

WOMEN'S healthsource

WOMEN IN SURGERY:
Exceptional care, unique perspectives



See page 6
To meet these
fabulous
**FEMALE
SURGEONS!**

WINTER 2022 THE IMPORTANCE OF BUILDING CONNECTIONS
TAKE YOUR CARDIAC SYMPTOMS SERIOUSLY
GET THE CARE YOU NEED AT EVERY AGE



Main Line Health®

Benefits of acute inpatient rehabilitation



Christopher Lambert
Manager of Inpatient
Therapy at Bryn Mawr
Rehab Hospital

You likely know which doctor to see for a specific condition or where to go in an emergency. But do you know where you'd go for help recovering from a life-changing event such as a stroke, spinal cord injury or

brain injury? Christopher Lambert, manager of inpatient therapy at Bryn Mawr Rehab Hospital, part of Main Line Health, shares the benefits of an acute inpatient rehabilitation hospital for when you or your loved one needs rehabilitation services.

"Patients in specific diagnostic categories qualify for admission to an inpatient rehab hospital like Bryn Mawr Rehab Hospital.

This may include patients who have sustained an amputation or those with other neurological disorders like a spinal cord injury, brain injury or stroke as well as patients with multiple sclerosis, complex orthopaedic injuries, trauma and cancer," says Lambert. "However, some patients with less severe conditions may be able to choose between an inpatient rehab hospital and a skilled nursing facility, depending on their needs."

At Bryn Mawr Rehab Hospital, you will receive intensive therapy for a minimum of three hours per day, five days a week. This may include physical, occupational and/or speech therapy. Our therapy team may incorporate nontraditional therapies, based on our patients' clinical needs and personal interests, such as recreational therapy, art, music and horticultural therapy. These different therapies

help strengthen muscles and improve coordination, balance and endurance. They also are shown to improve memory, cognitive abilities, task initiation, language skills and socialization.

A multidisciplinary team of rehabilitation experts creates your customized treatment plan and assesses your progress weekly. Physician care is available seven days a week, 24 hours a day, and a rehabilitation physician will see you at least three times weekly. Our specialized nursing team includes registered nurses and certified rehabilitation registered nurses who have earned Magnet® designation, nursing's highest honor. "We also provide psychological services, available on-site, to help patients heal inside and out, recognizing that psychological issues can sometimes impact recovery," says Lambert.

Another advantage at Bryn Mawr Rehab Hospital is that you can practice daily activities before going home. "We take people out into the community to learn how to navigate physical and environmental barriers they might encounter in daily life, such as when shopping," says Lambert. "Our patients benefit from training in our realistic mini-apartment called the Independent Living Unit. We bring family members in to work on training to assist their loved one in anticipation of their return home," says Lambert.

MAKING THE RIGHT CHOICE

Deciding where to go for acute rehabilitation can feel overwhelming. Where you choose to rehab will have an impact on how you or a loved one will move forward following an injury or illness. We encourage you to visit before deciding. Come meet our staff, tour our state-of-the-art facility and beautiful grounds, and learn about the exceptional programs and amenities.



**LEARN MORE ABOUT
BRYN MAWR REHAB HOSPITAL**

Take a video tour at mainlinehealth.org/rehab or call 484.596.5454 to schedule an in-person tour.





How to build real connection



Michele Gallagher, MS, LPC, NCC
Psychotherapist at Mirmont Outpatient Center

In our hyper-connected world, when it seems like we can reach out to anyone and everyone with a text, tweet or post, many of us still feel emotionally isolated. “Forming authentic, supportive relationships requires introspection and courage,” says

Michele Gallagher, MS, LPC, NCC, a psychotherapist at Mirmont Outpatient Center, part of Main Line Health.

“We make our deepest, most honest connections when we share our hurts, vulnerabilities and failures,” she says. “But too often, showing our fundamental humanness is not valued and is even belittled, which is why our connections seem shallow and disingenuous.” Gallagher offers the following thoughts on building fulfilling relationships.

FACE YOUR FEARS

What stops people from sharing their most vulnerable selves? “Often, it’s fear—fear of being judged, misunderstood or a burden to others, as well as hopelessness that nothing will help,” Gallagher says. “We get past these fears by realizing that real connection will not occur until we decide to speak with others from the heart. And we also need to realize that connecting is very different from just trying to fit in.”

