnosed. This gap indicates many more older adults are living with undiagnosed cognitive conditions.

Age-friendly systems implement regular screenings for delirium, often twice a day, and train staff to identify signs like confusion, disorientation, or sudden changes in behavior. Even small environmental adjustments—opening blinds to let in natural light or encouraging hydration—can help prevent hospital-acquired cognitive decline. When a patient screens positive, Shutes is often consulted for care planning and alternate interventions that may be of assistance.

Then there's mobility, which often determines how well an older patient recovers after a hospital stay. Even just a few days in bed can lead to rapid muscle loss, prolonged recovery times, and increased fall risk. In an age-friendly system, the emphasis is on encouraging movement early and often. Pa-

tients are supported in getting out of bed multiple times a day, even if it's just for a short walk down the hallway or time spent sitting upright. The difference can be profound: less time in rehab, fewer complications, and a better chance of being discharged and returning home rather than to a facility.

These priorities are increasingly critical as the U.S. population ages at historic rates. According to the U.S. Census Bureau, more than 73 million Americans will be over the age of 65 by 2030—outnumbering children for the first time in the country's history. By 2040, older adults are projected to make up more than 20 percent of the population.

At the same time, older adults account for a disproportionate share of hospitalizations, medication use, and chronic disease diagnoses. More than 80 percent of adults over 65 have at least one chronic condition, and nearly 30 percent live with some form of cognitive impairment.

The CDC reports that falls are the leading cause of injury-related death among older adults—and even brief hospital stays can dramatically increase the risk.

Hospitals that don't evolve their practices risk seeing higher readmission rates, longer recovery times, and avoidable complications—all of which take a toll on patients, families, and caregivers alike.

At JMC, the broader vision for elder-focused care extends well beyond the inpatient setting. The hospital is also home to the Johnny and Terry Gray Alzheimer's and Dementia Caregiver Support Program, a community-facing initiative that addresses one of the most urgent and emotional aspects of aging: memory loss and cognitive decline.

The program is designed to support patients and the family members who care for them, offering a range of services that goes beyond traditional clinical care. Caregivers receive education, emotional support, and access to local resources—all tailored to the evolving needs of individuals living with Alzheimer's disease or other neurocognitive disorders.

This kind of support is not a luxury. An estimated 6.7 million Americans currently live with Alzheimer's disease, and that number could nearly double to around 14 million by 2060. In Florida, the challenge is especially acute: the state ranks second in the nation for total number of Alzheimer's patients, with more than 580,000 individuals currently affected.

Hospital-wide Standard of Care

These changes don't happen in a vacuum. At JMC, participation in the Age-Friendly initiative built on years of progress through NICHE (Nurses Improving Care for Health-system Elders), an international program that trains nursing staff in best practices for elder care. The hospital participated system-wide in the education program through the generous support of the Glenn W. and Cornelia T. Bailey Geriatric Nursing Education Program.

But the age-friendly model extends well beyond nursing. Care teams across departments are engaged in this effort—from hospitalists and therapists to pharmacists and



case managers—ensuring that each patient receives consistent support.

For families, choosing a hospital for an aging loved one often comes with difficult decisions. But there are signs to look for that indicate a health-care system is truly prioritizing elder care. Is the hospital actively participating in the Age-Friendly Health Systems initiative? Does the care team ask early on about the patient's personal goals? Are medications reviewed for their appropriateness in older adults? And is there a clear emphasis on pre-

venting cognitive decline and encouraging mobility during recovery?

At JMC, those questions are built into the standard of care. Each element—what matters, medication, mentation, and mobility—is part of the daily rhythm. Teams meet regularly to review patient progress and adjust care plans as needed. Case managers work closely with families to ensure that patients have what they need at discharge, whether it's home health support, assistive devices, or follow-up appointments.

As an Age-Friendly Health System, JMC not only follows the principles of elder-focused care but models them as standard practice across the entire organization.

"I see all of these things as opportunities for us to just simply do a better job," Shutes says.

For patients and their families, that commitment means something tangible: a system that sees older adults not as a burden or a challenge, but as individuals with lives still being lived—stories still being told—and care worth getting right. «



GREAT Expectations

Celebrating its twenty-fifth anniversary, Jupiter Medical Center's obstetrics unit provides care, comfort, and support to help growing families thrive

By Kelley Marcellus

If your family is growing, you're in good company.

Jupiter Medical Center's Florence A. DeGeorge Children's & Women's Services Obstetrics Unit delivered 2,542 babies in 2024 and is projected to deliver even more by the end of 2025. That's a big change since the unit opened in late 1999, welcoming 525 babies in its first year.

"Year after year, we're trending up with our growth," says Jacqueline Pereira, executive director of women's and children's services at JMC. "We give really great family-focused care." The Florida Perinatal Quality Collaborative agreed, granting the unit a four-star rating as a Center of Excellence Mother-Focused Care in 2024.

That care is designed to escort expectant mothers through every stage of pregnancy—from conception to post-partum. It begins with medical professionals who approach each patient with empathy. "Any patient that enters a hospital has anxiety," Pereira says.

Knowledge and familiarity can quell nerves—and that drives many of JMC's programs and services.

Birthing Suite Tours

Birthing suite tours are encouraged after the halfway mark of pregnancy. The unit features eight labor-and-delivery beds and 14 post-partum beds—with six additional beds located in the adjacent pediatric unit, all attended by labor, delivery, and post-partum nurses. "We want patients to know what to expect coming in," Pereira says.

For moms-to-be who have specific desires for their birth experience, Pereira recommends they put a plan in place with their obstetrician as well as taking advantage of JMC's Tansky Maternity Experience, a concierge service.





