

HEALTH FAQ

Getting a COVID booster before a cruise is prudent for couple

DEAR DR. ROACH: My husband and I will be traveling to the United Kingdom in July and will be on a ship with about 700 passengers. We are wondering whether it would be smart (or unnecessary) to get a COVID booster before the trip. We

are both in our late 60s and have had all the available COVID shots. (The last one we received was on Oct. 10, 2024.)

I have mild asthma, and we both have BMIs of about 30 with no other health issues. There is so much information and misinformation on these vaccinations, so I would appreciate your educated opinion.

— O.W.I.

ANSWER: In my opinion, it would be very smart to get a COVID shot before you go, ideally at least two weeks ahead but no more than three months ahead. The vaccine takes about two weeks to work and gives its best protection for about three months.



Dr. Keith Roach
Contributing columnist

At the time of this writing, a new strain (NB.1.8.1) is rapidly spreading in other countries and in North America. It

would be very prudent for you both to get the vaccine, especially given your risk factors of being over 65, being a little overweight, and (in your case) having mild asthma. You may very well be exposed on a cruise ship, which is where some of the earliest COVID cases came from.

In the United States, the Food and Drug Administration has recently set new requirements on who can get the vaccine, and they have done so without the input of experts — the basic scientists, clinicians and epidemiologists who should all be giving input on vaccine policies. In short, administrators have

removed your doctor's ability to decide whether you are appropriate for the vaccine.

Since you are over 65, you and your husband should still be able to get the vaccine unless the FDA further restricts the ability to get vaccines. For others in similar situations, I recommend getting the vaccine while you still have this choice.

DR. ROACH WRITES: Quite a few readers asked me about a recent high-profile case of advanced prostate cancer — President Joe Biden — and how this could have happened.

I first answer with humility. I don't know what the screening was like for President Biden. Although I have read reports that he was not being screened, I am not confident that I know enough to have an opinion on the appropriateness of the screening strategy used in his case.

Second, I answer from my knowledge on the biology of prostate cancer, which is that not all prostate cancers can be caught through screening. A PSA level can be low even with advanced cancer. Also, some prostate cancers can grow very quickly in between screenings. Both of these would be uncommon, however.

Screening does reduce the risk of death from prostate cancer but does not eliminate it. Prostate cancer death rates

have decreased by about half in the U.S., partly from screening and partly due to improvements in medical, radiological and surgical treatment.

Third and most importantly, I answer with compassion. Looking backward is not helpful to the person who is facing a difficult diagnosis. I wish the best for President Biden and his family, and I am confident that he will get the best care available.

Dr. Roach regrets that he is unable to answer individual questions, but will incorporate them in the column whenever possible. Readers may email questions to ToYourGoodHealth@med.cornell.edu.



Rust Tower at UNC Health Southeastern in Lumberton.

UNC Health Southeastern

New technology and approaches to heart care prompt service changes at UNC Health Southeastern

Amanda Crabtree
For The Robesonian

LUMBERTON — With an average of only three open-heart cases being performed in Lumberton each month, UNC Health Southeastern will discontinue local open-heart surgery, specifically coronary artery bypass grafting, known as CABG, by the end of 2025. The local health system will continue to perform all other heart-related procedures using the Cardiac Catheterization Lab and Cardiovascular Operating Room (CVOR), including emergency and planned stent placement and coronary angioplasties, which are commonly used as interventions to treat clogged blood vessels when patients arrive in an emergency department with symptoms of a heart attack.

Anyone who may be experiencing symptoms of a heart attack should call 911 or go directly to the nearest emergency department, including UNC Health Southeastern, where all types of interventions appropriate for heart attack symptoms are still available, including cardiac catheterization, emergency management or medication management.

“When we looked at the numbers, it was evident that this is not a service we can sustain, especially with the ever-changing healthcare landscape and policy impacts,” said UNC Health Southeastern President and CEO Chris Ellington. “Advances in technology and medical interventions

for heart disease have also contributed to the lower numbers of patients requiring open-heart surgery, which involves opening the chest wall and using a heart and lung machine to keep the heart pumping throughout the surgery.”

Along with cardiac catheterization and vascular services, UNC Health Southeastern will continue to invest in heart care and maintain the most clinically complex rural program in the region. The clinical offerings provided by UNC Health Southeastern include UNC Health Southeastern Cardiology and Cardiovascular Care, located on the campus of Biggs Park Mall, with satellite clinics in Pembroke and Gray's Creek, as well as services offered at the medical center, including our cardiac catheterization lab, interventional cardiology, and electrophysiology.

UNC Health Southeastern has offered all current physicians as well as advanced practice providers the opportunity to continue their affiliation with the local clinic, UNC Health Southeastern Cardiology and Cardiovascular Care, and they will perform procedures and surgeries at the hospital utilizing the Cath Lab, CVOR and Cardiovascular Intensive Care Unit. Robeson County native Cardiologist Chris Walters, MD, is among those who have committed to continuing their affiliation with the local clinic.

Ellington said this decision was not related to quality of care, staff, or clinician competency. “While the volumes needed to properly sustain such a program have not manifested over time, outcomes from the program were better than national averages and the team recently received quality awards,” he added.

In addition to a new cardiology fellowship program that launched in early July, UNC Health Southeastern has recruited several new physicians this summer, including Cardiologist John Brooks, MD, and Interventional Cardiologists Ishtiaque Mohiuddin, MD and Muhammad Junaid Ahsan, MD. In 2025, UNC Health Southeastern earned the American College of Cardiology (ACC) NCDR Chest Pain — MI Registry Platinum Performance Achievement Award. This award recognizes consistent, guideline-driven care and outstanding clinical outcomes for patients with acute myocardial infarction.

The hospital's cardiac team also made significant strides in reducing contrast-induced acute kidney injury (AKI), especially among high-risk populations. By adopting low-contrast protocols during interventional procedures, clinicians improved patient safety and reduced post-procedure complications. These efforts reflect a deep commitment to continuous quality improvement and evidence-based practice,

which will continue as the program evolves.

The program also boasted a low cardiovascular mortality rate, consistently outperforming national benchmarks, and maintains 4-star ratings in the ACC's Cath PCI Registry. Through multidisciplinary collaboration, UNC Health Southeastern ensured timely interventions, patient-centered care, and efficient transitions from inpatient to outpatient settings.

UNC Health Southeastern was also listed as a critical access point for cardiovascular services in the region and was recognized in the 2024–2025 U.S. News & World Report as one of the Best Regional Hospitals for Equitable Access and High Performing in Heart Attack and Heart Failure, along with five other adult conditions.

“The long history of caring for the region with clinical excellence will continue to be offered through our local health system,” Ellington said. “These transitions mark a new chapter for UNC Health Southeastern, one defined by increased local ownership, strengthened partnerships, and a clear focus on building sustainable, high-quality care for our community. We will remain focused on ensuring uninterrupted care, strengthening internal capabilities, and advancing long-term service excellence in collaboration with UNC Health.”

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