BE WISE ABOUT SOCIAL MEDIA

Gallagher notes that social media is often replacing real relationships rather than enhancing them. Many of her younger

patients compare their own lives to the social media profiles of peers whom they have never met in person and feel as though they don’t measure up to them. She notes that social media allows people to display a curated version of themselves—a performance, rather than a person.

“Social media is not a replacement for real, face-to-face connection, and relying on it can lead to self-esteem issues and depression,” she says. “We need to realize there is a whole world out there beyond our screens.”

CHERISH IN-PERSON TIME

Although the pandemic made it necessary to maintain friendships through texts, calls and posts, it also illuminated how vital it is to meet with each other “in real life.” Gallagher has witnessed the difference in her own practice. “When I see a patient in person, there’s an energy present that is often harder to get to in a virtual session—we get there, but sometimes it takes a bit longer and requires more effort,” she says. “Either way, trust needs to be established with the therapist so a patient is comfortable being vulnerable.

“Once you know and accept yourself, you’ll be able to extend that compassion to others,” Gallagher concludes. “That’s when true connection can begin.”

WE’D LOVE TO CONNECT WITH YOU

You don’t have to navigate the road to mental and emotional wellness alone. Call **1.888.CARE.898 (1.888.227.3898)** to schedule a confidential appointment and ask any questions.

NEWLY EXPANDED BEHAVIORAL HEALTH UNIT

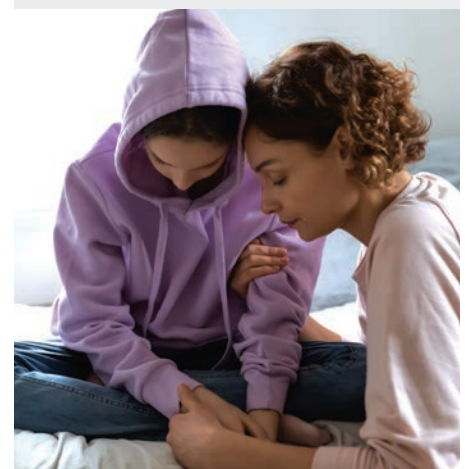
Opening in March 2022, our newly expanded Behavioral Health Inpatient Unit at Bryn Mawr Hospital, part of Main Line Health, will afford patients the time, attention and support needed for successful treatment.

“We’re doubling the number of beds in our unit,” says Michelle Mullany, senior vice president, behavioral health services at Main Line Health. “This will allow room for complementary wellness programs such as exercise, yoga, meditation and mindfulness, and other integrative therapies that are paramount to lasting transformation. There is no other psychiatric unit like this in the region.”

Spacious, modern rooms will have noise-cancelling floors and ceilings, ambient music, circadian lighting and 24-hour supervision.

As a comprehensive community health system with locations across Chester, Delaware, Montgomery and Philadelphia counties, we’re committed to serving our neighbors—offering the full continuum of care for psychiatric conditions, mood disorders, substance abuse, addiction or other behavioral health issues.

We are here to help. To learn more about the array of behavioral health services across Main Line Health, visit us at mainlinehealth.org/behavioral.



Saved by screening and specialized lung cancer care



Kareem Ibrahim, MD
Thoracic Surgeon

In 2020, Monique Seyler was due for a lung cancer screening—but with so much going on in the world, she decided to postpone it.

“Because of COVID, I didn’t want to take any extra chances,” she says. “I didn’t have any symptoms, so I thought I was fine.”

Although Monique, 65, was still on the fence about going to the hospital for a screening as the pandemic stretched on, she finally scheduled a CT scan at Bryn Mawr Hospital in January 2021. She was shocked to find that a small spot detected on her lung in 2018 had grown three times in size.

CONFIRMING CANCER

Doctors weren’t certain what the nodule on her lung was, but they knew there was a high chance it was cancerous, given Monique’s medical history.

She had been a smoker for 50 years, and her mother had lung cancer.

Monique went to Kareem Ibrahim, MD, a thoracic surgeon at Lakenau Medical Center who specializes in minimally invasive robotic surgeries. Dr. Ibrahim started by removing a small piece of the lung, including the 1.7-centimeter nodule, and doing a biopsy in the operating room. After confirming it was in fact cancerous, he removed the rest of the left upper lobe.

