

# Pinnacle

Spring 2026

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A man and a woman are standing on a balcony, looking out over a coastal town and water. The woman is on the left, wearing a red jacket, and has her hand on the man's shoulder. The man is on the right, wearing a dark jacket, and is leaning on the balcony railing. The background shows a scenic view of a town with buildings, trees, and a body of water under a clear sky.

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# WELCOME



LILA PHOTO

## IN THIS ISSUE

Spring often invites reflection—on progress made, lessons learned, and the possibilities that lie ahead. At Jupiter Medical Center, this season of renewal mirrors what is happening across our organization as years of thoughtful planning, investment, and collaboration continue to translate into meaningful advances for the patients and families we serve.

This issue of *Pinnacle* highlights how medicine is evolving—and how our teams are leading that evolution with purpose. Across specialties, the theme is clear: precision, compassion, and integration are transforming care. From earlier detection and minimally invasive treatment to a deeper focus on quality of life, we are redefining what patients can expect from a regional medical center.

Several features focus on the power of innovation. Breakthroughs in robotic surgery, advanced imaging, and artificial intelligence are allowing our physicians to diagnose disease sooner, treat it more accurately, and help patients recover faster—often returning home the same day. These technologies are not replacing caregivers; they

extend the skills, judgment, and humanity of our clinical teams so that care is even more personalized.

Cancer care remains a central focus of our mission. In these pages, you will learn how specialists are helping individuals understand their genetic risk and navigate complex decisions, giving patients and families the knowledge they need to act early. You will also discover how multidisciplinary cancer programs—supported by robotics, molecular diagnostics, and thoughtful coordination—are improving outcomes while reducing the physical and emotional burden of treatment.

Equally important is our growing emphasis on the full continuum of care. The integration of palliative care into the cancer center represents a profound shift toward whole-person healing—addressing pain, emotional stress, family needs, and long-term goals alongside active treatment. This approach reflects our belief that excellent medicine treats not only disease, but the individuals and caregivers living with it.

You will also find stories that remind us medicine is deeply personal. Generational philanthropy, inspired by gratitude and loss, continues to shape the services we offer and expand access to advanced care close to home. Preventive health guidance—from nutrition to heart rhythm and sleep monitoring—reinforces that empowering people with knowledge is one of the most powerful tools we have to protect long-term health.

As we look forward, our commitment remains unwavering: to combine leading-edge medicine with compassion, to invest in our people and technology, and to ensure our community receives care on par with the nation's most advanced health systems—without having to leave home.

Thank you for trusting Jupiter Medical Center with what matters most. Together, we continue building a healthier, stronger future for our community.

To your health,

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

Amit Rastogi, MD, MHCM  
President and Chief Executive Officer



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# PULSE

## **Prevention**

Understanding the data behind wearable health-monitoring devices

## **Ask the Expert**

Protein:

How much you need and where to get it

## **Well-Being**

What you need to know about trending supplements

## **Treatment**

Find out about the different forms of dizziness and how they're diagnosed and treated

# PULSE PREVENTION

By Denise Scott

## Cardiac and Sleep Tech

Health-tracking, wearable devices boost awareness—but only doctors can interpret the data and diagnose

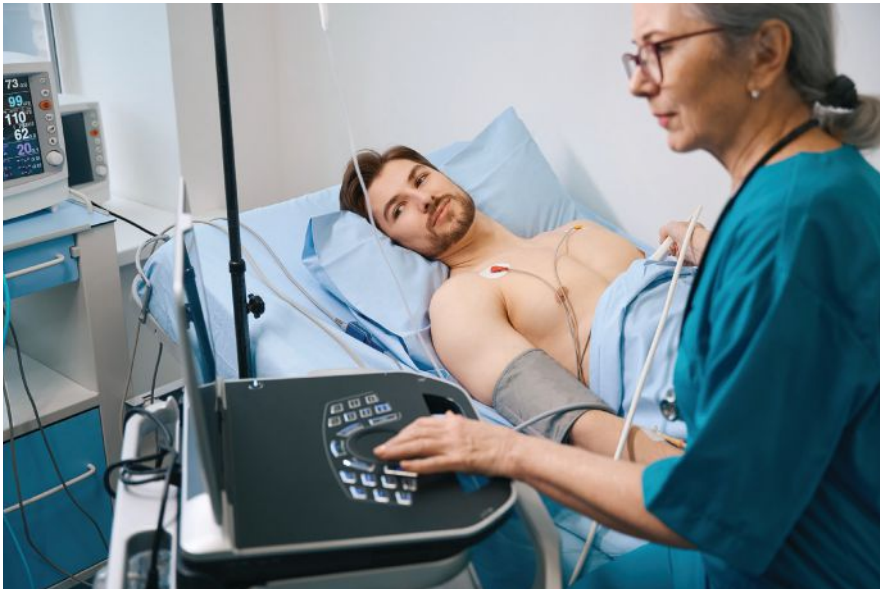


Wearable health-monitoring devices have come a long way from manual, waistband pedometers. Today's modern offerings, such as smartwatches and smart rings, can monitor everything from your heart rate and blood pressure to sleep patterns.

### Empowering Patients

Dr. David Weisman, a board-certified cardiac electrophysiologist at Jupiter Medical Center, says self-monitoring devices are revolutionary in empowering patients being treated for heart rhythm problems including atrial fibrillation, or AFib. He doesn't promote a specific brand or style but notes that it's important to use one of the several devices or apps approved by the Food and Drug Administration (FDA) that use electrocardiogram (EKG) and photoplethysmography (PPG) to detect irregular heart rhythms. He





**Concerning data revealed by wearable devices should prompt a visit to a primary care physician for formal interpretation.**

obstruction from the tongue or soft palate during sleep. It may also be triggered by the use of sedating medications such as opioids or benzodiazepines, which suppress respiratory drive. Other risk factors include asthma, chronic obstructive pulmonary disease, lung scarring, and stroke. Marsh notes that untreated sleep apnea is associated with increased risk for stroke, heart attack, dementia, and accidents related to sleep deprivation.



During deep sleep, the body enters a state of muscular relaxation, including reduced movement of the

diaphragm. As oxygen levels fall and carbon dioxide rises, the brain signals the body to wake and resume breathing. These repeated interruptions can cause abnormal heart rhythms and significant fatigue. The severity of sleep apnea is determined by how often this cycle occurs each hour. Repeated arousals prevent the body from entering restorative REM sleep.

Marsh has seen several patients present specifically because their wearable devices detected abnormal sleep patterns, low oxygen levels, or frequent arousals. While these tools are not diagnostic, they are becoming more relevant to screening prompts. Although wearables can raise important concerns, Marsh emphasizes that they should not replace formal evaluation and clinical decision-making.

Both Marsh and Weisman advise patients to speak with their health care provider before interpreting data from wearable devices. Physiological changes can occur for harmless reasons. Patients should begin with their primary care doctor, who can determine whether a referral to a sleep or cardiology specialist is appropriate.

Weisman also cautions that the data can cause unnecessary anxiety. "Every time there's a slight change in something, outside of what they determined to be their baseline, they're concerned that there's something wrong," Weisman says. "So, it has that opposite kind of effect" on that person's health.◀

has patients who've come to his office because their device discovered AFib "and that was the first time anyone had ever told them that they had a very important medical diagnosis," he says.

The devices that monitor EKG and PPG generate data that are easily relayed to your doctor for their assessment. Sometimes, the devices can show an irregular pattern due to an "artifact" created by movement, sweat, or the way the device touches the skin, resulting in incorrect, automated interpretations. "That's why you can't self-diagnose," Weisman says. "You need to have someone who knows what they're looking at to confirm it or deny it for you."

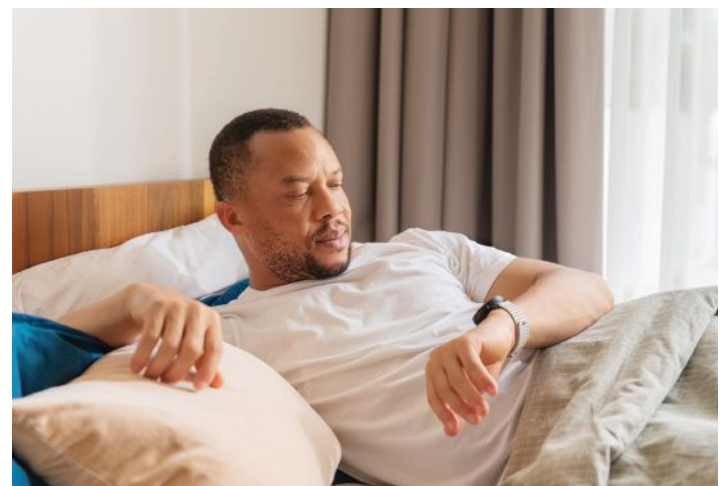
Consumer devices can be helpful when symptoms are not picked up by a medical monitor that is attached to the chest or implanted for a limited duration. "Everything, of course, is good," Weisman says. "And then the minute they take off the monitor, they have symptoms. And they're frustrated." When a patient has their own wearable device, they can wear it at home, when traveling, or playing a sport—there is no time limit. Weisman then examines the data to confirm a new diagnosis or monitor an existing condition. "It's been really game-changing in terms of patient care," he says. "They're reasonably good alternatives that empower the patient."

Some devices monitor a variety of heart-related vitals including cardio capacity, heart rate, heart rate variability, and cardiovascular age. But what's really important? For general heart health, Weisman says it's the long-term, global picture, not just what's happening at a particular point in time.

## Detecting Sleep Apnea

The range of consumer wearables aimed at "digital patients" continues to grow. While the FDA has cleared only two devices to screen for sleep apnea—the Apple watch S E3 and the Samsung Health Monitor app that comes on the latest Samsung Galaxy Watch—these tools are gaining popularity. JMC pulmonologist Dr. Michael Marsh explains that these devices can detect signs such as oxygen desaturation, heart rate variability, and restlessness during sleep. However, they cannot differentiate between obstructive and central sleep apnea, which is a critical limitation. Nor can they measure carbon dioxide retention, which may play a role in more complex, sleep-disordered breathing. These devices may raise suspicion of a disorder, but they are not substitutes for formal diagnostic studies.

Sleep apnea is a potentially serious condition, often caused by airway



# PULSE ASK THE EXPERT

By Eric Barton



## The Protein Puzzle

How much you need and where to get it



Some days, Lindsey Modica puts an afternoon snack out for her kids, and it disappears before she's barely turned around. "Where did that piece of chicken and that cheese stick go?" she'll ask. "Oh, I ate it," they'll reply. Then she knows: growth spurt. That sudden pull toward protein is the body knowing what we need to build and maintain muscle. It's

the same biology that helps adults maintain muscle, recover from stress, and feel steady between meals.

Which brings us to the practical question Modica answers for patients every day: how much protein do we really need, and where should it come from? Modica—a Jupiter-based registered dietitian who helps people with prediabetes make changes that stick—has spent the last decade guiding patients to an approach that fits real life. Her thesis on protein is simple and sustainable: aim a little higher than the bare minimum, spread it across the day, and choose whole foods most of the time, while leaving room on the plate for fiber-rich plants that protect long-term health.

Start with the numbers, she says, but don't get lost in them.

The baseline recommendation is 0.8 grams of protein per kilogram (2.2 pounds) of body weight per day, or about 54 grams for a 150-pound adult. Many people maintain and build muscle better at 1.2 to 1.6 grams per kilogram. Those recovering from surgery, healing wounds, or facing long immobility may need as much as 2 grams per kilo.

If you prefer percentages, she says 30 percent of daily calories from protein "should be a fairly reasonable number." Keep a perspective on protein. "Most of us are not body-building elite athletes," Modica says. "It does not need to be our whole job to get our protein in for the day."

With a target in mind, the next step is timing. Rather than saving protein for one large meal, spread it evenly: about 20 to 30 grams at each meal helps the body maintain muscle more efficiently, keeps you feeling fuller longer—and it's simply easier to eat that way. After activity, include a protein source within an hour or so, when your muscles are primed to rebuild. In practice, that might look like eggs and Greek yogurt in the morning, a cottage cheese-and-fruit snack, a palm-sized portion of chicken or fish at lunch, then at dinner, tofu, beans, or lean meat.