Jacqueline Pereira, executive director of women's and children's services at JMC.

Obstetrics-Dedicated Emergency Department

Pregnant women also have access to an obstetrics-dedicated emergency department (OBED) designed to handle urgent concerns for patients from the twentieth week of pregnancy through eight weeks after delivery. The OBED opened in June 2022 and sees approximately 200 patients a month. It can give peace of mind should an emergent issue arise during pregnancy, such as heavy bleeding, and concerns that are considered emergencies even if you aren't pregnant, such as chest pain, excessive vomiting, a severe headache, high blood pressure, seizures, sudden swelling in the extremities, or fainting.

The OBED is also accessible to those who have delivered a baby within the past eight weeks to address concerning symptoms or circumstances that came up during pregnancy. "If you had preeclampsia, for instance, sometimes your blood pressure doesn't immediately resolve," Pereira says. At-risk patients are discharged with a blood pressure cuff and instructions on monitoring their readings—measures that have paid off. No mother

who has delivered at JMC has had a postpartum stroke in its 25-year history.

NICU

JMC's Level II De George Neonatal Intensive Care Unit (NICU) cares for premature newborns and those who require extra support in the days and weeks following birth. Since its 2019 opening, the NICU has cared

for more than 1,200 newborns and supported their families. The 16-bed NICU offers treatment rooms, isolation rooms, a family lounge, private spaces to promote bonding, and advanced monitoring, and access to world-class neonatologists.

"We strive to support maternal mental health during and after NICU hospitalizations," Pereira says. The NICU collaborates





Pregnant women have access to an obstetrics-dedicated emergency department designed to handle urgent concerns for patients from the twentieth week of pregnancy through eight weeks after delivery.

with nationally recognized nonprofit organizations that help families cope with the challenges of NICU and premie parenthood.

In June, the NICU received a five-star ranking for excellence as part of an 18-month quality-improvement initiative called Homeward Bound, a partnership among 38 Florida NICUs to improve discharge practices. “We’ve also expanded our donor milk program to ensure that all premature and medically vulnerable infants have access to human milk in their critical first days and to support a mother’s exclusive breastfeeding goals,” Pereira says.

Expanding Services

Most expectant mothers won’t need the services of either the OBED or NICU, but every mother receives attentive and comprehensive care, Pereira says, beginning

with an initial screening for social determinants of health.

The maternity unit partners with community organizations that provide whatever a family may need—from nutritional support and mental health services to help locating a crib or bassinet, diapers, and formula. JMC also offers pelvic health rehabilitation to all women, including new moms who experience incontinence or pelvic pain and dysfunction.

Looking ahead, JMC is planning to grow alongside community needs. In 2026, the hospital is planning to expand the obstetrics unit, as well as services and classes.

“We look forward to guiding our mothers, so they know what to expect when they’re having a baby,” Pereira says. “With every step, their anxiety level is a little bit decreased and they’re a bit more comfortable in their surroundings.”

Safe Sleeping

Sudden Infant Death Syndrome (SIDS) is the sleep-related death of a baby under age 1 not attributable to a known cause. While rare, the National Institutes of Health report that approximately 1,000 infants die from SIDS in the U.S. annually, and Jupiter Medical Center is committed to following the American Academy of Pediatrics’ sleep guidelines by educating new parents about safer sleeping practices and implementing them hospital wide. These efforts have awarded JMC with the bronze certification from Cribs for Kids, a national program that recognizes hospitals for their commitment to safe sleep practices.

“We train every single staff member caring for infants, and we provide educational material to family and caregivers,” says Jacqueline Pereira, executive director of women’s and children’s services at Jupiter Medical Center.

The hospital’s neonatal intensive care unit provides complimentary sleep sacks when babies are discharged and provide community resources that can help families secure safe sleep spaces at home.



Be Prepared

When you're expecting a little one, knowledge is power, and Jupiter Medical Centers offers a slate of pregnancy and newborn-care classes for expectant parents. While the courses help new parents prepare for all the phases of expanding their families, they have an unexpected perk: "They really help expectant parents form connections or even new friends," says Jacqueline Pereira, executive director of women's and children's services.

Birthing Suites Tours Offered on select Monday evenings. Complimentary 45-minute tours of the Florence A. DeGeorge Children's & Women's Services birthing suites are



offered for the expecting mother and one guest, typically scheduled after the twentieth week of pregnancy. Schedule tours at least five days in advance of the desired date.

Newborn Care Parents learn the basics of baby care including normal newborn characteristics, circumcision care, sleep patterns, comfort measures, bathing, diapering, choosing a pediatrician, and illness symptoms. All partners are encouraged to attend this two-and-a-half-hour week-night class. (\$40)

Childbirth Offered as a single 9 a.m. to 4:30 p.m. class on Saturdays or a

two-part, two-and-a-half-hour weeknight class scheduled a week apart, this class educates new parents on the labor and delivery process, labor support techniques, breathing and relaxation, information about C-section, and post-partum care details. Schedule at least four weeks before due date. Partners are encouraged to attend. (\$80)

Preparing Moms for Breastfeeding This two-and-a-half-hour pre-birth class features details on positioning the baby, establishing milk supply, maternal nutritional needs, pumping, and tips on going back to work while breastfeeding. Dads are welcome. (\$40)

Bootcamp for New Dads A first-time dad's Saturday morning workshop to learn practical pre-birth, day-of-birth, and post-birth tips, including diaper changing and common issues new families experience. (\$30)

Dancing for Birth Open to women in any stage of pregnancy, these 90-minute classes help participants learn to move instinctively to world beats, use gravity, and encourage babies to navigate the pelvis. Post-partum moms with babies in soft-sided carriers or slings welcome. (\$20 per class)

Visit jupitermed.com/events for an up-to-date listing of hospital classes and events and to register online or call 561-263-2189.