He then took out a few lymph nodes from Monique’s chest to make sure the cancer had not spread. Fortunately, all of her nodes were negative for cancer, so she didn’t require chemotherapy or radiation. The lung cancer was caught while it was still in stage 1, when it’s easiest to treat.

GETTING THE HELP OF ROBOTS

There are major benefits of robotic-assisted surgeries, according to Dr. Ibrahim. “For patients, there’s less pain, easier recovery, smaller incisions, shorter hospital stays, less blood loss and better results in general,” he says.

“For surgeons, it gives better accuracy and precision.”

Monique wasn’t familiar with robotic surgery before her diagnosis, but she’s glad to have had access to the treatment. “I feel blessed that the technology exists,” she says. “In the past, the alternative would have been to open up my whole chest, and it would’ve been a more invasive procedure. This technology is miraculous in what it can achieve—we’re lucky we have it right here.”

The technology is game-changing. Main Line Health utilizes a robotic-assisted platform that enables the surgeon to locate nodules, perform a biopsy and remove them all in one minimally invasive procedure.

SCREENINGS SAVE LIVES

Although it hasn’t been an easy year for Monique, recovery is going well. “I walk several miles a day, and that has helped,” she says. “My blood oxygen level is higher than some athletes at Villanova!”

She’s grateful she didn’t put her screening off another year—by that time, the cancer may have become much more aggressive.

“Screening is very important to find cancers before they become untreatable,” Dr. Ibrahim says. “Even during a pandemic, we shouldn’t skip screenings and routine health care—diseases don’t take a break during a pandemic.”



MORE THAN CANCER CARE. HUMAN CARE.

To schedule an appointment with a cancer specialist at Main Line Health, call **1.866.CALL.MLH (1.866.225.5654)**.

Or visit mainlinehealth.org/appointments to fill in our secure online appointment request form.



Calendar of events

WHO SHOULD BE SCREENED FOR LUNG CANCER?

Adults who meet the following criteria should have an annual CT scan:

- Smoke now or have quit within the last 15 years
- Are 50 to 80 years of age
- Have a 20 pack-year smoking history (for example, one pack a day for 20 years, two packs a day for 10 years or the equivalent)

If you think you meet the criteria for screening, start by talking with your primary care provider. Or, call our lung health navigators at **484.565.LUNG (484.565.5864)** to learn more.

With you through your cancer journey

Monthly virtual groups offering information, support and connections

BREAST CANCER SUPPORT GROUP

First Tuesday of the month:
5:30–7:00 pm

For information or to register, contact Deb Mantegna: **484.227.3141** or mantegrad@mlhs.org.

CAREGIVER SUPPORT GROUP

Second Wednesday of the month:
5:30–6:30 pm

For information or to register, contact Vicki Powers: **484.565.1253** or powersv@mlhs.org.

COPING WITH CANCER A TO Z

Second Monday of the month:
4:30–5:30 pm

For information or to register, contact Toby Stolberg: **484.227.3794** or stolbergt@mlhs.org.

COLORECTAL CANCER SUPPORT GROUP

Second Thursday of the month:
1:00–2:00 pm

For information or to register, contact Gabrielle Bidas: **484.476.8503** or bidasg@mlhs.org.

METASTATIC BREAST CANCER SUPPORT GROUP

First Tuesday of the month:
4:30–5:30 pm

For information or to register, contact Vicki Powers: **484.565.1253** or powersv@mlhs.org.

SMOKEFREE

Make this the year you keep your New Year's resolution to quit smoking. Our virtual SmokeFREE six-session program helps tobacco and e-cigarette users quit. Participants can enroll in group or individual counseling and may be eligible for free nicotine replacement therapy (NRT). Call **484.227.FREE (484.227.3733)** to register.

FREE WIG PROGRAM

For female cancer patients preparing to undergo or currently undergoing chemotherapy or radiation treatment. For information or to schedule a free wig fitting, call **484.337.5215**.

VIRTUAL STRETCH YOUR LIMITS

Strength training, balance training and stretching. A sturdy chair without arms is needed. Fee: \$5/class. Call **1.866.CALL.MLH (1.866.225.5654)** to register or **484.337.5206** for more details.