Once dividing protein over the course of several meals a day becomes natural, focus on the ingredients. "We're always going to want to recommend whole sources of protein," Modica says. Eggs and egg

whites; shrimp, shellfish, and fish (with omega-3s in salmon, sardines, and trout); chicken and turkey; and lean cuts of beef and pork are dependable anchors. Dairy options like Greek yogurt, cottage cheese, and some high-protein cheeses make snacks effortless. Plant-forward eaters can lean on tofu, tempeh, beans, lentils, and pumpkin seeds. As a quick guide, most cooked meats and fish provide about 7–8 grams of protein per ounce, a cup of Greek yogurt offers 15–20 grams, and half a block of firm tofu lands around 20 grams.

Supplements can help in a pinch, but they shouldn't run the show. Powders and ready-to-drink shakes are convenient on hectic days, yet labels deserve scrutiny. "The big negative is that, unfortunately, many of the protein shakes are not regulated or tested by the Food and Drug Administration," Modica says. If you use them, look for third-party testing (such as NSF or Informed Choice) and short ingredient lists, and avoid stacking multiple powdered products that can compound exposure to unwanted additives. Occasional use is helpful; relying on shakes for most meals is not.

Equally important: don't let fiber, vitamins, and minerals fall by the way-side because of an obsession with protein. The fix is simple: pair protein with plants at every turn. Stir beans or lentils into chili, fold spinach into eggs, top cottage cheese with fruit, and serve fish with whole grains. Fiber matters—strong evidence links it to lower risks of colon cancer, heart disease, and diabetes.



Finally, match intake to your season of life. Children's needs rise and fall with growth spurts. Older adults often benefit from the higher protein range to preserve the strength needed for everyday tasks, like lifting grandkids, carrying groceries, and getting out of a chair.

If Modica's kids are the household's early-warning system for growth, her own routine is the quiet proof of concept: steady protein, placed thoughtfully through the day, folded into meals that leave room for produce and whole grains. Build that rhythm, and protein stops being a project. It becomes part of how you live—fueling a stronger body, better recovery, and a plate that leaves space for everything you need.◀

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# PULSE WELL-BEING

By Kelley Marcellus



with your doctor about how to improve your dietary intake.” Joel suggests scheduling an appointment and bringing with you all the vitamins and supplements you take on a regular basis.

Together, patient and doctor can discuss ways to meet specific goals, while considering risks that come from over supplementation, as well as interactions with medications. A doctor can also help you evaluate your health goals and the best way to reach them.

One of the most talked about supplements today is creatine, a molecular compound that forms during protein metabolism and helps improve muscular endurance, especially with weight training. Some studies show it may improve cognitive function as well. “Of all the supplements, creatine is well-studied and without a lot of risks,” Joel says.

Collagen, on the other hand, has less-documented benefits, though manufacturers claim it enhances hair, nails, and skin elasticity. Collagen is a type of protein that connective tissue—ligaments, tendons, and muscles—are made of. “There is some compelling research to support collagen supplementation in aiding tendon repair or injury, but the broader hair, nail, and skin benefits people are often looking for aren’t as clear,” Joel says. Instead, it’s more important to reach protein requirements—generally 100 grams daily depending on weight, health status, and strength training activity—through diet or whey protein supplementation.

After age 40, many adults become deficient in vitamin D, a nutrient derived from sunlight and fatty fishes. Paired with calcium, it can help support immune system and brain function, and bone health, especially for those diagnosed with osteopenia or osteoporosis. Vitamin D often is

## Supplements Galore

When the options seem endless, know what to take to achieve your health goals and learn to diversify your daily diet



These days, the promise of improved health seems as simple as coming up with the right cocktail of the vitamins and supplements that appear on grocery store shelves and across social media platforms. Everyone from lifestyle influencers to health and fitness gurus are encouraging supplementing, which can leave consumers confused about what to expect,

what works, and what might cause more harm than good.

“A supplement is a product a patient can take with the intention to improve a health outcome or aid an underlying problem like a nutritional deficiency,” says Dr. Nicole Joel, a concierge internal health physician affiliated with Jupiter Medical Center.

Unlike medicines, however, supplements are not regulated by the Food and Drug Administration and, in some cases, lack data-based research to prove that they live up to their claims. Supplements encompass a wide range of nutrients—from vitamins and minerals to protein, fiber, herbs, and more—that are also found in food sources.

“Most people are getting what they need in terms of vitamins and minerals in their diet,” says Joel. “If you’re eating a restricted diet or relying on highly processed foods and unhealthy things, you might want to work



paired with vitamin K2, a fat-soluble vitamin that helps calcium deposit in bones and teeth and may assist with cardiovascular health as well.

Pregnant women, and those trying to conceive, should supplement their diets with a prenatal vitamin that contains folate to protect their babies against neural tube defects. For the general population, supplementation is unnecessary, unless abnormalities are noted in routine blood work, Joel says.

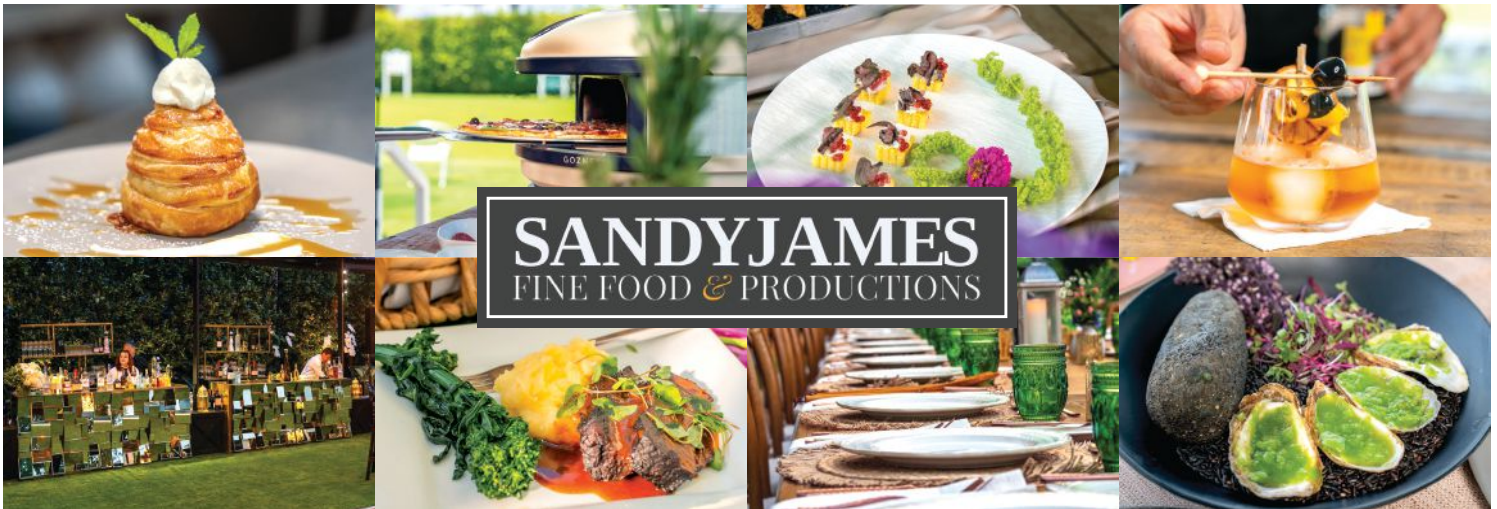
Multivitamins and individual supplements for vitamins B and C are often thought to support immune health, but Joel doesn't recommend them routinely. She does consider omega-3—an essential polyunsaturated fat that the body doesn't make—worthwhile. Found in oily fishes like salmon, mackerel, sardines, and anchovies, omega-3s contain DHA, which can reduce the risk of cognitive decline or dementia, lower triglycerides, and may reduce risk of heart disease.

Before jumping into the swimming pool of supplementing, Joel says that having a conversation with your doctor is essential. "People feel like supplements are helpful because they're substances that occur in nature," she explains. "But it's a good idea to treat it like you would any medicine. You should be talking with your doctor to figure out your specific risk profile and whether it's effective, so you don't waste your money."«

## User's Guide

Discuss specific supplements and their dosage with your doctor because needs vary with dietary habits, prescribed medications, and specific health profiles and goals. Below are general guidelines. Remember, just because a little supplementation helps, more does not necessarily equal better—it can cause unwanted side effects.

Supplement	Daily Dose	Take Note
Creatine	3–5 grams	Stop taking prior to diagnostic blood work. Discuss with doctor if you have kidney issues.
Collagen	20 grams	Consider whey protein instead, as protein requirements are difficult to achieve through diet alone and may provide many of the benefits of collagen.
Vitamin D	800–1000 international units	Begin supplementing after age 40. Use with calcium supplement and consider pairing with vitamin K2.
Calcium	1,000–1,200 milligrams for adults	Women over age 51 should take 1,200 milligrams as should everyone over age 71.
Folate	800 milligrams	For women who are pregnant or trying to conceive. Unnecessary for the general population.



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# PULSE TREATMENT

By Phil Borchmann



## Staying Balanced

Dizziness comes in different forms—how they're diagnosed and treated



Dizzy spells are the primary reason people over the age of 45 visit their doctor. In addition to discomfort and disruption in daily living, the symptoms may indicate underlying health issues. Pinpointing the source, however, will require some digging.

More than 35 percent of adults aged 40 and older experience vestibular dysfunction (inner-ear and balance disorders) at some point, and for many it can become chronic, according to the Vestibular Disorders Association (VeDA).

"It's quite an encompassing topic because there are so many different causes of dizziness," says Dr. Joshua Zahabian, a board-certified primary care physician at Jupiter Medical Center. From cardiovascular and neurological issues to hypoglycemia and anemia, there are various

reasons for wooziness, but most indicators are related to the vestibular function of the inner ear that provides balance for the body. And if left unchecked, the condition may result in a potentially harmful fall.

Here are some common causes of dizziness and treatments for them.

### Vertigo

Patients often describe their vertigo as feeling like a room is spinning or a floating sensation, perhaps resulting in motion sickness, whether they're moving or not. "You have all of these input systems that work together to help coordinate movement. It's spatial awareness, which allows you to catch a ball, or walk in a dark room so you're not tripping over your own feet," says Zahabian, who lectures on the subject.

A main cause, he says, is benign paroxysmal positional vertigo (BPPV), which occurs when calcium carbonate crystals—which act as inner-ear sensors to help a person maintain balance—become dislodged. Head trauma and aging often contribute to BPPV, but cardiovascular or neurological problems, dehydration, stress, genetics, and low-blood sugar are also culprits. "It can happen to the elderly, the young," Zahabian says.

## Ménière Disease

Ménière disease is an inner ear disorder resulting in fluid buildup in constricted blood vessels, according to the National Institutes of Health (NIH). It may be accompanied by vertigo, hearing loss, and tinnitus (ringing or buzzing in the ear). Underlying causes include viral infection, allergies, autoimmune reactions, or genetics. The disease is rare—affecting 0.02 percent of the U.S. population—but there is currently no cure. It is most common in adults 40 to 60 years old, particularly among women, according to NIH.

## Vestibular Neuritis

This condition is commonly caused by inflammation of the vestibular function of the inner ear, most often caused by viral infections, according to VeDA. When that is disrupted, patients may experience vertigo, nausea, and imbalance while moving. Medication is often prescribed, and the serious symptoms typically subside within weeks, VeDA says.

## Labyrinthitis

Labyrinthitis is another inflammatory disorder of the inner ear that causes sudden vertigo and can imitate a stroke, according to NIH. Symptoms typically include dizziness, nausea, vomiting, hearing loss, and tinnitus. “While most cases are viral in origin, bacterial infections, autoimmune disorders, or systemic diseases may also be responsible,” the NIH says. Rest and medication commonly clear up the swelling, and the condition generally resolves in 40 to 72 hours.

## Lightheadedness

Referred to clinically as presyncope, lightheadedness is defined by the NIH as “feeling like one was going to pass out but without actual loss of consciousness.” The condition may be accompanied by general



**The source of vestibular dysfunction can be pinpointed and treated.**

weakness, warmth or sweatiness, nausea, palpitations, or blurry vision—and it is different from the spinning sensation of vertigo.