POST-PARTUM SUPPORT

After discharge from the hospital, most new mothers recover through the post-partum period—the six to eight weeks after giving birth—without incident. Some conditions that arise during pregnancy, like preeclampsia or gestational diabetes, can take time to resolve and may become emergent in weeks after delivery. Post-partum depression—a medical condition that affects as many as one in eight new moms, according to the March of Dimes—arises within one to three weeks after giving birth and can last up to a year. It's characterized by feelings of sadness or failure, anxiety or panic, overwhelming tiredness, and severe mood swings.

Most concerns can be addressed by the obstetrician. Be sure to call your doctor if you experience:

- Heavy bleeding, soaking through one pad per hour, or clots the size of an egg or larger
- An incision that's not healing or is showing signs of infection
- A red or swollen leg that's warm or painful to the touch
- Temperature higher than 100.4 or lower than 96.8 degrees Fahrenheit

- Headache that doesn't improve with medicine or is accompanied by vision changes
- Signs of post-partum depression

The obstetrics emergency department (OBED) at Jupiter Medical Center also is available when new moms need immediate attention or are unable to connect with their OB. Call 911 if you experience:

- Chest pain
- Shortness of breath or difficulty breathing
- Seizures
- Thoughts of self-harm or hurting someone else

"The OBED can evaluate patients and determine whether they should be admitted and treated or if they can be treated from home," says Jacqueline Pereira, executive director of women's and children's services. «



Passion & Purpose

All Saints Catholic School students turn heartache into hope with an annual charity run for Anderson Family Cancer Institute

By Valerie Staggs

The assignment was simple: conceptualize a way to help your community. Most of the sixth-grade students in All Saints Catholic School's Social Emotional Learning class submitted their ideas on paper and moved on to their next assignment. But for five of the students, this simple assignment was the catalyst that launched an annual fundraiser that raised thousands of dollars to support cancer patients at Jupiter Medical Center.

"The assignment was to brainstorm something you could do to help your community," says Lucy Kloska, one of the five students. "It was supposed to be more of an idea, but we turned it into an actual event."

The event was a one-mile fun run held at their school with a mission to raise money to help cancer patients at JMC. Each of the girls had family members who had been diagnosed with cancer and the mother of one of the girls was undergoing treatment for cancer at JMC's Anderson Family Cancer Institute. Lucy, Gigi

Goncalves, and their friends, Ava Cartier and twins Lucy and Vicki Burkly, were determined to do something to materially help.

In November 2022, the five friends met with All Saints Catholic School Principal Jill Broz and shared their idea for the fundraiser. Broz embraced it. The girls jumped into planning the event at the start of 2023 and quickly realized that there was a lot more to organizing a fundraising event than they thought.

"It was a lot of work," says Vicki. "We took a lot of different routes, jumping between ideas, before we settled on what we wanted to do."

Eventually a plan was in place and the event date was set for May 6, 2023. The girls put the word out to their school community. "We started advertising in school. We put up posters and went on our school's news network," says Ava. "We put papers in the folders the little kids take home."

After months of hard work, the day of the event arrived, and the inaugural Run for Cancer was underway. Students from the school came out to run, and the girls raised

money through entry fees. They also sold raffle tickets for baskets they created and collected donations from families in the school community. "We had a solid plan going into the race, but like any event, some things had to be handled in real time" recalls Lucy B. "There were definitely moments of chaos, but that just added to the excitement and energy of the day."

The first year of the event became more than just a success for the girls; it became their blueprint for growth. They took what they learned and set larger goals for subsequent years, expanding their outreach methods, growing their fundraising efforts, and increasing the amount they raised by more than 50 percent each year.

Their goal was to raise \$1,000 which they surpassed with \$1,801. The girls were ecstatic. "That day has a special place in my heart," says Gigi. "It was truly amazing to see that we're doing all this to help people with cancer."

The girls quickly decided to host another run the following year. "We thought it was



fun; it brought people together and it made a difference,” says Ava. “So, we thought let’s just keep doing this.”

They repeated the event in 2024 and in 2025, the girls hosted the third annual Run for Cancer event. Collectively the three events have raised almost \$9,000, donations for which the team at the Anderson Family Cancer Institute at JMC are very grateful. “The hard work that these amazing young girls have done to raise money and awareness matters and makes a difference for the cancer patients,” says Debra Brandt, medical director of medical oncology/hematology at the Anderson Family Cancer Institute at JMC. “I look forward to seeing these girls continue to make a difference.”

One of the most moving parts of the event was the display of handmade posters created by participants to honor the cancer journeys of loved ones. Race registrants added the name of a family member, friend, or colleague undergoing treatment to a sign that read “I am running for...” The posters were given to the cancer team at JMC along with the check for the mon-

ey raised. The medical staff remember treating some of the people named on the posters and asked how they were doing, says Lucy B.

The five friends graduated from All Saints Catholic School and moved on to high school this spring. As planning for the 2026 Run for Cancer event gets underway this fall, their younger siblings will carry the torch. Collectively, the girls have younger brothers and sisters in fourth through seventh grades who are still at the school and are excited to carry the torch to keep the run going.

