MedStar Health | MEDSTAR GEORGETOWN UNIVERSITY HOSPITAL

Winter 2021

MedStar GeorgetownMD

Alexandra Salvador went in for a Whipple procedure at MedStar Georgetown to remove a cancerous tumor from her pancreas. She says, "I feel like I came out of it relatively unscathed because all I have to show for it is this scar on my stomach, so I feel very lucky."
Photo by Silver Ridge Productions

Diagnosed with pancreatic cancer—saved by a second opinion.

By Susan Walker

Alexandra Salvador was busy with her career as treasurer and controller for a Washington, D.C., real estate investment trust last spring when she started feeling nauseous all the time. "I didn't really worry about it," she says. "I had gone to the ER at a local hospital twice because of this and had blood tests and an ultrasound, but they didn't find anything wrong. However, when the nausea lasted for a month, I made an appointment with my primary care doctor just to make sure there really was nothing wrong."

Unfortunately, there was something wrong. Additional blood tests and an endoscopy found a large tumor in her pancreas. "I was referred to a surgeon, who told me I could have as little as six months to live and that I should get my affairs in order," Alexandra recalls. "My diagnosis was essentially a death sentence. I shared my diagnosis with my parents and a coworker who had a friend go through something similar."

Her first instinct was to get surgery to remove the tumor as soon as possible, but her coworker strongly advised her to get a second opinion at the Georgetown Lombardi Comprehensive Cancer Center. "I was worried that a second opinion would waste time, and I didn't want to waste a single day because I had a finite amount of time, with the cancer diagnosis," Alexandra explains.

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Revolutionary treatment stops aggressive blood cancer in its tracks.

MedStar Georgetown is the only CAR T-cell therapy approved site for adults in the Washington, D.C., area.

By Leslie A. Whitlinger

Any type of cancer can be tricky to detect and treat. But blood malignancies are among the most devious—especially diffuse large B-cell lymphomas (DLBCL), the most common non-Hodgkin lymphomas among adults—and they can be the most serious.

Complicating an accurate diagnosis and treatment, DLBCL

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Ed, with his dog, Dandy, is currently cancer free after completing seven treatments over seven years—including the most recent CAR T-cell therapy.
Photo courtesy of Ed Gershkovich

INSIDE

Remarkable recovery after high-risk spinal tumor removal.

By Reina Sekiguchi

Lynne Jacobs, 59, a former nurse practitioner of 23 years, has dedicated her life to caring for the health of others. When persistent mid-back pain that had long been dismissed as arthritis began spreading to her right side, she knew she needed to take action for her own health.

An MRI of her spine revealed an ependymoma, a rare spinal cord tumor that appears in approximately 1,000 diagnoses in the U.S. each year. Lynne's tumor was expansive, spanning five vertebral levels of the thoracic (middle) spine.

As a medical professional, Lynne had done her research. She knew that surgery, and high-risk surgery at that, was the only treatment option. The surgeon from her first consultation had clear advice for her treatment: "The best guy is the guy who teaches all of us—go see him."

That "guy" was Jean-Marc Voyadzis, MD, associate professor in the Department of Neurosurgery and co-director of the Center for Minimally Invasive Spine Surgery at MedStar Georgetown University Hospital.

"We knew right from the start that this was all going to happen at MedStar Georgetown," Lynne says. "Dr. Voyadzis did a great job putting me at ease, and he was incredibly honest. This tumor was going to cripple me if I didn't do something, and yet, the surgery to remove it could also cripple me."

"The staff at MedStar Georgetown went over and above to make me feel comfortable."

—Lynne Jacobs

"She would have progressed to becoming wheelchair-bound," says Dr. Voyadzis. "As this type of tumor grows, it disrupts all the tracts of the spinal cord and causes bowel and bladder dysfunction, loss of feeling, and ultimately causes paralysis."

Dr. Voyadzis and his team were prepared for the complexity of the operation.