The causes are many, such as standing up too quickly after laying down because of gravity’s pull of blood from the brain down to the feet, Zahabian explains. Other causes include dehydration, stress, certain medications, low blood sugar, a heart attack, or stroke, according to Harvard Medical School.



## Getting Well

For people who are experiencing these daunting conditions, the good news is that they can be remedied through services offered at the JMC Cary Grossman Health & Wellness Center. Specially trained physical therapists in the vestibular rehabilitation (VR) program give patients a comprehensive evaluation before initiating a tailored rehabilitation regimen.

VR is exercise-based therapy designed to moderate vertigo and dizziness, reduce an unstable vision field, and reduce imbalance and fall risk. It also addresses secondary issues such as fatigue and cognitive problems, according to VeDA.

Methods include balance-training exercises to improve steadiness to successfully perform daily activities such as self-care, work, and leisure, as well as gaze stabilization routines to improve control of eye movements when the visual world appears to bounce or jump around.

Conditions such as labyrinthitis and vestibular neuritis can be treated with medication, including steroids or antibiotics, Zahabian says. Physical injuries or conditions might require surgery, he says. For example, “a perilymphatic fistula [an abnormal connection between the inner ear and surrounding structures] can cause a hole,” Zahabian explains. “It would have to be surgically repaired with a patch.” «



# A Medical Revolution

How Jupiter Medical Center is using the latest state-of-the-art technology to diagnose and treat disease—and get patients home sooner—across specialties

By Eric Barton

The first thing you notice about the new tech being employed at Jupiter Medical Center isn't whirring machinery or glowing screens. It's the pace. Patients who once braced for a weeklong hospital stay now spend a couple of nights—or a few hours. Operations that once demanded large incisions are tackled through tiny ports. Treatments that used to require multiple surgeries can be done as outpatient procedures.

Across the hospital, surgeons and specialists use next-generation robotic platforms and increasingly capable artificial intelligence (AI) to do two things simultaneously: raise precision and reduce recovery time. Following are four services that are turning that promise into daily work.

## **Pulmonary Cancer**

Dr. Michael Marsh, a fellowship-trained pulmonologist with Jupiter Medical Center Physician Group, remembers when two of his grandparents were diagnosed with late-stage lung cancer. "I remember feeling very powerless as a med student," he recalls. "Part of me is always chasing that early diagnosis." Fourteen years into practice, that chase has become his mission.

For decades, lung cancer mortality barely budged. Three major shifts over the past decade have changed that: low-dose computed tomography (CT) screening for at-risk patients, safer and more precise ways to biopsy suspicious nodules, and smarter triage to identify which nodules matter. At JMC, Marsh integrates all three.





State-of-the-art tools at Jupiter Medical Center provide enhanced diagnostics, earlier diagnoses, and minimally invasive procedures with improved recovery and outcomes.



Dr. Vivek Patel



Dr. Michael Marsh

Artificial intelligence (AI) now reviews imaging reports, scanning for key words such as “lung mass” or “nodule.” The system automatically flags cases to a lung nodule dashboard, including incidental findings from scans ordered for other reasons. “This is really, really important,” Marsh says. “If you have a scan at Jupiter Medical Center, you have AI acting like a guardian angel.”

Since going live in 2024, the program has produced a measurable “stage shift.” Cancers that might have appeared at stage IV are being caught much earlier, when surgery or targeted therapies are most effective and the odds of cure are highest.

For obtaining tissue samples, Marsh favors the Ion robotic bronchoscopy platform, which offers greater precision and safety compared to more traditional biopsy techniques. Cone-beam CT imaging helps guide the robotic arm to reach small, deep lesions. “Now I can acquire more tissue, safely,” he says. That tissue is also used for molecular testing, allowing oncologists to tailor treatments to the genetic makeup of each cancer.

Since expanding the program, the center has nearly tripled its number of robotic bronchoscopies, and most patients go home the same day. JMC is also among a select group offering same-day pulsed-field ablation for eligible nodules. This technology allows physicians to treat a cancerous lesion immediately after confirming the diagnosis, reducing treatment time from days or weeks to minutes.

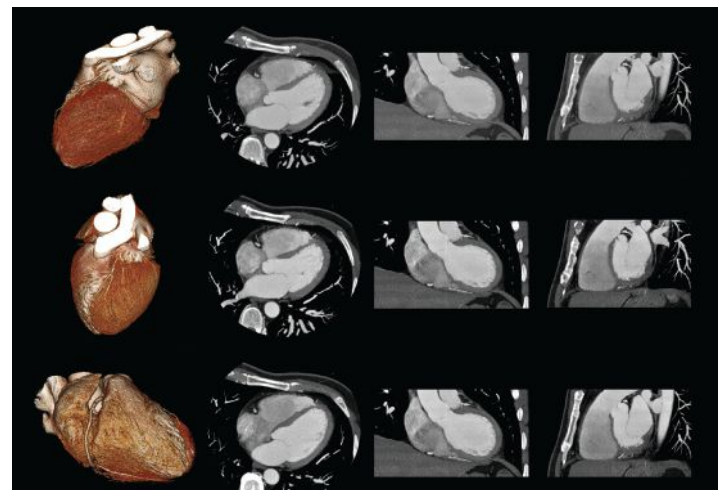
“It’s still in the early phases, but we’re seeing very promising results,” Marsh says. “The highlight of my career has been catching lung cancer early, when it can truly be cured.”

### Cardiothoracic Surgery

When cardiothoracic surgeon Dr. Vivek Patel started practicing 15 years ago, robotics in cardiac surgery was closer to an idea than a standard. The default was a sternotomy—“cracking the chest open”—and a long recovery. Robotics has revolutionized the treatment of two common problems: coronary blockages and failing mitral valves.

“You’re talking about usually seven days in the hospital and seven months to recover,” Patel says of traditional approaches. “Now you’re looking at three days in the hospital and three weeks to recover.” Smaller incisions mean fewer tubes, earlier mobility, and fewer complications like pneumonia, clots, strokes, and deconditioning. “Not only does this help people spend less time in the hospital,” Patel notes, “it reduces a lot of complications.”

AI also is changing diagnosis. JMC recently rolled out Cleerly, which analyzes coronary CT images, quantifies plaque, and stratifies risk beyond a simple stress test. “One of the tools that started creeping into what we do with AI is the prediction of clots or blockages in arteries,” he says. The AI will predict future blockages in pa-





"The highlight of my career has been catching lung cancer early, when it can truly be cured."

—Dr. Michael Marsh

tients, meaning doctors can prescribe medication that can prevent issues and use surveillance to make sure the blockages don't occur.

The frontier Patel is watching is intraoperative prediction, which will use AI to predict in advance complications that may happen during surgery. The question for the future, Patel says is: "When will it be to the point where AI and machine learning really helps us predict in the operating room?"

### Urology

Robotics took hold early in urology for a reason: tight anatomy, unforgiving nerves, and a small margin for error. Dr. Adam Nolte, a urologist focused on urologic cancers and robotic-assisted surgery for prostate and kidney cancer, trained in Boston and brought his expertise to JMC, where cases range from prostatectomies to partial nephrectomies.

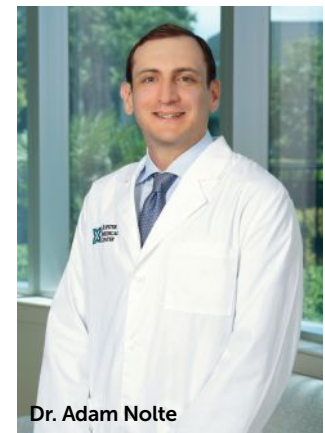
The case for the robot is straightforward: more degrees of freedom than standard laparoscopy, a magnified 3D field, and rock-steady

instruments for long cases. For instance, when doctors are removing only a portion of an organ, like a kidney, the robot allows a surgeon to be more precise, sparing more of the organ and surrounding tissue.

"Certainly, the outcomes are much better, and you can point to studies that explain that," Nolte says. In prostate cancer, the field married minimal incisions with techniques that protect continence and potency. "That's really where we started to see clear improvements in patient outcomes."

For patients, smaller incisions often mean less pain and bleeding and a quicker discharge from the hospital. Partial nephrectomies preserve more kidney while clearing the tumor—benefits that compound over time. "In general, people recover better outside the hospital," Nolte says. "People in the hospital tend to be more confined to their hospital room. People tend to recover faster and return to their daily lives better if they're at home, once they have met postoperative milestones."

AI is quickly becoming a tool used in many clinical settings. "It has



Dr. Adam Nolte



**Dr. Michael  
Worley**

Some types of surgery that used to require an open incision and several days in the hospital are now same-day discharges.

the potential to make documentation much more efficient, which will enable doctors to spend more time talking to patients,” Nolte says. He expects AI to move toward decision support and procedural guidance over the next 20 years. The robot, he stresses, remains “a set of tools” entirely under the surgeon’s control.

### **Gynecologic Oncology**

Dr. Michael Worley straddles both worlds: complex open operations when needed and minimally invasive surgery when it serves patients better. Robotic surgery is a new platform for an old goal—less tissue trauma and inflammation. “Patients see that as less pain and soreness after surgery,” says Worley, a women’s cancer specialist at The Anderson Family Cancer Institute at JMC.

The upgrade is vision and dexterity. Laparoscopy flattens depth; robotics provides true left- and right-eye views and wristed instruments under magnified sightlines. “If the surgeon can see better, complications can be reduced because of visualizations,” Worley says. Many gynecologic cancer operations that used to require inpatient admission are now outpatient.

Hysterectomies that meant a large, open incision and several days in the hospital can now be same-day discharges without compromising oncologic quality.

Recovery advantages are physiologic, not cosmetic. “There’s no better health-promoting activity you can do than to stay active and moving. Being out of the hospital allows for this to happen more effectively,” Worley says. Every day of immobility

five to 10 years, he expects a smaller footprint and more patients recovering at home, and “the importance of that can’t be overstated,” Worley emphasizes.

### **Gastrointestinal Oncology**

Dr. Shanel Bhagwandin—medical director of the Gastrointestinal Surgical Oncology Program and program director of the National Pancreas Foundation Pancreatic Cancer Center of Excellence at JMC—was first introduced to cutting-edge robotics during his surgical residency training in 2009. He has since turned that early exposure into a career of advancing minimally invasive approaches for complex cancer surgery.



Cancers that might have appeared at stage IV are being caught much earlier, when surgery or targeted therapies are most effective and the odds of cure are highest.

When he arrived at JMC, the region had no surgical oncology program. Bhagwandin helped build one from the ground up, and it has grown into a high-volume, nationally ranked program for treating complex liver, pancreatic, and esophageal cancer. With a clear vision and financial investment, JMC acquired the state's first da Vinci 5 robotic surgical platform and assembled a dedicated team to support these demanding surgeries. Today, the service is now among the busiest in the country—compared to top academic centers—with the second-highest overall robotic volume in the U.S. and the highest da Vinci 5 volume for Bhagwandin's specialty.

Bhagwandin's highly ranked quality outcomes helped JMC become a da Vinci 5 case-observation site for liver and pancreas surgery—one of only a handful nationwide. With patient consent, visiting surgeons can observe live surgeries or join by “telepresence” to learn the techniques required for these complex operations.

For many high-risk cancer procedures, outcomes increase significantly at high-volume centers with expert surgeons like Bhagwandin. Robotic surgery amplifies this advantage: smaller incisions, less blood loss, lower infection risk, shorter hospital stays, and reduced recovery times. Surgeons also benefit from enhanced visualization

and magnification at the robotic console—along with less physical fatigue than standing through four- to six-hour operations.

Because only a limited number of patients are candidates for curative surgery, Bhagwandin is also committed to earlier detection. “We can identify risk factors and health outcomes earlier through machine learning, allowing timely intervention and, in some cases, preventing cancers,” he explains. His team is developing AI tools that flag pre-cancer-



Dr. Shanel  
Bhagwandin

ous pancreatic cysts and imaging features linked to early disease development.

Bhagwandin was selected for the prestigious 2025-2026 Knight Foundation Fellowship for Healthcare Technology Innovation, and is channeling that momentum into clinical practice. His team is creating an electronic “medical passport” so structured patient data can travel seamlessly across systems, and they are implementing home-monitoring tools that transmit post-operative vital signs directly to surgeons as patients recover. Wearable AI integration is next as the program continues to mature.