Knowing that they will leave an enduring legacy behind makes the girls proud of the part they have played in supporting cancer patients. “It’s kind of sad to be telling people these stories, but it’s important to tell them,” Gigi says. “I hope people take away a bigger understanding of what we are doing, how much work we have put in, and how passionate we are about this topic.”

For more information on participating in or volunteering for the 2026 Run for Cancer please contact: PBurkly@allsaintsjupiter.org. ◀



Ava C., Lucy K., Vicki B., Gigi G., and Lucy B. with raffle baskets at the 2025 Run for Cancer.

Seasonal Sips

DELICIOUSLY HEALTHY—AND WARMING—
HOLIDAY BEVERAGES



~~~~~  
**I**nstead of starting the new year with a slate of health-oriented goals, why not start today? Holistic health and wellness coach **Jules Aron** is the author of five lavishly illustrated books with simple, fresh, and nutrition-packed recipes. Her goal is to “make living a vibrantly healthy lifestyle both easy to achieve and delicious to follow.” The following recipes for warming beverages are courtesy of her book, *Zen and Tonic: Savory and Fresh Cocktails for the Enlightened Drinker* (The Countryman Press). Photos by Gyorgy Papp

~~~~~  
Cheers to your health!



TOASTED COCONUT

The sweetness and creamy texture of this delightful concoction is created with all-natural dates and coconut milk. *(Makes 2 servings)*

1 cup dried unsweetened shredded coconut
2 cups coconut milk
4 Medjool dates, pitted

In a small skillet, toast the coconut over medium-high heat, stirring constantly, until golden. Transfer to a bowl and let cool. Rim your glasses with the toasted coconut then add the remaining toasted shreds in a blender with the coconut milk and dates. Blend until smooth. Fill your rimmed glasses and enjoy.

GOLDEN MILK PUNCH

This may very well be the perfect comfort drink to be enjoyed curled up on the couch on a cold winter's day. Feel good knowing the warming spices and the peppery turmeric's potent anti-inflammatory benefits are helping you boost your immunity. *(Makes 2 servings)*

2 cups coconut milk
14 ounces pure vanilla extract
¾ ounce pure maple syrup
Freshly grated nutmeg
Ground cinnamon
½ teaspoon ground turmeric

In a medium-size saucepan, combine the coconut milk, va-

nilla, maple syrup, a pinch each of nutmeg and cinnamon, and turmeric over medium-low heat. Stir constantly, being careful not to burn the milk. Bring almost to a boil and remove from heat.

Divide between two mugs and serve sprinkled with freshly grated nutmeg and a pinch of cinnamon.

Superfood Spotlight

Turmeric has long been used in the Chinese and Indian systems of medicine as an anti-inflammatory agent to treat a wide variety of conditions, including hemorrhage, toothache, bruises, chest pain, and colic. It is also what gives this milk punch its golden hue.



AMBROSIA

The unassuming chamomile, paired with lemon and enhanced with the sweet and aromatic apricot syrup, creates a lovely, soothing libation to be enjoyed both hot and cold. *(Makes 1 serving)*

- 4 ounces freshly brewed chamomile tea**
- 1½ ounce Apricot Syrup**
- 1½ ounce freshly squeezed lemon juice**
- Orange twist, for garnish**

Add the syrup and lemon juice to a mug of the hot tea and stir well. Garnish with an orange twist.

APRICOT SYRUP

- 1 cup coconut sugar**
- 1 cup water**
- 3 pitted and quartered fresh apricots or 6 ounces dried**

Combine the coconut sugar and water in a small saucepan over medium-low heat. Add the apricots and let simmer slowly, stirring occasionally, for 20 minutes. Strain into a clean jar and refrigerate for 24 hours before using. Cover and keep refrigerated for up to 2 weeks.

Superfood Spotlight

Chamomile has quite a medicinal history. The plant has been used for centuries in teas as a mild, relaxing sleep aid; a treatment for fevers, colds, and stomach ailments; and an anti-inflammatory.

MULLED MYSTIC

The first documented roots of mulled wine stem back as far as Ancient Egypt, when spiced wine was used for medicinal purposes and was considered a remedial elixir of the afterlife.

This traditional drink served over the holidays gets a modern makeover here. The oftentimes heavily mulled drink is lightened and brightened by switching out the red wine for a lighter white one. The addition of citrus, ginger, and vanilla notes also serves to warm yet uplift. Finally, the pomegranate seeds brighten up this delightful sipper further yet by increasing its medicinal value.

(Makes about 1 quart)

3 whole cloves

Zest from 1 small lemon, removed in strips with a vegetable peeler

1 (2-inch) piece fresh peeled ginger

½ vanilla bean, halved lengthwise with seeds scraped out (using the back of the knife blade to scrape along the inside of each half of the bean, collecting the seeds)

1 (750 ml) bottle medium-bodied dry or off-dry white wine

½ cup Pear Ginger Syrup

Lemon twists, for garnish

Pomegranate seeds, for garnish

Stick the cloves into two or three strips of the lemon zest. In a medium-size, nonreactive saucepan over medium heat, combine the ginger, vanilla bean (pod and seeds), and about two-thirds of the lemon zest strips (including the clove-studded pieces) and cover partially. Simmer, stirring occasionally, until fragrant and thickened slightly, about 5 minutes. Add the wine, cover partially, and simmer until the wine is infused, at least 1 hour (do not allow to boil). Remove and discard the ginger, vanilla bean pod, cloves, and lemon zest. Add the syrup and stir. Serve in a wineglass or brandy snifter, garnished with lemon twists and pomegranate seeds.