VIRTUAL SENIOR SUPPERS

Grab your meal and your drink and join us for an engaging evening of fun and informative presentations on various health topics geared to promote well-being as you age. You can connect with us by using your smartphone, computer, laptop or tablet. To register for one of our seminars, visit mainlinehealth.org/events.

THE DEAVER HEALTH EDUCATION CENTER AND THE WELLNESS FARM

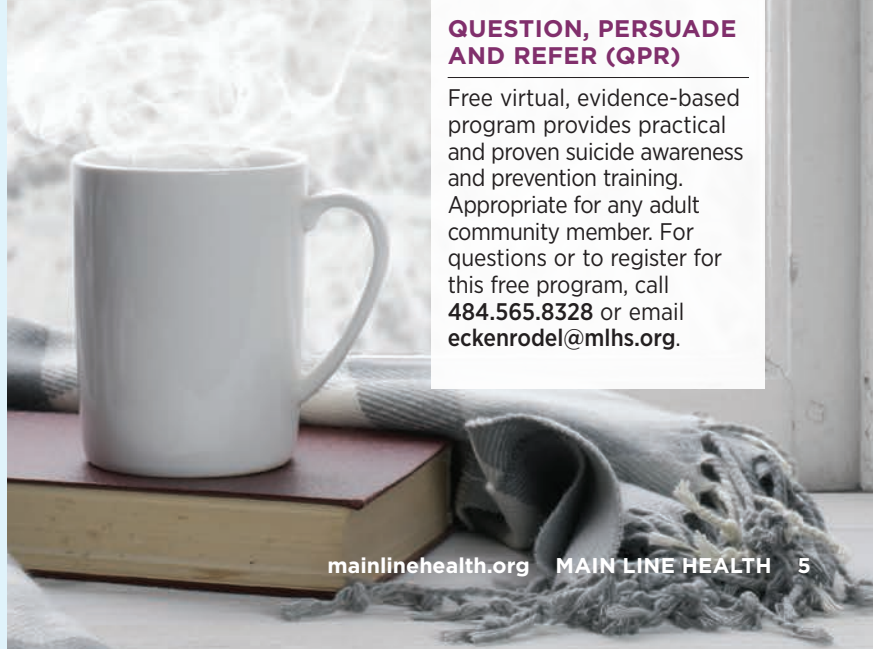
Offering virtual health education classes to schools and community or church organizations. Classes are offered for school-age or adult groups. To schedule, call **484.476.3434** or email lhhealthcenter@mlhs.org.

A MATTER OF BALANCE®

Free virtual, evidence-based program for adults ages 55+ explores concerns about falling, the value of exercise, fall prevention and assertiveness. The program is nine sessions. Participants must commit to at least six sessions. For questions or to register, call **484.337.5212** or email kanem@mlhs.org.

QUESTION, PERSUADE AND REFER (QPR)

Free virtual, evidence-based program provides practical and proven suicide awareness and prevention training. Appropriate for any adult community member. For questions or to register for this free program, call **484.565.8328** or email eckenrodel@mlhs.org.



Women in surgery: Exceptional care,

The surgical team at Main Line Health includes the expertise and experience of many female surgeons. These physicians all provide exceptional surgical skill to improve and save patient lives—but each has a unique path, passion and approach to care.

What does it mean to be a female surgeon in today's world?

Karen Chang, MD, General Surgeon

It's an exciting time to be in the surgical field. Compared to just 10 years ago, there is tremendous female representation in general surgery. I graduated from medical school with more women than men and had many female role models in leadership. As a surgeon, I enjoy making an immediate, positive change in patients' lives. And although I love connecting with patients, I also enjoy the technical side of surgery. There are so many new, state-of-the-art treatment options to treat disease. Since beginning my practice, I went back for fellowship training in robotic hernia repair because it is the future of treatment and provides greater benefits to my patients.

How does being a woman help you relate to your patients?

Samantha Witte, MD, Bariatric Surgeon

As one of only a few female bariatric surgeons in the Philadelphia area, the far majority of my patients are women. I believe women seek me out because they are looking for understanding as well as weight-loss surgery. Weight issues still carry a social stigma. Many of my patients are told they are lazy or a failure when it simply isn't true. As a woman and a mother, I understand their motivation to live a healthy life. Balancing the needs of my own young family with a medical practice is challenging. But it's absolutely worth it. With surgical intervention, I am able to help my patients cure their diabetes, boost self-esteem and enjoy greater health.