None of the physicians mistake these tools for magic—or for replacements. The robot does not operate by itself, nor will it in the foreseeable future. AI doesn't make decisions. Used correctly, these technologies extend a surgeon's hands, eyes, and judgment—and help more patients return to their own beds by nightfall, confident they have a surgeon who knows how to embrace innovation for their benefit.◀



# Care CONTINUUM

New outpatient palliative care program is woven into the fabric of The Anderson Family Cancer Institute

By Karen Feldman

All ships are boats, but not all boats are ships—and so it is with palliative and hospice care.

Jupiter Medical Center board-certified hematologist and oncologist Jon S. Du Bois wants to get the word out: palliative care and hospice care are not interchangeable.

“They are separate entities,” says Du Bois, medical director of The Anderson Family Cancer Institute at JMC and program leader for gastrointestinal, neuroendocrine, and cutaneous cancers.

“There’s confusion because there’s a similar skill set, and many programs offer both. The difference is with palliative care you’re typically trying to help a patient manage symptoms or complications related to cancer or some other condition.”

Other terms for palliative care are “supportive care” or “symptom management,” according to the American Cancer Society, which defines it as “a special approach to caring for anyone with a serious illness, including cancer.” It’s designed to complement



treatment by providing relief from symptoms and stressors associated with the illness. Conversely, hospice care, will typically begin when active or curative treatment ends.

Palliative care can start as soon as someone is diagnosed with an acute or chronic illness. Research suggests that outcomes may be improved by getting an early start for the patient and their caregivers and loved ones.

Most patients undergoing treatment receive some compo-

nents of palliative care from the physicians treating them for cancer, heart failure, neuromuscular disease, and certain lung diseases, such as chronic obstructive pulmonary disease. It might be in the form of helping to control nausea or ease breathing difficulties or provide physical therapy or pain management.

Integrating palliative specialists into the care team creates a holistic approach to the diverse needs of each person. "It's a specialty unto itself," Du Bois says. "Specialists are highly skilled



to support patients to ensure that their treatments are aligned with their goals and values. In addition to the medical knowledge necessary to control symptoms, manage the disease and pain, and recognize disease progression, palliative care specialists learn how to facilitate discussions with patients and their families about difficult diagnoses, disease management, advance care planning, and counseling resources. Specially trained palliative care team members can help patients who require the skills of a nurse practitioner, patient navigator, social worker, chaplain, dietician or nutritionist, or legal advisor.

In many ways, palliative care specialists are like an umbrella that covers a patient and their family, coordinating care with the surgeon, medical and radiation oncologists, overseeing quality of life, disease management, helping define the goals of care, and assist with advance care planning. It can also include transition to hospice care and bereavement assistance.

and trained in the management of symptoms—pain management, breathing assistance, gastrointestinal issues, anxiety, and psychosocial issues. Any symptom or complication related to an illness is well managed by palliative care.”

**A CIRCLE OF SUPPORT**

When Du Bois was in medical school, palliative care was a fledgling field, but it continually developed as it became clear that patients with serious illnesses needed more than treatment for the disease alone. The American Board of Medical Specialties officially recognized hospice and palliative medicine as a subspecialty in the United States in 2006—19 years after it was officially recognized in the United Kingdom.

Palliative care physicians often advocate

Now, through a new partnership, The Anderson Family Cancer Institute outpatients have convenient access to onsite Trustbridge palliative care and hospice services. “Many people think it’s just pain management, but it’s not. It will be woven into the fabric of the cancer center,” Du Bois explains. “Everyone will be under one roof—the surgeon, medical oncologist, radiation oncologist, nutritionist, physical therapist, social worker, and psychosocial support.”



**HOLISTIC, TAILORED CARE**

The nonprofit Trustbridge provides support for families facing serious illness 24 hours a day with palliative medicine,



Through a new partnership, The Anderson Family Cancer Institute outpatients have convenient access to onsite Trustbridge palliative care and hospice services.



care teams is expected to lead to the same positive outcomes that researchers have found:

- Patients with chronic diseases, including cancer, have less severe symptoms if they receive palliative care. Their quality of life is improved, and they have less pain, shortness of breath, depression, and nausea.
- Cancer patients report improved emotional health if they receive palliative care.
- Studies suggest starting palliative care soon after diagnosis may extend survival, reports the American Cancer Society.

An American Medical Association *Journal of Ethics* article about high-quality palliative

care states that it: “not only decreases costs but, more importantly, improves quality of life, patient satisfaction, caregiver burden, and survival in patients with serious illness.” Specifically for cancer care, it says that “palliative care improves several key metrics of quality by alleviating pain, depression, and psychosocial distress, fatigue, and dyspnea (breathing difficulties), and by

providing information and care planning.”

While patients with a variety of illnesses benefit from palliative care, Du Bois believes it’s critical for those with cancer. “Particularly in advanced cancers, it can affect the whole body, so we make sure we partner with palliative specialists,” he says. “We’re not just treating symptoms; we’re treating the whole patient.”

Moving to JMC from Harvard-associated Mass General Hospital Cancer Center, Du Bois was excited to see that there were palliative care centers in the community “but there were none on the campus in the cancer center,” he says. “Now, we will be one of the first in the region—possibly the state—to have palliative care embedded within the cancer center.”

The palliative care program adds another discipline to those offered at The Anderson Family Cancer Institute. “To be a true comprehensive cancer center, you really need to be multidisciplinary,” Du Bois says. “This is

“This is yet another way to have a multidisciplinary team surrounding patients and families.”

—Dr. Jon S. Du Bois



hospice services, caregiver support, and bereavement programs.

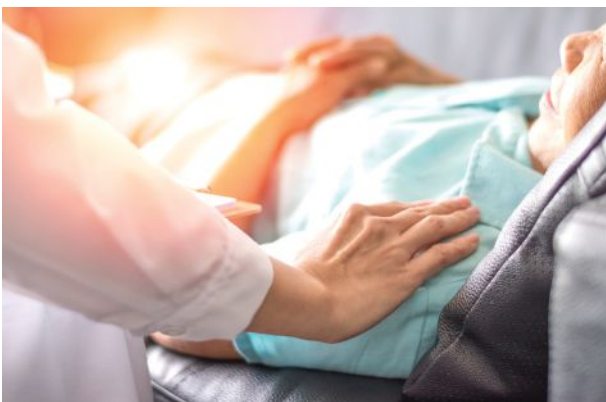
Since 2022, The Anderson Family Cancer Institute inpatients could receive palliative care services through Trustbridge, but patients who weren’t hospitalized traveled to a separate location to access services. Now it is part of the cancer center’s outpatient services—in large

part due to the generosity of donors. “Much of the time, in the health care environment, there’s a limited ability to fund new programs,” Du Bois says. “We are very fortunate to be funded by very generous donors.”

The Anderson Family Cancer Institute treats all types of cancer, with specialties in cancers of the breast, gastrointestinal, gynecologic, urologic, cutaneous systems, and lungs, as well as blood cancers such as leukemia, lymphoma, and myeloma. It offers a comprehensive range of treatments in one facility.

This collaborative and multidisciplinary approach is critical in managing cancer patients and families and sets The Anderson Family Cancer Institute apart from the various independent oncology clinics and offices in the area.

The addition of onsite palliative





yet another way to have a multidisciplinary team surrounding patients and families.”

Oncologists concentrate on treating the cancer, while palliative specialists may suggest alternate treatment modalities, such as a nerve block or acupuncture. “They are skilled at what medications, procedures, and other types of more holistic approaches may be appropriate,” Du Bois explains.

In addition to their knowledge in managing illness and treatment side effects, Du Bois says, palliative care specialists “are skilled at managing the human and emotional side of end-of-life scenarios. And they are very skilled at determining when it might be more appropriate for a patient to transition to hospice care.”

The palliative care expert helps fortify and deliver this mix of care in a coordinated manner. Having everything in one place makes it easier for patients to access and for the medical team to collaborate.

Du Bois sees great advantages to spending time with a patient focusing on their medical condition, then having the palliative care specialists follow up immediately thereafter. “They’re not replacing us, but bringing a higher-level skill set that may be required for many patients,” he says.

For instance, he recalls a young mother who had a hard-to-treat cancer. Merging her oncology care with palliative care “was critical in managing not just her cancer symp-

toms, which involved pain and breathing issues, but also the approach to her children, and managing family, psychological, and nutrition issues,” he says. “It helped fill the gap” between her medical treatment and her specific needs as a young mother.

Readily available palliative care services will add a vital component and, he hopes, help remove the stigma and misconceptions often attached to the term by those who don’t understand how it differs from hospice. “It’s a gift when you’re in the hospital or clinic to be able to see the oncologist and palliative care specialist who have been managing you,” Du Bois says. “We’re happy we finally have this coming online. It’s just so critical.”◀

# TRANSFORMING Treatments

Robotics and other new innovations provide surgeons and patients with vastly improved treatments for prostate and kidney cancers

By Michele Meyer



New tests and tools are enabling Jupiter Medical Center urologists and urologic oncologists to detect and remove genitourinary—genital and urinary—cancers faster, with more precision and better outcomes.

“We’re dedicated to offering the latest and greatest devices,” says Dr. Patrick Tenbrink, medical director at the JMC Barb and Joe Charles Center for Urology, specializing in urology and urologic cancers.

With next-generation instruments, doctors can identify, isolate, and remove cancer cells sooner via minimally invasive treatments, with less damage to surrounding tissues, fewer side effects, and shorter hospital stays and recovery. Largely unavailable even five years ago, the state-of-the-art tools also can lower the risk of cancer recurrence, erectile dysfunction, incontinence, and the loss of an entire organ, such as the bladder, prostate, or kidney.

“We’re always looking for what’s coming to offer patients the best technology—and better patient outcomes,” says Dr. Adam Nolte, minimally invasive urologic surgeon at Jupiter Medical Center Physician Group. “The best equipment enables surgeons to provide the best care.”



## WHEN TO GET CHECKED

See your primary care physician or urologist when problems arise involving:

### URINATION

**SIGNS:** You have urgent or frequent urination, yet with a weaker, slower, or sporadic urine stream.

**WHY:** Size matters. You may have an enlarged prostate. That gland sits directly below your bladder and is the route through which your urinary tract and urine pass. A swollen prostate squeezes the tract, causing symptoms. If you suffer blurred vision or unexpected weight loss, poorly controlled diabetes also may be a culprit.

**TAKE ACTION:** Now. The prostate grows after age 40 but this rite of passage won't improve with age. By 65, up to a third of men have symptoms, according to the National Institute of Diabetes and Digestive and Kidney Diseases.

### LOWERED SEX DRIVE OR ERECTILE DYSFUNCTION

**SIGNS:** Erections are elusive.

**WHY:** A lower sex drive can be fueled by mental or emotion upset. Challenges such as unemployment, unstable finances, or relationship or family issues can make you anxious. Otherwise, if you have clogged arteries in your heart, the blood vessels you need to perform sexually also may be affected. Falling levels of the male hormone testosterone also contribute.

**TAKE ACTION:** See your urologist—not a strip center testosterone clinic unaffiliated with a hospital. If your symptoms mask cancer, testosterone could speed tumor growth.



## PROSTATE MRI

Catching prostate cancer has gone far beyond the standard and widely used prostate-specific antigen (PSA) blood test.

Prostate MRIs use 3 Tesla (3T) magnetic resonance imaging with double the resolution of standard MRIs. The higher-field machines create far more detailed visuals of the body's soft tissues.

Screening and detecting prostate cancer has significantly advanced in recent years. While PSA testing remains essential to the diagnostic process, JMC urologic radiologists and sur-



Dr. Adam Nolte



Dr. Patrick Tenbrink

geons now also add imaging, genetic assessments, and other biomarker blood tests. These help assess a patient's risk of aggressive disease so oncologists can provide a personalized and optimal treatment plan, Nolte explains.

A new technique revolutionizes biopsies. Fusion biopsies start with patients having an MRI that can highlight cancerous cells. Then an ultrasound probe is inserted into the prostate. The MRI image is superimposed on the ultrasound image, enabling physicians to insert biopsy needles precisely in suspicious areas, reducing the risk of false negatives. "Such targeted biopsies increase the successful di-



agnostic rate of biopsies,” Nolte says.