PEAR GINGER SYRUP

1 cup pure maple syrup

1 cup cored and chopped pear

2 tablespoons chopped fresh ginger

1 cup water

1 vanilla bean, or a splash of pure vanilla extract

Combine all the ingredients in a small saucepan over medium-high heat. Lower the heat and simmer for 20 minutes. Remove from the heat and let cool to room temperature. Strain into a clean jar, cover, and keep refrigerated for up to 2 weeks.



WARM CINNAMON HORCHATA

Traditional Mexican horchata is made with rice, milk, cinnamon, and lots of sugar. This new version is endlessly creamy but uniquely dairy free. Instead, we're using soaked cashews and a handful of Medjool dates for a caramel-like sweetness. *(Makes 4 servings)*

½ cup uncooked white rice

1½ cup raw cashews

1 teaspoon vanilla extract

3 cups water

1 teaspoon ground cinnamon, plus more for garnish

5 Medjool dates and/or pure maple syrup

Soak the rice and cashews together in several inches of water for 2 to 6 hours, until softened. Drain off the soaking water and combine the rice and cashews in a blender with the vanilla, water, cinnamon, and dates. If the dates don't provide enough sweetness, feel free to add some maple syrup. Blend on high speed for 2 minutes to purée all ingredients. Strain, using a cheesecloth. Pour into four glasses and sprinkle more cinnamon on top.





SPICED HIBISCUS TEA

This tart, fragrant, vibrantly colored tea is extremely refreshing in the summer months; however, the added cinnamon and ginger both create a warmth in the body that promotes circulation especially vital in the cold months as well. *(Makes 2 servings)*

- 2 teaspoons dried culinary-grade hibiscus flowers**
- 1 (½-inch) piece fresh ginger, finely chopped**
- 1 ½ cinnamon stick**
- 4 ounces pomegranate juice**
- ¾ ounce Raspberry Rose Syrup**
- 2 cups water**
- Orange slices**

Place the hibiscus flowers, ginger, and cinnamon stick in a large pan with the pomegranate juice and water. Bring slowly to a boil and simmer for 2 minutes.

Turn off the heat and allow the mixture to infuse for 5 minutes. Strain through a sieve and pour into two tall glasses. Add the syrup and serve warm with the orange slices.

RASPBERRY ROSE SYRUP

- 1 cup raspberries**
- ¼ cup culinary-grade dried rose petals**
- 1 cup boiling water**
- ½ teaspoon rose water**
- 1 cup honey**

Steep the raspberries and rose petals in the boiling water for 15 minutes. Strain and lightly squeeze to extract any excess water. Add the rose water and honey and stir until dissolved. Strain into a clean jar, cover, and keep refrigerated for up to 2 weeks.

Superfood Spotlight

Hibiscus packs a bounty of healthful properties. Rich in vitamin C, it has been used widely as an herbal method for controlling high blood pressure, tempering fevers, alleviating digestive problems, and improving circulatory disorders.



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PHOTOGRAPHY BY JUPITER MEDICAL CENTER



Dr. Michael Sabbah

If you are a grateful patient who wishes to make a gift in recognition of excellent care or services you received, contact the Jupiter Medical Center Foundation at 561-263-5728 or [jmcfoundation.org/grateful](https://www.jmcfoundation.org/grateful).

For nearly a decade, the Jupiter Medical Center Foundation has recognized individual physicians, departments, nurses, and other team members whose compassionate care has made an outstanding impact on patients and their loved ones through the Honor a Caregiver program.

Through philanthropic donations, grateful patients identify caregivers or departments to thank them for their care, kindness, or special gesture during their time as a patient. This generosity helps JMC continue its mission of providing first-class care and expanding its services, technology, and infrastructure.

“The gifts received in their honor are a testament to the compassion of our caregivers while supporting our growth and quality of care,” says JMC Foundation Chief Philanthropy Officer Traci Simonsen.

JMC President and CEO Dr. Amit Rastogi says that the Honor a Caregiver program is an important element of JMC’s continued evolution as a world-class medical center. “Every interaction our caregivers have with a patient truly makes a difference. We honor those who invest in the well-being of our patients who in turn have invested in us,” Rastogi says.

Meet the 2025 Honored Caregivers
(December 2024 to June 20, 2025)



Lindsay Silas, Tara Tenore, Sandy Brice



Gynecologic Oncology Team



Donna Skillings



Dr. Gonzalo Loveday



Dr. Kevin Green



Dr. Carrie Salvia



Krista Coquette



Dr. Nathan Tennyson



Dr. Arthur Katz

“ Dr. Arthur Katz, the operating room staff, and all the nurses in the Cardiovascular ICU, your empathy has made all the difference during a difficult time in my life. I want to express my heartfelt appreciation for the care and support you have provided. God bless you all!”



Marlaina Cardoza



Dr. Jon Du Bois



London Barill

Recipients (not pictured):

- Kerry Adams
- Dr. Gabriel Breuer
- Dr. Gabriella Bonomo
- Dr. Daniel Caruso
- Dr. Michael Cooney
- Dr. Richard A. DeLucia Jr.
- Dr. Craig M. Forleiter
- Nathalie Garrett, RN
- Dr. Richard A. Gorman
- Dr. Richard Goldberg
- Dr. Ronald M. Goldin
- Christopher Hamper, PA
- Dr. Michael A. Jacobs
- Dr. Cyrus P. Kavasmaneck
- Dr. Irma V. Lopez
- Harriett Louis
- Dr. Amir M. Lubarsky
- Dr. Chester J. Maxson
- Dr. Alexander Miranda
- Dr. Maung K. Oo
- Maranika Philogene
- Dr. Jaideep Puri
- Daniella Ramirez
- Dr. Naveen Reddy
- Kristen Sargent-Hintz, BSN
- Dr. Bassam Sayegh
- Dr. Roni I. Sehayik
- Dr. Harry L. Shufflebarger
- Dr. Jonathan Virkler



Dr. Saryleine Ortiz de Choudens



Tania Pfiffner



Anderson Family Cancer Institute - Third Floor

“My gift is to recognize all the wonderful people on the third floor at the Anderson Family Cancer Institute. Thank you.”