"We have a dedicated team at MedStar Georgetown to address these complex tumors," Dr. Voyadzis explains. "We're coordinating the care from neurosurgeons, neurologists, neuroradiologists, neuropathologists, and medical and radiation oncologists. We assess these tumors before the surgery in great detail. We also have the most advanced and most sophisticated neuromonitoring technology during the surgery." The team monitors multiple structures of the spinal cord during surgery, in real time, to avoid causing undue harm while removing the tumor.

Lynne Jacobs, pictured with her husband, Greg, feels lucky to be able to get back to her life following complex spine surgery to remove a rare spinal cord tumor. Photo by Bret Littlehales

During an eight-hour laminectomy procedure, a portion of vertebra covering the spine was removed, and Dr. Voyadzis carefully exposed the spine over five different segments, dissecting the tumor away from the healthy portions of the spinal cord.

A follow-up MRI revealed a complete removal of the complicated tumor.

Lynne had prepared herself for the worst, severe impairment and rehabilitation post-surgery, but within 72 hours, she was able to take a few steps with a walker. With a walker, she returned home six days later and continued to build her strength through outpatient rehabilitation. A follow-up MRI revealed a complete removal of the complicated tumor by Dr. Voyadzis and his team. "I was very, very lucky," Lynne says.

Eight months later, Lynne is able to walk several blocks comfortably with the aid of a cane, and she can also ride a recumbent bike. A 21-year member of the Navy Reserve, as well as an avid swimmer and gardener, Lynne's physical fitness pre-surgery has been an asset to her recovery.

Though she experiences back pain and some numbness, tingling, muscle weakness, and pain in her left leg, pelvic area, and right foot, she continues to pursue her life fully. Taking things at a slower pace and with some assistance for long distances, she has even been able to travel, including a trip to Orlando with her husband, Greg. Her recovery has been remarkable, exceeding all expectations of this high-risk intervention.

To learn more about spinal tumors and treatment options, visit **MedStarGeorgetown.org/SpinalTumor** or call **301-856-2323** to make an appointment with a spine specialist.

Be heart smart this winter: five tips to protect your heart.

By Kerri Layman, MD, Chief of Service, Emergency Department, MedStar Georgetown University Hospital

Winter brings those falling temperatures and messy snowstorms. But for many people, winter can also mean an increased risk of serious cardiovascular events such as heart attacks.

Studies show that heart attacks are more common during winter months; this is most likely attributable to a combination of cold weather—which constricts the body's blood vessels—and an increase in physical exertion needed for winter tasks such as shoveling. The good news is, being prepared for the cold weather and its physical demands can help reduce your risk of a heart attack or other serious health events. To help protect your heart this winter, consider these tips:

Tip #1: Dress in layers to stay warm

The best advice is to dress in layers that you can remove as you get warmer. While it's crucial to stay warm, it's also important while protecting your heart to not get overheated. Too much warm clothing may cause your blood vessels to dilate, which can lower blood pressure and possibly lead to a cardiovascular event.

When you are cold, your heart has to work harder to keep you warm because low temperatures can cause blood vessels throughout the body to tighten, which restricts blood flow not only to the heart, but to other vital organs as well. So, your heart pumps blood properly when it is at an ideal temperature.

Along with a coat and gloves, a hat is essential for keeping your body warm, since you lose a lot of heat through the top of your head. Also, be sure to protect your face to lessen the impact of cold air on your lungs. A scarf over your mouth can help keep the air you breathe in warmer.

Be heart smart this winter by dressing in layers outside, keeping up with healthy habits, not overexerting yourself, and taking preventive measures against the flu.

Tip #2: Stay on track with healthy habits

Kerri Layman, MD

Don't delay your regular doctor visits or filling prescriptions. During the winter months, keep an ample supply (multiple weeks) of medication. For routine care, see if your healthcare provider offers virtual visits.

The colder weather can often leave people stuck indoors, preventing them from seeking medical attention with their primary physician or specialist or even from getting to their pharmacy to fill needed prescriptions.

Winter weather can also keep you from a regular exercise routine, so avoid consuming more calories from nutrient-empty foods and alcohol.

Tip #3: Don't overexert yourself

Protect your heart by modifying your physical activities and exercise routines for the winter. If your daily walk is usually in the morning, consider waiting until the afternoon when it's sunnier and slightly warmer, or try home fitness routines such as yoga. You can find a wide range of free fitness tutorials online.