With early detection, men can be cured before the onset of metastatic disease, which may spare the need for systemic treatments such as androgen deprivation therapy (ADT). That process blocks male hormone receptors throughout the body to starve aggressive or metastatic cancer. Though ADT can prolong survival, it also may cause undesirable side effects such as a decreased sex drive, erectile dysfunction, weight gain, fatigue, and loss of bone and muscle mass. “If cancer is detected early,” Nolte says, “doctors can prevent the need for such treatments in the future.”

### **DAVINCI 5**

Intuitive’s da Vinci 5 robotic system—approved by the Food and Drug Administration (FDA) in March 2024—earns its name because it’s an engineering feat leading medicine into the future.

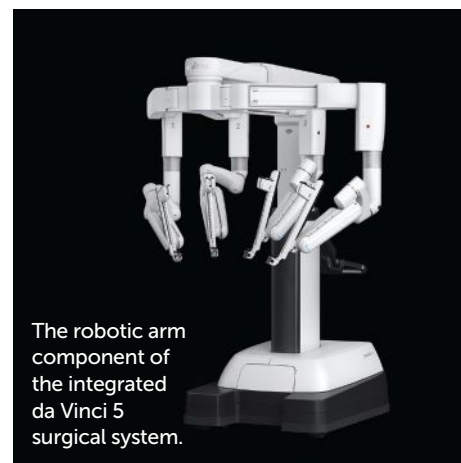
The da Vinci has robotic arms that can move in more directions than a surgeon’s hands, and a console screen magnifies the view and in 3D.

Only a few hospitals nationwide offer the advanced capabilities of the da Vinci 5, used for partial or full removal of the prostate due to cancer. Even fewer hospitals have experts such as Nolte, who also specializes in robotic partial kidney removals. “If tumors are small and in a favorable location, we can remove them and spare the kidney,” he says. The more renal parenchyma that is preserved, the better it can succeed in its daily filtration of waste, which can potentially prevent the need for dialysis in the future.

“The robot allows for fine dissection and a magnified field,” Nolte says. “When you’re removing tumors, you’re trying to get into tissue between the tumor and the kidney itself, to spare as much of it as possible while having

a negative margin on the tumor. The robot allows more precision, decreasing pain, bleeding and hospital stays.”

Also used for enlarged prostates, the da Vinci provides far better outcomes, Nolte says. Replacing standard surgery’s major in-



The robotic arm component of the integrated da Vinci 5 surgical system.

"Tactile feedback allows surgeons to get all the cancer while sparing trauma to nerves that are a big part of safeguarding erections."

—Dr. Patrick Tenbrink

cisions, it enables everything to be done through very small incisions, so post-op pain and recovery are improved.

The da Vinci 5 also gives surgeons tactile feedback on inflation pressure in the abdomen, "whereas the prior generation had purely visual feedback," Nolte says. FDA-approved in 2001, each iteration of the da Vinci robotic console has improved on its predecessor.

As before, the surgeon sits at a console and controls the robot's arms and instruments with highly precise movements. But now, for the first time, surgeons can sense the force they're exerting while operating robotically. "If you're suturing and dissecting tissue, you need an idea of the tension and amount of force you're using," Nolte says. "Previously we relied on watching console screens to see how much a tissue or suture was pulling."

Tenbrink notes "tactile feedback allows surgeons to get all the cancer while sparing trauma to nerves that are a big part of safeguarding erections. Surgeons have the same sensation as if operating with their hands but with fewer complications."

This also cuts the risk of incontinence after a prostatectomy, he says.

Nolte says the new da Vinci system also is ergonomic. "It's more comfortable for physicians to use, so they can be more focused on the surgery itself."

The earliest da Vinci surgery was performed in 2005. In the two decades since, creator Intuitive Surgical, Inc. has provided the multi-armed robotic console to medical TV shows, including "Private Practice" and "Grey's Anatomy."

### **IRREVERSIBLE ELECTROPORATION (IRE) FOCAL THERAPY**

After an MRI-guided fusion biopsy targets cancerous cells with precision, surgeons can remove tumors without removing surround-

### **GENITOURINARY CANCER STATS FOR MEN**

- **PROSTATE:** About 1 in 8 men will be diagnosed with prostate cancer during their lifetime, with three of five cancers detected in men age 65 or older. Though it's the second-highest cause of death from cancer, due to its prevalence, the odds of survival are high. As a result, 1 in 44 men with prostate cancer die from it.
- **BLADDER:** This cancer was estimated to strike 65,080 men in 2025, the American Cancer Society predicted. It's the fifth most common cancer in men, and the eighth cause of cancer mortality, with 12,640 deaths expected.
- **KIDNEY:** The ninth most common cancer will be diagnosed in 52,410 men this year and will cause 9,550 deaths.

(Source: American Cancer Society)

ing tissue using focal ablation or NanoKnife treatment, says Tenbrink.

The NanoKnife is a minimally invasive procedure using electrical pulses to destroy prostate cancer cells. It's a type of irreversible electroporation (IRE) focal therapy, already used for pancreatic and biliary cancer at JMC.

During this procedure, thin needles are inserted into the prostate under ultrasound or MRI guidance. Electrical pulses are delivered to the needles, creating nano-sized pores in the membranes of the cancer cells. "You use low amounts of electricity to kill the cancer cells, because with minimal electricity you have minimal issues with ejaculation or incontinence concerns," Tenbrink says.

The procedure disrupts cancer cells' ability to function and causes them to die. Following



the minimally invasive outpatient procedure, the treated area is left to heal naturally.

### **AQUABLATION**

A forceful water jet can eradicate excess tissue of noncancerous but enlarged prostates—also known as benign prostatic hyperplasia.

The surgeon uses ultrasound imaging and a robotically guided camera to direct the cold stream precisely where needed to destroy and



remove excess tissue without harm to the urinary tract and surrounding vessels and nerves.

It replaces transurethral resection of the prostate, which involves inserting a tube through the urethra and into the prostate where unneeded tissue is removed via electrocautery.

Aquablation uses no cuts and no heat. Once surgical swelling goes down, erections can return, and urination no longer is a problem.

Developed in 2017, aquablation for large

but benign prostates joins the robotic procedures that are transforming today's treatments.

#### **BLUE LIGHT CYSTOSCOPY**

Bladder tumors have become easier to spot and biopsy via blue light cystoscopy. Urologists inject an imaging dye called Cysview an hour before threading a thin, flexible tube through the urethra (urinary tract) to the bladder, Tenbrink says. The dye converted

into a photoactive solution causes cancer cells to glow bold pink under UV light, while healthy tissue is blue. This makes it easier for surgeons to biopsy cells.

Nolte is excited about JMC's consistent drive to deliver the best devices urologic surgeons need—and as soon as they're available. "We hope to continue bringing in new and innovative technologies as we grow the program," he says. «





# BALANCING Risk & Reward

Jupiter Medical Center specialists help patients understand preventive surgery and other options when there is a genetic risk for breast and ovarian cancer

By Erika Klein

When a patient came to Dr. Donna M. Pinelli for treatment of ovarian cancer, Pinelli ordered genetic testing that revealed a high hereditary risk affecting not only the patient but potentially her family members as well. As a result, other family members received testing, revealing several relatives at very high risk for breast and ovarian cancer, which led to the patient's daughter to opt for risk-reduction surgery to remove her uterus, ovaries, and fallopian tubes to lower her own high risk of cancer.

That daughter "had a pre-cancerous lesion in her fallopian tube, which is very rare to find," recalls Pinelli, medical director of gynecologic oncology

and the Walsh Robotic Surgery Program at The Anderson Family Cancer Institute at Jupiter Medical Center. Because of the testing and preventive surgery, the patient's daughter was able to stop her own cancer before it developed.

Dr. John Rimmer, medical director of the Comprehensive Breast Care Program at JMC's Margaret W. Niedland Breast Center, has similar stories about treating women in their 30s for breast cancer. "It is very upsetting for me to see a patient a year later than I should have seen her," Rimmer says. Often, their immediate family members had cancer around their same age, and preventive surgery may have saved these patients from not only



Increased screening can help detect breast cancer early. ABOVE: Dr. Donna M. Pinella  
CENTER: Dr. John Rimmer

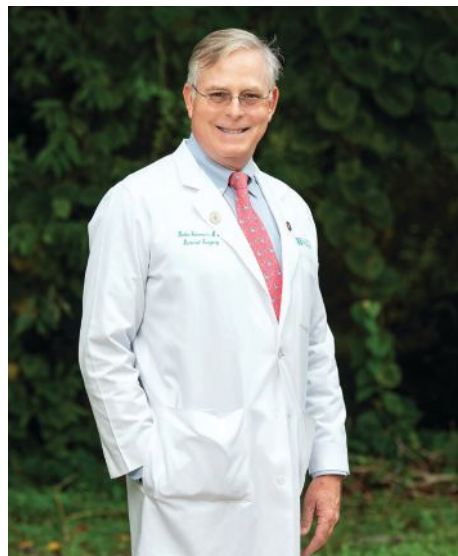
The earlier you understand your risk, the more options you may have to prevent cancer.

breast cancer, but the chance that it could spread and become fatal.

The message from both doctors: if you have close family members with cancer, consider genetic testing to learn if you have a genetic mutation that increases your risk for certain cancers. This may be particularly helpful if a family member develops cancer at a young age—in their 20s—though a genetic counselor can aid in deciding what age is best for testing to balance possible psychological impacts with the potential benefits.

For women with a mutation in the BRCA1 or BRCA2 gene, more than 60 percent will develop breast cancer in their lifetime, according to the National Cancer Institute. For ovarian cancer, the risk is above 39 percent in women with a BRCA1 mutation and over 13 percent in women with a BRCA2 mutation. The typical lifetime risk of ovarian cancer is about .4 percent.

The earlier you understand your risk, the more options you may have to prevent can-



cer. But preventive surgery is a big deal, so how can you make your decision?

### Lowering Breast Cancer Risk

First, understand that surgery isn't the only way to reduce your risk of breast cancer. Rimmer says three options for breast cancer prevention include medication, frequent screenings, and risk-reducing surgery.

The medication option—tamoxifen—is a hormonal therapy that reduces the risk of breast cancer by up to 50 percent. However, side effects can include menopausal symptoms, which Rimmer says patients sometimes prefer to avoid.

Increased surveillance, another alternative, involves screening with a mammogram and ultrasound alternating with magnetic resonance imaging (MRI) every six months. This approach doesn't prevent cancer but can detect it early. One of Rimmer's patients knew she had a BRCA mutation but was indecisive about undergoing preventive surgery. "Then she came in one day and she had breast cancer," Rimmer says. At that point, patients like her may need surgery as a therapeutic—rather than a preventive—procedure, in addition to radiation, chemotherapy, and endocrine therapy.

The third option, preventive surgery, removes all breast tissue through a double (or bilateral) mastectomy. Removing both breasts lowers the risk of breast cancer by approximately 95 percent in women with BRCA mutations and up to 90 percent in women with a family history of breast cancer. "We don't say zero, but we say [the risk is] effectively very nearly zero" after a bilateral mastectomy, notes Rimmer, adding that it's the most effective preventive option.

The surgery can cause difficulties. Breasts are "not just another part of the body; we're talking about issues of body image, femininity, and sexuality—a lot of complicated areas," Rimmer says. Physically, a bilateral mastectomy eliminates the ability to breastfeed and can result in sensation loss as well as potential issues with preserving blood supply to the skin, among other complications. Finally, with post-surgical breast reconstruction, issues with implants may



surface years later that require additional surgery to correct.

The surgery may also have associated risks along with a recovery period. A bilateral mastectomy requires an overnight hospital stay and around six weeks for a full recovery, with potential risks of infection.

### **Lowering Ovarian Cancer Risk**

Ovarian cancer ranks as the fifth-leading cancer-related cause of death among women in the United States and is usually discovered at an advanced stage when it's difficult to treat. Unlike for breast cancer, there are currently no approved, effective screening options for ovarian cancer. In addition to the potential for false positives, timing is a factor. "If you have an ultrasound every year, you could develop cancer two months after...