Emergency Team



Susan Matthews



Dr. Robert Biscup



Dr. Vivek Patel



Julie Webster, MSN, BC



Dr. Donna Pinelli



Dr. Catherine Drourr



Dr. Gary Ackerman



Dr. Augusto Villa



Cheyanne Sears



Dr. Burton Greenberg



Dr. Jeffrey Fenster



Dr. Andrew R. Noble



Concierge Dietary Team



Amy Nichols, BSN



Dr. Israel Wacks



Jen Christensen



Yailin Suarez



Concierge Department



Dr. Howard B. Schwartz



Julie Franklin, BSN, RN, CCRN



Dr. Oren Lifshitz



Natalie Fix



Dr. John Rimmer



Telemetry - Fourth Floor



Dr. Tony Bruno



Linda Sousa



Dr. William Gustave



Dr. Kenneth Fuquay



Sophia Schulman



Dr. Rahul Aggarwal



Susan Lee Bishop



Tara Martin



Dr. Daniel Boss



Neal Nay
RPSGT, RST



Dr. Peter O. Lyn



Dr. Robert Briskin



Dr. Ryan Devine



Stephanie Cahill



Dr. Barry Miskin



Dr. Matthew Stiebel



Cardiovascular Intensive Care Unit



Melinda Jones, MS, CCC-SLP



Ann Sias



Dr. Debra Brandt

“ Every doctor I’ve had at JMC has been exceptional. I continue to see Dr. Debra Brandt, and she provides care not only for preventing cancer but for my whole body. Her care and concern are above and beyond—and keep me going.”



Dr. Michael Leighton



Marise Desir, APRN



Dr. Jack Waterman



Michael Waterman



Cardiac Rehabilitation



Caroline Sirface, BSN, RN, CCRN



Dr. K. Adam Lee



Progressive Care Unit Nurses



Dr. Ronald Goldin



Tracy Gowans



Dr. Skirmante Sirvaitis



Valkor



Stella



Lisa Gardner



Dr. Glendese Miller



Jessica Suits



Dr. Shanel Bhagwandin



Kari Tanto, RT



Dr. Matthew Kolek



Intensive Care Unit



Jenny McErlain



Dr. Henry Shapiro



Dr. Orna Hadar



Dr. Z. Jacob Litwinczuk



Dr. Paul Cofnas

“ We are so pleased with the care and attention my husband is getting from everyone in the Intensive Care Unit at Jupiter Medical Center. The doctors and nurses in the emergency room were outstanding as well. We would like to thank all who are concerned.”



Dr. Mark Corry



Christina Delinois



Dr. Juan Gomez



Jessy Mitchell



Dr. Morteza Tavakol



Take a life-saving image. Schedule your mammogram.