How has being a mother influenced you as a surgeon?

Lina Sizer, DO, Breast Surgeon

Surgical treatment of breast cancer is emotional as well as physical. It involves far more than just removing disease. Breast surgery affects body image, kids, families, relationships, fertility and so much more. While patients may find me relatable by being a female, being a mother has enabled me to truly connect

with patients in a whole new way. I am now able to approach breast cancer care in the context of family issues because I understand their importance. As a woman, it's easy for me to open the conversation about difficult issues like sexual side effects or the importance of considering harvesting eggs before treatment.

What are the challenges of being pregnant and working as a surgeon?

Thana Theofanis, MD, Neurosurgeon

Being a woman in neurosurgery is a unique opportunity. My pregnancy has magnified the difference in challenges that male and female surgeons face. Having a family has always been important to me, and I have worked hard to integrate it with the work I love. My pregnancy has forced me to take better care of myself. Yet as a busy new attending, I am excelling and building a busy practice that includes vascular, tumor and general neurosurgery patients. I use my position to engage with students and trainees and attract the best and brightest women into the field of neurosurgery. I think it's important for them to know it is possible to fulfill both personal and professional goals regardless of what specialty you choose.

What is it like being a female orthopaedic surgeon?

Blair Ashley, MD, Orthopaedic Surgeon

As a specialist in joint replacement, I am currently the only female fellowship-trained joint replacement surgeon in Philadelphia. Only about 3 percent of joint surgeons are women. I'm not deterred by gender stereotypes but they do exist in orthopaedic surgery. As strange as it sounds, I use power tools like saws, drills and mallets in my everyday work. And despite what some people believe, a physician doesn't have to be a big person to be an excellent orthopaedic surgeon. Thankfully, more and more female medical students are now moving into the specialty. My job enables me to help patients optimize their health and to get back to the things that give their life meaning, and I can't think of anything more rewarding.

unique perspectives



Meet our fabulous female surgeons, pictured from left to right: Katherine Rose, MD, Plastic and Reconstructive Surgeon; Blair Ashley, MD, Orthopaedic Surgeon; Thana Theofanis, MD, Neurosurgeon; Lina Sizer, DO, Breast Surgeon; Samantha Witte, MD, Bariatric Surgeon; Jennifer Denne, MD, Chief of Surgery; Karen Chang, MD, General Surgeon

As director of the Comprehensive Gender Care Program, does your gender impact your work?

Katherine Rose, MD, Plastic and Reconstructive Surgeon

While I perform all types of plastic and reconstructive surgery for many different people, my specialty niche is gender-affirming surgery—helping people’s external anatomy align with their internal sense of self. This can be lifesaving surgery to people with gender dysphoria, whose sex assigned at birth does not match their gender identity. While I do identify as a female and am proud to be a female surgeon, what is important is having an openness and passion to care for this underserved population. Through the Main Line Health Comprehensive Gender Care Program, people experiencing gender dysphoria are able to access greatly needed services in gender-affirming care, ranging from primary care, mental health and hormone therapy to surgical procedures, social work services and more. Being able to access competent, comprehensive care makes a profound difference in patients’ lives.

What is it like to be the chief of surgery at Bryn Mawr Hospital?

Jennifer Denne, MD, Chief of Surgery Bryn Mawr Hospital

When I was named chief of surgery, so many people reached out to offer their congratulations. And it’s been nice that so many of the people who congratulated me were other women. I think the announcement made an impression on younger females working in health care because the position is not typically associated with women in our society today. There are still some inherent biases in the surgical field. For example, when conducting rounds with male medical students, I’m often mistaken for the nurse. But there is definitely progress. Women make exceptional surgeons and as chief of surgery as well as a wife and mother of three children, I’m proud to help pave the way for other female surgeons.

GET GREAT CARE FROM OUR GREAT SURGEONS

To schedule a consultation with one of the surgeons listed here, or another member of our expert team, call **1.866.CALL.MLH (1.866.225.5654)**.



Always take your cardiac symptoms seriously



Erin O'Malley Tysko, MD
Cardiologist

Throughout her 31-year nursing career, including 24 years as a cardiac nurse at Main Line Health, Penny Bivens, RN, has advocated for her patients. But nine years ago, she downplayed her own troubling symptoms.