For those without a genetic mutation but with a clear risk based on family history, the conversation about surgery can be more complex. “It’s a risk-benefit ratio,” says Dr. Donna M. Pinelli.

and then end up still having an advanced cancer,” Pinelli says.

Taking steps like using hormonal contraceptives can reduce a woman’s risk of ovarian cancer, though it may increase the risk of breast cancer. According to Pinelli, however, preventive surgery is currently the most effective option for lowering the chances of ovarian cancer in high-risk people.

A bilateral salpingo-oophorectomy—the standard preventive surgery for ovarian cancer—removes both the ovaries (the organs that produce eggs and hormones) and the fallopian tubes (which transport eggs from the ovaries to the uterus). Research in-

dicates that the procedure may reduce the occurrence of ovarian cancer by around 80 percent in people with a BRCA mutation, with the potential added benefit of lowering the risk of breast cancer by around 50 percent. Following guidelines for preventive surgery at certain ages—35 to 40 for women with BRCA1 and 40 to 45 for women with BRCA2—can also help reduce ovarian cancer risk.

Because ovarian cancer often develops in the fallopian tubes, Pinelli also highlights an alternative surgical procedure called a salpingectomy that removes the fallopian tubes while leaving the ovaries. This pro-

cedure reduces ovarian cancer risk while avoiding side effects like early menopause that occur with the traditional procedure. However, more studies are needed to assess the risks and benefits, particularly in people with high genetic risk.

Both preventive procedures can be performed laparoscopically through a small incision, making them minimally invasive. While there’s still a risk of infection, patients often return to most normal activities a week or two after surgery.

Removing the ovaries through the standard bilateral salpingo-oophorectomy may have significant medical consequences.

Women will no longer be able to ovulate to become pregnant, and the loss of hormones leads to early menopause. This can cause side effects—including hot flashes, sleep disturbances, and difficulties with sexual functioning—that are often more dramatic than with natural menopause. “Having the ovaries removed at a young age can be a drastic change because of the abruptness of the hormone withdrawal,” Pinelli explains. While hormone replacement therapy may relieve symptoms, not all women are eligible for it.

Beyond uncomfortable symptoms, re-

### What is BRCA?

BRCA1 and BRCA2—which stand for Breast Cancer gene 1 and 2—are genes that help prevent cancer by making proteins that repair DNA. Everyone inherits a copy of these genes from each of their parents. However, those who inherit a mutated or damaged BRCA gene have an increased risk of cancer, especially breast and ovarian cancer.



search has revealed that removing the ovaries before natural menopause may shorten a woman's lifespan—even as that risk is balanced against the chance of developing cancer. "This is where it becomes very nuanced," Pinelli says. "There are so many variables to consider."

### Different Risks and Considerations

The risks and benefits of surgery are relatively straightforward for individuals with gene mutations and the highest risk of cancer. For those without a mutation but with a clear risk based on family history, the conversation about surgery can be more complex. "It's a risk-benefit ratio," Pinelli says. "We all have to make that decision ourselves as to how we want to counsel our patients."

The knowledge and experience of women who have a strong family history of cancer can be stressful. "It's always at the back of their mind—they're worried about whether they

should do something about it," Rimmer says.

Both doctors recommend getting genetic testing to help determine your risk and talking with a gynecologist or breast surgeon. Resources such as the Foundation for Women's Cancer and online risk assessment tools may also help. Books such as *Resurrection Lily*, written by one of Rimmer's former patients, answer questions while showing that newly diagnosed patients are not alone.

If you do choose one or both surgeries, Jupiter Medical Center is among just 30 percent of cancer programs in the country with accreditation from the Commission on Cancer. It was also the first hospital in Palm Beach and Martin counties to achieve accreditation by the National Accreditation Program for Breast Centers.

JMC offers gynecologic oncologists, which Pinelli says is an important consideration for high-risk patients who may have undiagnosed cancer at the time of their sur-

gery. "We have experienced pathologists at Jupiter Medical Center that perform a lot of risk-reducing surgeries," Pinelli says, so residents in the region don't need to travel out of the area for expert treatment.

When deliberating over options, "It's important for women to analyze and know exactly what their risk is for these types of cancers," notes Pinelli. "If they are at higher-than-average risk, they also have to balance that with whether or not reducing the risk of cancer is worth the side effects."

Surgery is a risk—but for some women, it's a lifesaving one. "We don't get the opportunity to prevent breast cancer in the vast majority of women, but being able to identify these women gives us the opportunity to likely prevent their breast cancer just with surgery," Rimmer says. "The option to stop them getting breast cancer is a big weight off their shoulders; it transforms them. It's a powerful thing." ◀

# Generational GIVING

The Sulentic Family Cardiac Rehab Center is the latest gift for health and healing for three generations of Jupiter Medical Center Foundation benefactors

By Valerie Staggs

**W**hen Tom Sulentic and his wife, Sheila, bought a townhouse in Jupiter in 2014, one of the first things they did after settling in was to reach out to Jupiter Medical Center Foundation to offer their support. “We were small donors at Newport Hospital in Newport, Rhode Island,” he says. “Sheila was a senior vice president at BankNewport for almost 25 years. The bank and the hospital had a strong relationship, so we had an interest in building a relationship with a local Florida hospital.”

Little did Tom know that he was not the first Sulentic to lend his support. When he called Jupiter Medical Center Foundation, he was asked if he knew Ray Sulentic. Of course he did—it was his father. Did he know Richard Sulentic? Or Wallace Sulentic? “They were my uncles who I worked with for many years,” he says. “They lived in Palm Beach Gardens near my dad.”

Happy to continue the family legacy, the Sulentics became donors. It was the start of a special relationship that would carry the couple through sickness, heartbreak, and, ul-

timately, personal healing through a new passion to heal others.

Tom retired in 2004. When Sheila retired in 2014, they became snowbirds. His parents had become seasonal Palm Beach County residents in the mid-1970s and Tom has fond memories of the area. “We used to go to RJ Gator’s restaurant, and the kids would play games,” he recalls. “I remember when I-95 ended at PGA Boulevard and Military Trail was a two-lane road. A lot has changed.”

## Two Cancer Diagnoses

In the fall of 2018, Tom was diagnosed with prostate cancer. At about the same time, Sheila went for a routine visit to her primary care physician, Dr. Howard Schwartz, at Jupiter Medical Center. She was concerned about her high cholesterol levels, so Schwartz referred her for a scan of her arteries. A growth in her lung was detected. Schwartz called Dr. K. Adam Lee, medical director of the JMC Thoracic Surgery and Lung Center of Excellence. “He insisted that Dr. Lee see Sheila the next day—and he did,” Tom recalls.

Sheila was diagnosed with sarcomatoid carcinoma, an exceedingly rare cancer. It was the start of a difficult year for the couple. “I had my surgery in January 2019, and Sheila had surgery six weeks later,” he recounts.

For 14 months, Sheila was in and out of JMC for numerous procedures, including chemotherapy, and surgeries. Throughout it all, Tom says that everyone at the hospital was welcoming and compassionate. “Once I was checking in and the receptionist told me she had made a blanket for Sheila,” he explains. “She asked if I would take it up to her and I said no. She asked why and I told her, ‘I want you to give it to her.’”

Despite the all-out efforts, Sheila died in May 2020. In the wake of his devastating loss, Tom has found peace in knowing his wife received the best care possible. He has a newfound mission to ensure other families find the same exceptional care during their darkest times.

Although “we were just small donors when

JERRY RABINOWITZ



Sheila was diagnosed,” Tom says, he was moved by the compassionate care that both he and Sheila experienced throughout JMC during her challenging condition. “There are so many stories of ER visits, treatments, and personal compassion by everyone from nurses to front desk receptionists where we built personal relationships that remain today.”

### Carrying on the Family Legacy

Last year, Tom Sulentic’s generous support resulted in a new legacy for his family: The Sulentic Family Cardiac Rehab Center. “My father died at 87 of heart failure and I had an uncle that died at 46 of a heart attack,” he

says. “It is a circle from my father donating and to the ability to get the naming rights on something I hope I never need to use.”

The gift allowed the center to undertake a technological upgrade, expand classes and offer the program to more patients, and pave the way for future growth of the cardiac rehabilitation program.

The Sulentic family support of JMC continues with his children. “My son, John, and his wife, Monica, are benefactors now,” Tom says. The couple recently welcomed a new son. “Who knows? Maybe Alessio will be the next generation of Sulentic donors.”

Jupiter Medical Center Foundation Chief

Philanthropy Officer Traci Simonsen says that passing down philanthropic passions like the Sulentic family—which began in 1988 and continues—is a continuum between family and community.

“Generational giving is one of the most powerful expressions of commitment to community. When a family chooses to support Jupiter Medical Center across decades, it becomes more than philanthropy—it becomes part of their legacy of caring for their neighbors,” says Simonsen. “Their continued generosity strengthens the future of health care for every family who calls this community home.”

# Coastal Cuisine

FLAVOR-PACKED RECIPES FOR YOUR FRESH CATCH

Photography by Michael Albanese

Spring break and summer days on the Atlantic with family and friends beckon with the prospect of a haul of fresh seafood for the evening dinner table. Inspired by his Florida roots, executive chef Jason Van Bomel has curated four, coastal-inspired recipes packed with omega-3 fatty acids, using locally sourced ingredients.

Van Bomel brings locally inspired, American coastal cuisine to The House Kitchen & Bar at The Park in West Palm Beach. A West Palm Beach native, Van Bomel has nearly three decades of high-end culinary experience. A graduate from the Florida Culinary Institute, he mastered his techniques at luxury hotels in Australia, London, and Palm Beach. After his extensive travels, Van Bomel returned home to Palm Beach County and made his mark on the local culinary scene, working at iconic establishments such as the Four Seasons Palm Beach and 1000 NORTH.



## Local Fish Ceviche

(Serves 4)

### INGREDIENTS

#### For the leche de tigre (ceviche sauce)

- 1 ½ cups Asian fish stock
- ¾ cup fresh lime juice
- ½ cup yellow onion
- 1 ¼ cups snapper scraps (no skin or bones)
- ¼ cup chopped celery
- 1 tbsp. finely chopped cilantro stem
- 1 tbsp. salt
- ½ tsp. ginger (peeled and chopped)
- ½ tsp. chopped garlic
- ⅓ cup crushed ice
- ¼ tsp. red Thai bird peppers

#### For the ceviche mixture

- 1 cup sliced local snapper (¼-inch cubes)
- 2 tbsp. diced cucumbers (¼ inch)
- 2 tbsp. diced mangoes (¼ inch)
- 6 pieces of red onion (thinly sliced into ½-inch-thick strips)
- 1 tsp. celery (finely chopped)
- 1 tbsp. chopped cilantro
- 1 tbsp. celery leaves
- 1 cup leche de tigre (ceviche sauce)
- 2 tbsp. fresh lime juice
- Pinch of kosher salt
- 2 whole plantain chips
- 1 tbsp. micro cilantro



### INSTRUCTIONS

#### Leche de tigre (ceviche sauce):

Roughly chop celery, cilantro, onions, ginger, garlic, and Thai peppers, and place into a blender. Add salt, snapper scraps, fish stock, lime juice, and crushed ice. Blend at high speed for



1 to 2 minutes until completely smooth. Strain mixture through a bouillon strainer and into a medium bowl, pressing with the back of a ladle to extract as much liquid as possible. Discard the residue left in the strainer. Store in a covered container in the refrigerator until

ready to serve.

**Ceviche mixture:** Chop cucumbers, mangoes, red onion, celery, celery leaves, and cilantro. Slice snapper into 1/4-inch-thick cubes. Combine all the ingredients, except the plantain chips and micro cilantro,

into a large mixing bowl. Mix until well combined. Using a metal ring mold, place the ceviche mixture in the center of a serving bowl. Pour the leche de tigre (ceviche sauce) into the bowl around the mixture. Garnish with the plantain chips and micro cilantro.