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EVENT PHOTOS

ADMIRALS COVE COMMUNITY RECEPTION

February 3, 2025
Admirals Cove, Jupiter



Cookie and Steven Neiberg



Allen and Ellen Meyerson



Douglas and Ann Brown, Rita and Ronald Gottlieb



Donald and Ellen Brounstein



Pat and Frank Longobardi



Michael and Robin Valentino



Michael and Judith Grossfeld



Judy Wyman and Linda Schlenger



Mary Beall and William Applestein



Phyllis Melman and Steven Melman

TRACEY BENSON PHOTOGRAPHY

EVENT PHOTOS

AZURE COMMUNITY RECEPTION

February 5, 2025
Azure, Palm Beach Gardens



Dr. John Mangieri, Joe Breault, Margarita Mangieri, Lucia Breault, Roger Koerner



Donna and Paul Bijou, Dr. Donna Pinelli



Nina Silverman, Dan and Joanne Boucher



Sue and Peter Kamin



Jim Parkin and Amme Drethe Parkin



Gerard and Brenda Ciccio



Marty and Austin Brown



Jeremiah and Karen Callaghan



Jill Wolder, Karen Javello, Sally Kasaks



Nina and Michael Lee

TRACEY BENSON PHOTOGRAPHY

JUPITER HILLS CLUB COMMUNITY RECEPTION

February 11, 2025
Jupiter Hills Club, Tequesta



Linda and Chris Baldwin



Patsy and Joe Petri



Burt Wyatt, Dr. Donna Pinelli, Brenda Wyatt



Charlie Schoenherr, Jeff Toia,
Philly O'Keefe, Michael Hefferon



Len Scioscia, Ron Delmauro



Walt and Janet Knysz



Missy and Jim Hislop



Robert and Sandra Heimann



Dr. K. Adam Lee, Theodore Janeczek,
Jane Janeczek, Joe Onstott



Linda and Gennaro Cerce

TRACEY BENSON PHOTOGRAPHY

EVENT PHOTOS

WOMEN'S HEALTH & WELLNESS CONFERENCE

February 14, 2025
Amrit Ocean Resort, Singer Island



Diane Perrella, Roberta Golub, Arthur C. Brooks, Peggy Katz



Dr. Amy Shah, Jay Cashmere, Traci Simonsen



Patti Patrick, Tara McCoy, Pam Canter



Michelle Baxter, Nika Ciarfella



Diane Perrella, Donna Campesi, Toni Ulisse, Stacey Henry, Diane Tortora



Dina Turner, Dr. Faryal Farooqi



Jennifer Buczyner, Tania Mercado



Natasha Robertson, Patricia Winn



Patricia Howard, Aliya Howard



Brenda Peel, Nancy Nahmias, Tanya Suarez, Kristi Edwards

OLD MARSH GOLF CLUB COMMUNITY RECEPTION

February 18, 2025

Old Marsh Golf Club, Palm Beach Gardens



Timothy and Jayne Donahue



Patricia Anathan, Nancy Kyle, Susan Kohn



Carolyn Haggerty, Cathy Merson



Pall and Susan Spera, Judy and Steve Backstrom



Dr. Amit Rastogi, Diana and Ken Trout



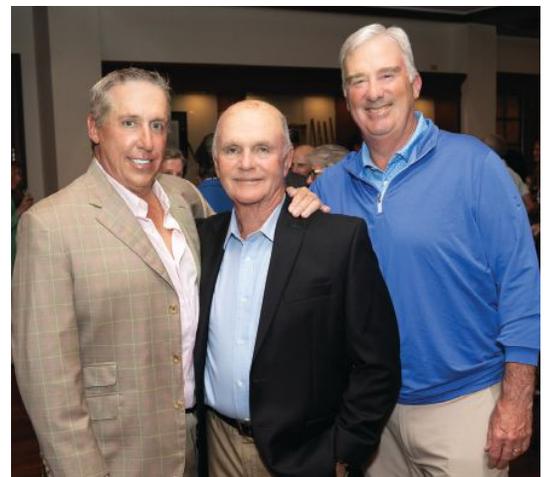
Debra and Ronald Parr



Joyce and Tom Valdes



Wendy and Carl Wright



Tom Hugh, Ed Delman, John Braniff



Allison and Boyd Howde

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EVENT PHOTOS

JUPITER ISLAND CLUB COMMUNITY RECEPTION

February 25, 2025
Jupiter Island Club, Hobe Sound



Peter Lund, Cathy McGraw, Dr. Amit Rastogi, Scott McGraw



Lisa and Peter Schiff, Ellen and Jim Dwinell



Chase and Laurie Landreth



Henrietta and Roger Fridholm



Tony Cruger, Pam White



Paul and Robin Vermynen



Bill and Debbie Timmerman



John and Ann Vonstade



Cindy Dwyer, Missy Crisp, Carol Norfleet



Lisa Long, Stephanie Wilson

TRACEY BENSON PHOTOGRAPHY

48TH ANNUAL BLACK-TIE BALL

March 1, 2025

The Breakers, Palm Beach



Vahan and Danielle Gureghian



Michele Deverich and
Craig Williamson



Howard and Kerrie Lance, Brianna Lance,
Suzanne Niedland



Susan and Chris Pappas



Linda and Chris Baldwin



Randall and Rebecca Doane



Craig Washington, Babe Rizutto,
Billie Heffner, Dennis Rizzuto



Kevin and Esther Kirn, Malcom
Sina and Joanie Blanco



Brad and Maggie Alderton, Lee and Jeff Alderton,
Taylor and Ryan Blaszczyk



Barb Golub, Roberta and Harvey
Golub, Cathy and Andrew Merson

TRACEY BENSON PHOTOGRAPHY

EVENT PHOTOS

JONATHAN'S LANDING COMMUNITY RECEPTION

March 13, 2025
Jonathan's Landing, Jupiter



Bob and Jayne Cardascia



Shirley and Ed Babington, Dr. Amit Rastogi



Evelyn Hamlin, Mary Campi, Diana Robinson



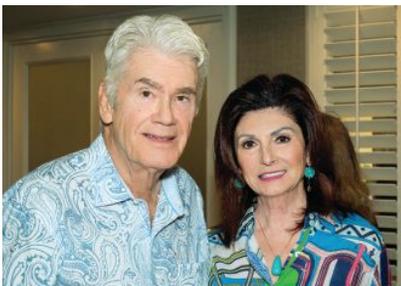
Maureen O'Donnell, William and Patricia Fenimore, Roberta Chapey



Frank and Mimi Walsh



Patricia Patton, Margaret Toal



Harry and Donna Haran



Bert McCooey, Frank Walsh, David Nicholson



Fred and Teresa Price, Sharon and Tom Chisholm



Nels and Margaret Palm, Linda and Art Tweedie

BLUE MERMAID PHOTOGRAPHY

ANNUAL DONOR RECEPTION

March 20, 2025

PGA National Resort & Spa, Palm Beach Gardens



Michael and Janice Barry,
Dr. Amit Rastogi



Mark and Nika
Ciarfella



John Gora,
Carol Gamache



Robert and Jayne
Cardascia



Jack Franchetti, Margaret
and Bert Stiff



Marsha and Harry
Ginsburg



Doug and Hillary Tanger



Debra Hartman,
Bob Homeyer



Aggie Robert, Sandy Renfro, Sherry Milchovich,
Margaret Steinberg

TRACEY BENSON PHOTOGRAPHY



Leslie Gottfred,
Don Hintz

THE COUNTRY CLUB AT MIRASOL COMMUNITY RECEPTION

April 1, 2025

The Country Club at Mirasol, Palm Beach Gardens



Dr. Amit Rastogi, Lisa
and Jack Langer



Tushar and Veena Ramani,
Frank Russo



Gary and Ann
Marie Pletzer



Helen and Earl
Lysaker



Louis and Tanya Chabrier



Tullio Gianella,
Dr. Louise Benvenuto



Ron Singer,
Penny Miller



Susan Rosen, Vivian Cohen,
Marilyn and Jack Small



Tom and Janet
Shanley, Patricia Russo



Bruce and Nora
Warshauer

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EVENT PHOTOS

INAUGURAL SPORTING CLAYS CLASSIC

April 4, 2025

OK Corral Gun Club, Okeechobee



Michael Correa, Jason Nance,
George Spadafora, Justin Howard



Frank Tramutola, George Bovenizer,
Steve Eshelman, Tom Bascetta



Daryl Coles, Sam Malone, Glenn Anderson,
Stephen Myers Jr.