Penny was 43 at the time, with no family history of heart disease and a healthy lifestyle. She was vigilant about taking her medications to manage high blood pressure and thyroid issues. But in the winter of 2012, she found herself feeling tired all the time. "I started needing a cup of coffee after my second shift, and I had some minor jaw pain and shortness of breath," she recalls.

GETTING CHECKED

Even though she doubted anything was seriously wrong, she decided to get checked out and got a clean bill of health from her primary care doctor. Erin O'Malley Tysko, MD, her cardiologist at Lankenau Heart Institute, part of Main Line Health, performed an EKG and stress test and found no abnormalities.

But Penny's symptoms kept returning. "Exercise would give me feelings of indigestion," she says. She even went to her local emergency department twice, once with palpitations and once with chest pain. Doctors attributed her symptoms to stress or a muscular issue.

A STRONGER WARNING

In April 2012, Penny was carrying laundry when she was hit with chest pain that she describes as "crushing."

"By this point, I was downplaying everything," she says. "I didn't want to go to the emergency department again. Instead, I called Dr. O'Malley Tysko's office and asked if she could see me the next day."

This time, Dr. O'Malley Tysko suspected something was seriously wrong. "There was nothing unusual on her examination or her EKG, but the symptoms Penny described were very concerning," she says.

"I felt she needed to have a diagnostic heart catheterization urgently."

Dr. O'Malley Tysko adds that women who are actively having symptoms should not delay seeking care, even overnight. "If something doesn't feel right, you should go to the emergency department.

"It's also important for doctors to really listen to what patients are saying," Dr. O'Malley Tysko says, noting that women, in particular, often hesitate to get care while their symptoms are occurring. "They say they would be embarrassed to be told it's nothing, but if you wait until symptoms subside, it can make getting a diagnosis more difficult. A delay can also have serious consequences, including having a heart attack or stroke."

A SUSPICION CONFIRMED, AND A PROMPT SOLUTION

The catheterization, performed the next day at Lankenau Medical Center by interventional cardiologist Timothy Shapiro, MD, revealed a 90 percent blockage in Penny's left anterior descending (LAD) artery. A significant blockage in this artery is often called a "widow-maker," since it carries the risk

of a massive heart attack. Dr. Shapiro accessed the LAD through the radial artery in Penny's wrist and implanted a stent to restore blood flow.

"I could feel the difference right away," Penny says. After two weeks of recovery, her energy level went back up, and her chest pain was gone.

Today, Penny, now 53 and nurse manager of the Cardiothoracic Step-Down Unit at Lankenau, is an even stronger champion for her patients. "If you don't feel like yourself, find a doctor you trust who takes the time to listen and understand, and don't stop until you get the care you need," she says. And, if you are having concerning symptoms, don't delay care. Go to the emergency department right away.

LOOKING FOR A HEART SPECIALIST?

At Lankenau Heart Institute our cardiac specialists hear more than your heart. Find expert care close to home. To schedule an appointment, visit mainlinehealth.org/heart.

Women's Heart Initiative

Women's Heart Initiative is a comprehensive program dedicated to education and awareness about women's heart care. The goal is to empower women to recognize the warning signs of heart disease and encourage them to have discussions with their physicians.

Use the following checklist as a guide to help you make informed decisions and advocate for your own health:

- When visiting your physician, prepare questions ahead of time and don't be afraid to ask them
- Know your medical history and organize your information all in one place
- Don't hesitate to get a second opinion
- If your symptoms are being dismissed, it may be time to move on to a new physician

To learn more about the resources available through Women's Heart Initiative visit mainlinehealth.org/whi.

Main Line Health happenings



Virtual urgent care: Now available

Now more than ever, your health is a priority. Seek the care you need now through Main Line Health virtual urgent care. Skip the waiting room. Receive a timely consultation, diagnosis or treatment plan from our providers from the convenience of your computer or smartphone and from the comfort of your home via a video visit. For more information, visit mainlinehealth.org/urgentcare.

FEBRUARY IS AMERICAN HEART MONTH!



For more than a decade, Main Line Health has served as the American Heart Association's Philadelphia Goes Red for Women sponsor. Join us on Friday, February 4, and support National Wear Red Day!