## Blackened Mahi Sandwich with Pecan Remoulade Sauce

(Serves 6)

### INGREDIENTS

#### *For the pecan remoulade sauce*

- 1 cup mayonnaise
- 1 cup pecans (chopped and toasted)
- 2 tbsp. dill pickle relish
- 3 tbsp. drained horseradish
- 3 tbsp. chopped parsley
- 3 tbsp. green onions (thinly sliced)
- 1 1/2 tbsp. Dijon mustard
- 1 tbsp. minced red peppers
- 1 tbsp. minced garlic
- 3/4 tsp. chopped capers
- 3/4 tsp. fresh lemon juice
- 3/4 tsp. Crystal Hot Sauce
- 1/8 tsp. Old Bay Seasoning

#### *For the mahi sandwich*

(Serves 1)

- 1 brioche bun sliced in half
- 2 tbsp. melted butter (unsalted)
- 4 tbsp. pecan remoulade sauce
- 1/4 cup shaved iceberg lettuce
- 2 tbsp. clear balsamic vinaigrette (any brand)
- 2 slices of heirloom tomato
- 5 oz. fresh mahi-mahi filet
- 2 tbsp. Creole seasoning (any brand)
- 1 tbsp. blended oil (vegetable and olive oil)

### INSTRUCTIONS

**Pecan remoulade sauce:** Combine all the ingredients in a small mixing bowl and mix well. Store in a covered container in the refrigerator until ready to serve.

**Mahi sandwich:** Coat the mahi-mahi on all sides with salt and pepper and Creole seasoning. Place blended oil in a cast iron pan on medium high heat. Sear mahi-mahi in a cast iron pan until blackened on both sides and cooked through. Brush the cut side of the brioche bun with the melted butter and toast on the griddle until golden. In a small mixing bowl, toss the lettuce with clear vinaigrette. To assemble, place the mahi-mahi on the bottom piece of the bun. Top evenly with the iceberg lettuce. Arrange the heirloom tomato slices evenly over the lettuce. Spread the pecan remoulade over the top bun and place on top of the sandwich.



## Kale Crunch Salad with Garlic Lemon Vinaigrette

(Serves 5)

### INGREDIENTS

#### *For the garlic lemon vinaigrette*

½ cup fresh lemon juice  
¼ cup finely diced shallots  
¼ cup extra virgin olive oil  
¼ cup lemon oil  
½ tbsp. chopped garlic  
Zest of ½ lemon  
¾ tsp. Creole mustard (any brand)  
½ tsp. steak grill seasoning (any brand)

#### *For the kale salad*

2 cups shredded kale  
Pinch of kosher salt  
½ cup red grapes (cut in half)  
½ cup fried chickpeas  
¼ cup crumbled pecorino pepato cheese  
¼ cup salted sunflower seeds  
¼ cup chopped candied walnuts  
¼ cup garlic lemon vinaigrette  
2 tbsp. crumbled pecorino pepato cheese

### INSTRUCTIONS

**Garlic lemon vinaigrette:** Dice shallots and garlic. Juice and zest lemons. Whisk all ingredients into a medium mixing bowl.

**Kale salad:** Shred the kale and chop the red grapes and walnuts. Combine the kale and salt in a large mixing bowl. Massage the kale for 20 seconds to soften. Add the remaining ingredients into the bowl except the 2 tablespoons of pecorino pepato cheese. Place the salad mixture into the center of a serving bowl. Sprinkle the 1 ounce of cheese on top.

## Jerk-Marinated Grouper Tacos

(Serves 5)

### INGREDIENTS

#### For the jerk marinade

22.5 oz. fresh grouper (sliced into 4-inch-thick strips)  
½ cup blended oil (vegetable and olive oil)  
½ cup extra virgin olive oil  
¼ cup Blue Mountain Country Jamaican Jerk Seasoning  
½ tbsp. fresh lime juice

#### For the pickled green papaya topping

½ lb. green papaya  
2 cups white vinegar  
1 cup water  
½ cup granulated sugar  
⅓ cup fresh lime juice  
Zest of 1 lime  
1 ½ tbsp. kosher salt  
¼ tsp. crushed red chili flakes

#### For the Key lime garlic sauce

1 ½ cups sour cream  
1 ½ cups mayonnaise  
½ cup fresh Key lime juice  
Zest of 3 limes  
1 tbsp. minced garlic  
1 tbsp. kosher salt  
½ tsp. Tabasco sauce

#### For the tacos

3 small flour tortillas, per serving  
4.5 oz. marinated grouper  
1 avocado, sliced  
¾ cup green papaya slaw  
¼ cup key lime garlic sauce  
1 tbsp. crushed peanuts (unsalted)  
Pinch of micro cilantro  
1 lime wedge (for each taco)

### INSTRUCTIONS

**Jerk marinade:** Whisk blended oil, olive oil, jerk seasoning, and lime juice into a medium bowl. Pour into a container with sliced grouper and refrigerate until ready to serve.

**Pickled green papaya topping:** Peel the green papaya, remove the seeds, and cut them into short, thin strips. Combine all the remaining ingredients into a small pot. Bring pot to a simmer. Cool the vinegar mixture to at least room temperature. Add the green papaya to the vinegar mixture. Store in a covered container until ready to serve.

**Key lime garlic sauce:** In a medium mixing bowl, add all ingredients and mix until it's thoroughly incorporated into a creamy sauce.

**Fish tacos:** Heat a medium sauté pan on medium high. Place three pieces of jerk-marinated grouper into the pan. Cook grouper to an internal temperature of 145 degrees, then pull off and rest for 1 minute. Heat up a grill pan and add a teaspoon of olive oil. Grill three tortillas until soft with grill marks (approximately 7 seconds). Place each tortilla in a taco tray with one piece of grouper in each tortilla. Squeeze a thin line of the Key lime garlic sauce on top of each taco. Sprinkle 1 teaspoon of crushed peanuts onto each taco. Quarter one avocado, then slice thinly and distribute slices evenly between the three tacos. Drain the juice from the green papaya slaw and place 2 tablespoons onto each taco. Garnish tacos with a lime wedge and micro cilantro.







# Generational Health

THE CAMPAIGN FOR JUPITER MEDICAL CENTER

## *Your Legacy Starts Here.*

Generational Health is a bold, forward-looking commitment to care for our community across every age, every stage, and every moment that matters. It is both a philosophy and a promise: to deliver the right care, at the right time, today, and for generations to come.

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To learn more about how you can help Jupiter Medical Center continue to provide award-winning care, please visit [jmcfoundation.org](https://jmcfoundation.org).



*Inspiring | Building | Transforming*

 JUPITER MEDICAL CENTER FOUNDATION

# Above & Beyond

## Grateful Patients Extol Excellent Care

PHOTOGRAPHY BY JUPITER MEDICAL CENTER



Ashley Sconzo, PA

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](http://jmcfoundation.org/grateful).

With the support of grateful patients, the Jupiter Medical Center Foundation recognizes 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, Jupiter Medical Center patients identify caregivers or departments to thank them for their kindness, care, or special gesture during their time as a patient. Their 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,” Rastogi says. “We honor those who invest in the well-being of our patients who in turn have invested in us.”

Meet the 2025 Honored Caregivers  
*(July 1 to December 31, 2025)*



Intensive Care Unit



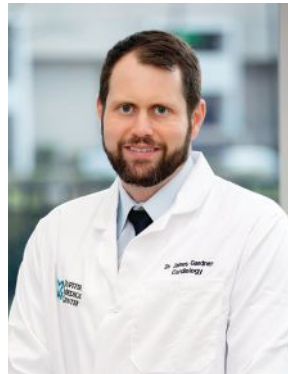
Interventional Radiology



Andrew Hall, MD



Laura Conway, DNP, APRN



James Gardner, DO



Debra S. Brandt, DO

**Recipients (not pictured):**  
 July 1 – December 31, 2025  
 Samantha Baroody, MD  
 Miyvetteshaune "Mimi" Green, CRNA  
 Debra Jones, RN  
 Bassam Sayegh, MD



Progressive Care Unit



Jude Pierre, RN



Emergency Department



Morgan Poncy, MD



Theresa Green



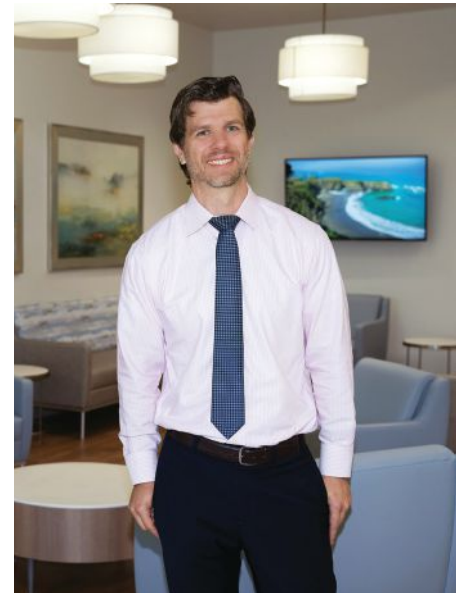
Rita Hooper, RN, BSN



PAM Health Rehabilitation Hospital of Jupiter



Infusion Nurses



Nathan Tennyson, MD



Jack Waterman, DO



David Lickstein, MD

“My thanks to Drs. Nathan Tennyson and Jon Du Bois, and their wonderful teams, for the care and treatment I received. My disease was handled with true professionalism, and I’m pleased to say my condition has improved because of them.”



Cardiac Rehabilitation



Chelsie Brice, RN



Jon S. Du Bois, MD



Observation Unit



Jennifer Robb, RRT II



Andrew R. Noble, MD



Camiel Whitton, CNA



Pamela Wooten, RN,  
CCP, HTP



Donna Pinelli, MD



Juan Gomez, MD



Concierge Department



PAM Health Rehabilitation Hospital of Jupiter



Howard B. Schwartz, MD



Vivek Patel, MD



Cardiovascular Intensive Care Unit



John Rimmer, MD



Telemetry Fourth Floor



Arthur Katz, MD



Juderose Toussaint, CNA



William Gustave, MD



Kenneth Fuquay, MD



Jahlissa Powell, RRT II



Michael Marsh, MD



Cardiac Cath Lab



Mark Roberts, RRT II



Patrick Tenbrink, MD



Sabrina Lester, CNA



Ryan Devine, DO



Veena Varki, DO



Valelia Josma, RRT II



K. Adam Lee, MD, Lindsay Silas, APRN, Sandy Brice



Dudley Brown Jr., MD



Saryleine Ortiz de Choudens, MD



Michael Sabbah, MD

“ In honor of Dr. David Weisman and Dr. Michael Sabbah, whose unwavering dedication and expertise in cardiology have touched countless lives. Thank you!”



Ronald Goldin, MD



Marise Desir, APRN, FNP-BC



David Weisman, MD



Tiffany Kletzky, RN



London Barill, RN



Mark Corry, MD

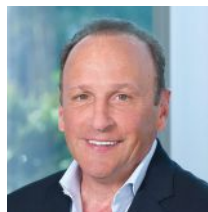


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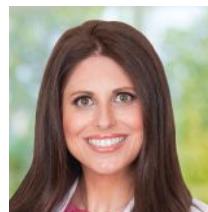
**Dr. Nicole Joel**  
Board Certified  
Internal Medicine



**Dr. David Liporace**  
Board Certified  
Internal Medicine



**Dr. Peter Lyn**  
Board Certified  
Internal Medicine



**Dr. Jessica S. Schwartz**  
Board Certified  
Internal Medicine

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- 2650 SE Federal Hwy., Stuart

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# EVENT PHOTOS

## CHARITY GOLF CLASSIC

November 3, 2025  
McArthur Golf Club, Hobe Sound



Ken Williamson, Corey Conners, Ben Foster, Mary Ann LaConte, Steve Lessing Sr.