Mark Danuzzio, Steve Nedoroscik Jr.,
Steve Nedoroscik, John Ciabattari



Dr. Patrick and Liz Tenbrink,
Dr. Amit Rastogi, Dr. Lee Fox



Chris Soto, Shevonne Hansen,
Angela Solland, Ryan Murphy



Mike Ellis, Mike Massey, Bob Bell,
Charles Bender



Trace Scuderi, Rob Thomson,
Tom Pledger Jr., Joe Rabena



Robert Fagenson, Brian Buckelew,
Leonard Wilf, George Banks



Tim Long, Ryan Hobbie, Sheila Noll, Marshall Long

PAUL MARINO PHOTOGRAPHY



Deputy Fire Chief Steve Shaw, Fire
Chief Brian Fuller, Officer Jason
Flesch, Division Chief Kevin Martin



TRACEY BENSON PHOTOGRAPHY

LOVE, DANIELLE SCREENING

May 8, 2025

Cinépolis Luxury Cinemas, Jupiter

Dr. Julian Berocal, Devin Sidell,
Amy Byer Shainman,
Dr. Donna Pinelli, Conni Murphy,
Jon Shainman

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EVENT PHOTOS

CHECK PRESENTATIONS



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ADMIRALS COVE 18-HOLE PLAY PINK TOURNAMENT CHECK PRESENTATION BENEFITING THE MARGARET W. NIEDLAND BREAST CENTER

Kristen Daniel, Jill Benson, Kathy Rohrer, Maren Crowley-Beddow, Sue Bechtold, Natalie Swenson

ADMIRALS COVE 9-HOLE PLAY PINK TOURNAMENT BENEFITING THE MARGARET W. NIEDLAND BREAST CENTER

Fran Renna, Traci Simonsen, Lisa Lustig



TRACEY BENSON PHOTOGRAPHY

TURTLE CREEK CLUB CHECK PRESENTATION BENEFITING THE KRISTIN HOKE BREAST HEALTH PROGRAM

Steve Eshelman, Ted Strelec, Theresa Disque, Toby Hill



TRACEY BENSON PHOTOGRAPHY

ALL SAINTS CATHOLIC SCHOOL CHECK PRESENTATION BENEFITING THE ANDERSON FAMILY CANCER INSTITUTE

Back row: Dr. Jon DuBois, Angelia Palahunink, Dr. Debra Brandt
Front row: Lucy K., Ava C., Gigi G., Lucy B. and Vicki B.





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*The Patient Care Tower
and Parking Pavilion*

GRATEFUL PATIENT

By Cathy Chestnut



STEVEN WEBER

Triumphant Return

Jupiter teacher has a new lease on life thanks to quick, comprehensive treatment at the JMC Stroke Center

"It's amazing that I'm alive," Steven Weber says, still in awe three years later. Not only that: following a massive stroke, he has his full range of mobility, memory, and speech capacity and was able to return to work.

The Jupiter resident was watering the garden when he blacked out in May 2022. Fortunately, his neighbor happened to be walking his dog and saw Weber face-down in the courtyard flowerbed and called 911. Doctors at Jupiter Medical Center removed a clot—one of the largest they had ever encountered—in his carotid artery, which cut off oxygen to his brain. "Everyone did their job from that point on," he recalls. "I woke a little groggy."

JMC Stroke Center Director of Neurointerventional Radiology Dr. Juan Gomez removed the clot with a noninvasive technique using a catheter threaded through a leg artery that didn't require any incisions. Gomez and his team marveled that Weber was alert and aware after he awoke. He identified his wife and others who were present and responded accurately to a series of questions to test his mental acuity. After four days of observation, Weber checked into a residential rehabilitation center in Stuart as part of the standard protocol. But medical staff there determined he was fully functional and let him go after three days.

JMC is a Joint Commission-certified Thrombectomy-Capable Stroke Center utilizing 10 best practices developed under the guidance of the American Heart Association/American Stroke Association. Weber attributes his favorable outcome to the quick response of his neighbor and the team at JMC. "I'm so grateful," says Weber. "The whole thing is timing. Anyone having a stroke needs to get help in a hurry."

Weber is a veteran biology, chemistry, and physics teacher at Village Academy in the Palm Beach County School District. He had just wrapped up this forty-third year when the ischemic stroke occurred. Weber worked closely with JMC's outpatient rehabilitation program with the goal of returning to the classroom. The rehabilitation specialists set up a mock classroom and put him through the paces of teaching biology and physics lessons. Then Gomez signed off and the school district approved his return in October 2022.

Weber hopes to hit a 50-year milestone in education. "I'm doing what I love doing," he says. "It's been an amazing experience for me."

GEETHALA MANIASS



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- Palm City
- Wellington

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* Nicklaus Children's is proud to partner with Jupiter Medical Center to provide pediatric emergency and neonatal (newborn) intensive care services in Palm Beach County.

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