Learn how you can become better educated about your heart health and help put a stop to heart disease. To check out what's happening virtually in February, visit mainlinehealth.org/heartmonth.

MAIN LINE HEALTH BROOMALL: PHASE 2 COMING SOON

Designed with our community in mind, Main Line Health Broomall combines exceptional primary care, specialty care, urgent care, lab and imaging right in your neighborhood. Phase 2 opens this spring with expanded services, including cardiology. Learn more at mainlinehealth.org/broomall.



Be a part of the new Riddle Hospital Pavilion

Riddle Hospital has embarked on a campus modernization to match our superior reputation for compassionate care. Here's your chance to be a small part of a big initiative. To celebrate Riddle Hospital's dedication to providing high-quality care to each and every patient, help us create a giant mosaic mural by submitting your own artwork. For more information on how to be part of history, visit projectsnap.org/riddlehospital.



Allison Oler, MD
Primary Care Physician

Well-woman visits: Get the right care at every age

As we age, our bodies change and so do our health care needs. “The care you receive during your annual well-woman visit should also evolve,” shares Allison Oler, MD, primary care physician in Wynnewood and King of Prussia. Below are guidelines based on recommendations from the American College of Physicians for women at average risk. For the best schedule for you based on your overall health, age and risk factors, talk with your primary care physician.

| Screening/Exam | Ages 20 to 39 | Ages 40 to 65 (and up) |
|---|---|---|
| General exam | Schedule every 1–3 years Discuss family planning at your visit. If your family is complete, ask about permanent birth control methods. | Schedule yearly Your 40s and 50s is when you’ll reach perimenopause followed by menopause. At menopause, you stop having your period and can no longer get pregnant. |
| Blood pressure | Have it checked every 2 years. If you have elevated or high blood pressure, have it checked annually or as recommended. | |
| Breast cancer screening (mammogram) | Generally not needed for women of average risk | Women ages 50 to 74 at average risk should have a mammogram every 2 years. Those at higher risk may begin sooner. |
| Cervical cancer screening (Pap test) | Women ages 21 to 29 should get a Pap test every 3 years. From ages 30 to 65, continue this schedule, or reduce the frequency to every 5 years with an HPV test. At age 65, you may no longer need to be screened for cervical cancer if you’ve had normal results on recent Pap tests and no concerning history. “If you are under age 26 and haven’t yet gotten the human papillomavirus (HPV) vaccine, now is the time to get this protection against a sexually transmitted infection that may lead to cervical or other cancers,” says Dr. Oler. | |
| Fasting lipid profile | Schedule every 4–6 years starting at age 20 | |
| Fasting blood sugar | Schedule as recommended | Schedule every 3 years starting at age 45 or as recommended by your provider |
| Colon cancer screening | Generally not needed for women of average risk | Schedule starting at age 50 or as recommended by your provider |
| Bone density scan | Generally not needed for women of average risk | Schedule starting at age 65 or as recommended by your provider. “Menopause can lead to low bone density, so it becomes important to talk with your provider about how to avoid fractures along with managing symptoms related to hormonal changes,” says Dr. Oler. |



THE RIGHT CARE AT THE RIGHT TIME

It all starts with finding the right provider for you! Visit myprimary.org to search for a provider based on criteria you select—such as a focus on women’s health. Or call **1.866.CALL.MLH (1.866.225.5654)**.

Lankenau Institute for Medical Research: Leading the way among women in science



Susan Gilmour, PhD
Professor, Deputy
Director



Laura Mandik-Nayak, PhD
Associate Professor

From its earliest days, Lankenau Institute for Medical Research (LIMR) has benefited from the research breakthroughs of its female scientists. As just one example, in the 1960s embryologist Beatrice Mintz developed the first mammal composed of genetically different cell populations, a stunning achievement that led to the creation of the first transgenic species now used globally in research and agriculture.

LIMR continues to lead in its career-advancing opportunities for women. Of the institute's 81 researchers, 42 are women. "LIMR's gender diversity is important because extensive research has shown that diverse groups consistently outperform homogenous teams," says George Prendergast, PhD, president and CEO of LIMR. "In any field, but most especially STEM fields (science, technology, engineering and math), individuals from varied backgrounds often have personal experiences that can assist their conception of new and potentially groundbreaking solutions. That's why diversity in the ever-evolving culture of research has always been key to intellectual advancement."