Tom Fazio, Peter Lund, Kevin Murphy, Matthew Sheperd, Traci Simonsen, Brad Faxon



Randy and Cindy Lagenfeld, David Morano, Sue and Peter Kamin



Bud Beaudry, Matt Cahill, Andrew Knight, George Spadafora, Jeff Knight



Dave Nissan, Steve Haggerty, Morgan Jewell, Monty Singh, Paul Crowley



George Bovenizer, Anthony Taccetta, Tom Bascetta, Eric Veilleux, Joseph Jerkovich



Liz Gehl, Donna Coleman, Michelle McGann, Diane Noujaim, Sue Fazio



Noah Brown, Bulent Yazar, Dana Quigley, Austin Summers, Cole Malizia



Sean Gardiner, Ryan Smith, Bud Cauley, Justin Howard, Jared Stern



Wayne Yetman, Robert Sina, Brian Corbitt, Bryan Sina, Malcolm Sina

VISUAL ENTERPRISES

**PATIENT CARE TOWER RIBBON CUTTING**

January 7, 2026  
Jupiter Medical Center, Jupiter



Jayne and Tim Donahue



George Damman, Michele Deverich, Hank DesPlaines, Roseanne Duane, Robert Stilley, Peter Lund, Katherine Plum, Peter Crisp, Douglas Brown, Philippe Jeck, Donna DeMaio-Bijou, John Seifert, Michael Hammond



Bill and Cathy Wrensen, Tim and Joan Moran, Jayne and Tim Donahue, Marion and John Gay, Barry Donahue



Hank and Theresa Desplaines, Dr. Amit Rastogi



Jack and Lisa Langer, Clark and Susa Schubach



Tim Donahue, Dr. Augusto Villa, Jayne Donahue



Janice Clark, Isolda Clark, Peggy Katz, Lynn Ianuzzi



Theresa Gaugler and Michael Hammond



Rohit and Bharati Dandiya



Traci Simonsen, Tim Donahue, Carlos Martins, Dr. Ari Sareli

TRACEY BENSON PHOTOGRAPHY

# EVENT PHOTOS

## JONATHAN'S LANDING COMMUNITY RECEPTION

January 13, 2026  
Jonathan's Landing, Jupiter



Bonnie Lefevre, Shirley Babington



Dr. Amit Rastogi, David Nicholson



David Nicholson, Traci Simonsen, Ed Babington



Jim and Dale McKenna



John and Martha Hastings



Ed Babington, Diane and Ben Thomas



Rich and Teresa Price



Nels and Peggy Palm



Phil and Debbie Clark, Janice Clark, Isolda Clark



Stacey Stack, Merritt McDonough

TRACEY BENSON PHOTOGRAPHY

**THE LOXAHATCHEE CLUB COMMUNITY RECEPTION**

January 15, 2026  
The Loxahatchee Club, Jupiter



Annette and Xavier Esteves



Britt Wennerstrom, Melanie Mochan



David and Diane Tinsley, Tom Bascetta



Dr. Carole Hankin,  
Donald Epelbaum



Ralph and Susie LaPorte,  
Paula and Rick Jewett



Peter Lund, Dr. Amit Rastogi



Don and Nancy Remy



George and Kathe Damman



Paul and Andrea Quinn



William and Laurel Brower, Nancy Paton

TRACEY BENSON PHOTOGRAPHY

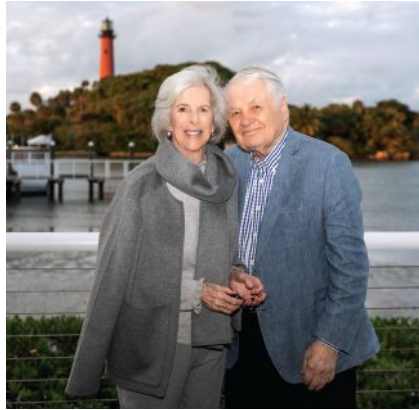
# EVENT PHOTOS

## LEADERS IN PHILANTHROPY

January 22, 2026  
Pelican Club, Jupiter



Tim and Jayne Donahue, Peter Lund



Ellen and Joe Wright



James and Sallie Korman



Nancy and Hugh Elliott



Donna Demaio-Bijou and Paul Bijou



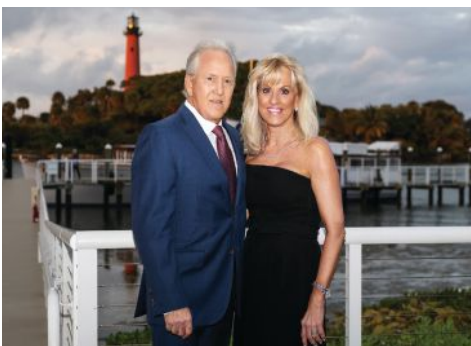
Kathe Damman, Dr. Amit Rastogi,  
George Damman



Lisa Schnell and Dr. Steven Schnell



Susan Machamer and Wesley Bomfa



Paul and Paula Wittmann



Kelly Luchini, Dorothy Thomson,  
Rich Luchini



Tim and Joan Moran

TRACEY BENSON PHOTOGRAPHY

**LIGHTHOUSE LEGACY SOCIETY RECEPTION**

January 27, 2026  
Jupiter Medical Center, Jupiter



Chris and Susan Pappas



Maggie Hart, Mary Roff, Dennis Puskaric



Curt and Terri Francisco



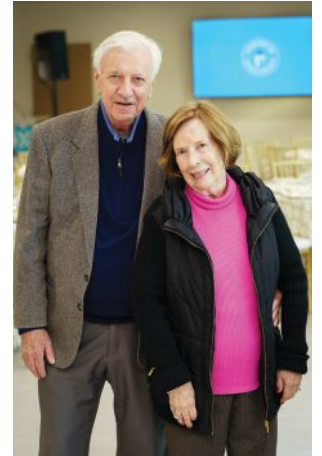
Jan Stein and Charles Gans



Klaus and Carly Lampmann



Diane Jeffery and Chester Zawadski



Jim Felcyn and Louise Brien Felcyn



Eileen Cummings, Scott Sade



Marie Zettel, Lynda Zettel



Robert and Carole Hartless

TRACEY BENSON PHOTOGRAPHY

# EVENT PHOTOS

## BALLENISLES COUNTRY CLUB COMMUNITY RECEPTION

January 29, 2026

BallenIsles Country Club, Palm Beach Gardens



Ira Sherman and MJ Meier-Sherman



Armando and Lorraine Correia



Fred Burke, Linda Teitelbaum, Iris Burke



Elaine and Ben Kovalsky



Robin Josephs, Patrick McGarvey



Barry and Renee Brandeis, Dr. Amit Rastogi



Donna Rosenthal, Valerie Riback



Robert and Marilyn Rapaport



Eduardo Cassoslotnick, Donna Shaw, Dora and Tasso Fountoukidis



Elyse and William Greenbaum

TRACEY BENSON PHOTOGRAPHY

**CHECK PRESENTATIONS**

TRACEY BENSON PHOTOGRAPHY



**THE NEW STUDIO FOR THE VISUAL ARTS' PAINT PINK EXHIBITION CHECK PRESENTATION BENEFITTING THE MARGARET W. NIEDLAND BREAST CENTER**

Ashley Haughton, Dr. John Rimmer, Sandi O'Malley, Peggy Kirkwood, Karli Tiedemann

**JUPITER MEDICAL CENTER DAY AT FRENCHMAN'S CREEK BENEFITTING THE PATIENT CARE TOWER**

Jeff Tauber, Lila Silver, Alan Gurock, Traci Simonsen, Rocco Panzitta, Dr. Amit Rastogi, Av Fanaroff, Mike Morgan, Alyssa Riegel

VISUAL ENTERPRISES

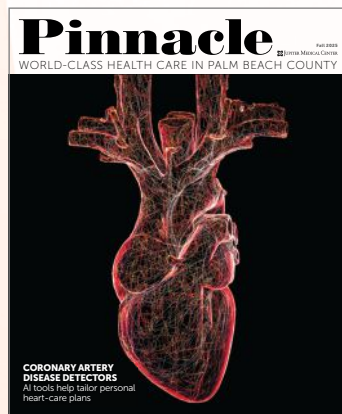
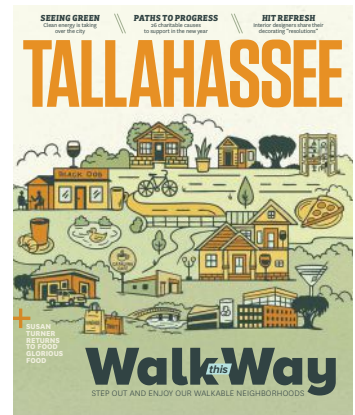
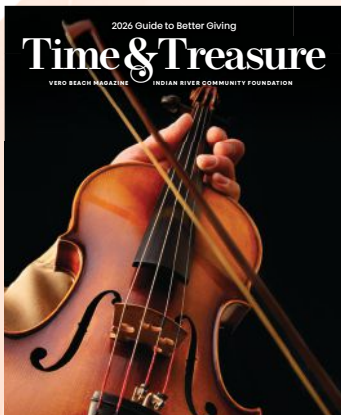


VISUAL ENTERPRISES



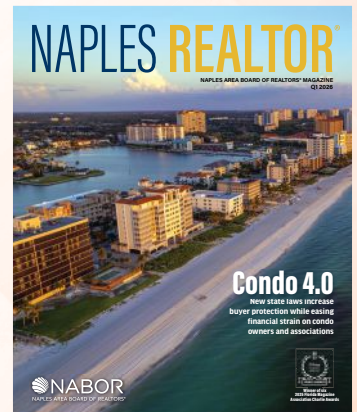
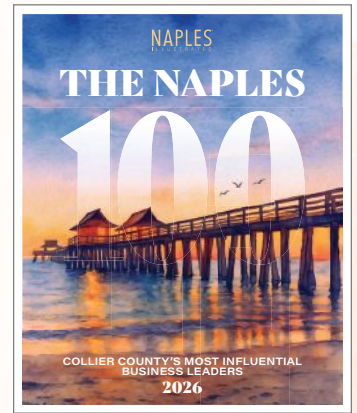
**THE LOXAHATCHEE CLUB'S 34TH ANNUAL FRIENDS OF JUPITER MEDICAL CENTER GOLF TOURNAMENT BENEFITTING THE BARB AND JOE CHARLES CENTER FOR UROLOGY**

Dan Myers, Matt Lucchesi, Dr. Amit Rastogi, Traci Simonsen, Dr. John P. Kowalczyk



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# GRATEFUL PATIENT

By Cathy Chestnut



ALLAN CARLISLE

MARY JORDAN

## *A Lifesaving Scan*

Retired nurse hopes her story inspires others to take screening seriously

Mary Jordan is thankful for diagnostic screening—she owes her life to it.

Jordan, 71, moved to Jupiter following her career in the medical field, which included working as an ICU nurse in New York City. A former smoker who quit in 2015, Jordan focuses on her health and works out five days a week. She felt fine, and her pulmonary function was normal.

In 2023, Jordan was getting established with her new primary care physician, who urged her to get a computerized tomography (CT) scan of her lungs because of her smoking history. The scan revealed a suspicious marker in the upper right lobe of her lung, leading to a whole-body positron emission tomography (PET) scan which can uncover minute cancer cells.

Jordan was referred to Jupiter Medical Center's Thoracic Surgery and Lung Center of Excellence for testing with Dr. Adam Lee, the center's medical director, and Dr. Kevin Green, a board-certified lung specialist. Aided by diagnostic software called Optellum, which incorporates artificial intelligence (AI), the scans identified a tiny tumor in her right lung. Jordan underwent surgery to remove that lung. While the doctors could have removed the affected section because the rest of the lung appeared to be healthy, "it wasn't worth leaving" due to the possibility that remaining, undetected, minute cancer cells could later metastasize.

"Had I not been offered this technology at Jupiter Medical Center, and if they hadn't

used the AI technology to detect cancer, I wouldn't be in the position I'm in today. Instead, I had a simple test—a PET scan," Jordan says with gratitude and relief. Following the right lung removal, she took about a month and a half to recover but did not require chemotherapy or radiation therapy. "It was pretty quick," she reports.

Jordan can list relatives, friends, and former critically ill patients she cared for who have faced the complications of, and died from, undetected health issues that can be diagnosed with early screenings, before they become symptomatic. "We have mammograms, PAP smears for cervical cancer, and prostate checks," she says. "I'm very proactive when it comes to my family. I support proactive, preventative health care."

She says people need to consider their past lifestyle or environmental exposures and to always listen to warning signs, such as unexplained aches and pains. "The most important thing is to say, 'I used to smoke' or 'I've got a little pain in my stomach, so maybe I need to go to the doctor,'" she says. "I hope people see my story and say, 'Wow, that could be me.'"◀



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