LIMR autoimmune disease expert Laura Mandik-Nayak, PhD (left), and colleague Lauren Merlo, PhD, in the lab.



So, what do women bring to a research organization? "Women generally approach problems differently than men," says Susan Gilmour, PhD, LIMR professor and deputy director, and world-renowned cancer researcher. "We offer a unique perspective."

Laura Mandik-Nayak, PhD, LIMR associate professor and expert on autoimmune disorders, concurs. "When I was a grad student, I would have said gender shouldn't matter. But now I recognize that women tend to interact differently than men. You see it in meetings, in how they approach questions. You need both approaches to have a healthy organization."

Having people who believe in you and good role models are important to developing self-confidence and succeeding in scientific fields.

"I was influenced by many people," Dr. Gilmour says. "During my postdoctoral training at the Wistar Institute, my advisor introduced me to the research field of polyamines, and I could see how broad its applications could be. That introduced me to a worldwide community with whom I've been interacting my whole career. It spans not just cancer research but every aspect of biomedical research."

Coming from families that value education and encourage exploration can jump-start a passion for science, with further encouragement coming from mentors.

"My father always encouraged me to be a scientist, and my mother taught me how to write, which is an important skill to have in any scientific field. You must communicate what you discover," says Dr. Gilmour. "I like the renaissance approach to life. My advisor at the Wistar Institute taught me to look at things differently, to veer off the mainstream, find some new angle. That's the fun part of research."

And what advice would LIMR scientists have for young women considering a STEM career?

"My thesis advisor, who was successful and smart, also was married and had a baby. Her advice to me was not to get discouraged. She showed me there are many ways to be a good scientist and that one could achieve a work-life balance," says Dr. Mandik-Nayak. "And don't be afraid to be smart and use your talents!"

"Challenge yourself," says Dr. Gilmour. "To me, it's important to feel as if I'm making a difference in the world."

CURIOUS ABOUT OUR RESEARCH?

To learn more about our female scientists and the research happening at Main Line Health, visit mainlinehealth.org/limr.





Becky Stewart
System Director, Marketing

Shaun Moran
System Manager, Women's Health Services Marketing

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Flu shot or COVID-19 booster shot? You can safely get both!



Jennifer Flom, DO
Primary Care
Physician

If you recently became eligible for your COVID-19 booster shot, but still need to schedule your flu vaccine, you may be wondering which is more important to get first.

The good news is: You don't have to decide.

You can and should get both as soon as you are able!

2 REASONS TO ROLL UP YOUR SLEEVES

The fact is, you can be sick with both the flu and COVID-19 at the same time. While the health effects of that are not fully known, it is certainly something you want to avoid.

You may remember that last year's flu season was more mild than usual, and you may be hoping that's true this year, too. However, during the last flu season there were more people wearing masks, social distancing and staying home due to COVID-19 restrictions. "This year, people are out more, and rules have been loosened," explains Jennifer Flom, DO, primary care physician in Narberth. "That may mean the flu will again have more opportunities to spread."

At the same time, the risk of getting COVID-19 is also higher due in part to the highly contagious Delta variant. COVID-19 vaccines are very effective even against this variant, but breakthrough infections have occurred, which brings us back to the value of those shots.

THE POWER OF VACCINATIONS

Getting your yearly flu shot has long been recommended as one of the best ways to lower your risk for flu-related illness and potentially serious complications. Likewise, if you are in one of the groups eligible for a COVID-19 booster shot, getting it may help give you even greater protection against severe COVID-19 illness and death. In other words, both may play a very important role in your health and well-being this year.

TIMING YOUR SHOTS

If you have not gotten your flu shot yet, the time is now. Even though flu season is already underway, the typical flu season lasts until May. Getting vaccinated now means you'll be more protected for months to come.

If you are also eligible for a COVID-19 booster shot, you can get it at the same time you get your flu shot. There's no need to space them out. Just don't delay your flu shot if a COVID-19 booster isn't recommended for you at this time.



PROTECT YOURSELF

To learn more about your eligibility for a COVID-19 booster shot or schedule an appointment with your Main Line Health provider to get your flu shot, call **1.866.CALL.MLH (1.866.225.5654)**.