Being prepared for the cold weather and its physical demands can help reduce your risk of a heart attack.

Tip #4: Be a flu fighter

The preventive measures of protecting yourself from COVID-19 are very similar to those for fighting off the flu. Getting the flu can be very hard on your heart, so taking steps including washing your hands often with soap and warm water for at least 20 seconds, staying hydrated, wearing a mask, and getting a flu shot are all beneficial.

For people who already have cardiovascular conditions, flu, pneumonia, and other chest infections pose serious risks.

If you do catch the flu this winter, be sure to drink plenty of fluids, as influenza can cause dehydration, which can reduce your blood pressure and contribute to a cardiovascular event.

Tip #5: Know where to find help

If you feel symptoms of a heart condition or heart attack, such as shortness of breath or chest discomfort, especially with activity, call 9-1-1, or seek medical attention immediately.

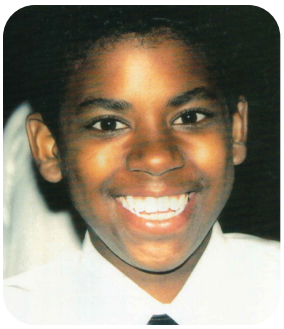
Visit **MedStarHealth.org/Cardio** for more information on how you can reduce your risk of having a heart attack.

The Brandon Carrington Lee Foundation pays it forward for pediatric palliative care.

By Carrie Bishop

You will not go through this alone.

It was a promise Jefferi and Tina Lee made to their son Brandon when he was diagnosed with the rare bone cancer, osteosarcoma.



Brandon Lee
Photo courtesy of the Lee family

It was 2001. Brandon was 12 years old and going full speed ahead. He was an honors student. A natural athlete. A budding musician. A boy with unwavering faith. And then, suddenly, a cancer patient.

Finding their footing

"When you first hear the words 'your child has cancer,' you want to do everything you can to get back on your feet and make sure the outcome is the way you want it to be," Jefferi says.

After the diagnosis at MedStar Georgetown University Hospital, Brandon moved into treatment while the family continued to search for answers. Each medical expert they consulted confirmed that Brandon was receiving top-notch care at MedStar Georgetown.

The Lees were consistently impressed with the extraordinarily compassionate care the entire family received from MedStar Georgetown throughout Brandon's treatment. At a time of uncertainty about so many things, they became extremely confident they had made the right decision.

For two years, Brandon fought and inspired many. He approached treatment with the kind of energy and love that make Jefferi and Tina proud parents to this day. And they remained true to their promise to Brandon that he would be surrounded with their love and presence.

A dose of hope and humanity

"Palliative care is not a term I was familiar with before Brandon's diagnosis," Jefferi recalls. "What we soon came to find out is that we were blessed to be able to stay together as a family throughout the journey, whether at the hospital or at home."

Palliative care aims to improve the quality of life for patients and their families. It extends treatment beyond medicine to embrace the healing aspects of spirituality, the arts, psychiatry, community, and more.

The Lees are keenly aware of the village they leaned on at the time—their MedStar Georgetown team, their friends, and a cadre of neighbors who unforgettably sneaked into the Lee home to surprise them with a celebration at a time when they truly needed support.

The MedStar Georgetown team helped the Lees hold hope and joy in tandem with an impossible diagnosis. It's what got them through Brandon's treatment and ultimately his passing. It's why pediatric palliative care means so very much to the whole family.

"We were given hope all along the way at MedStar Georgetown," Tina remembers. "As long as you have hope, you want to strive and go forward."

Brandon's legacy shines bright

To honor Brandon and his life, the Lees established the Brandon Carrington Lee Foundation. Since then, the foundation has established a lectureship on pediatric palliative care at MedStar Georgetown. To further their commitment, the foundation chose to leave a lasting legacy by naming a patient room in Brandon's honor in the new Medical/Surgical Pavilion. The gift will help families access outstanding care in a state-of-the-art hospital.

"The Lee family has shown leadership and generosity through their foundation," says Michael Donnelly, MD, chair of the MedStar Georgetown Department of Pediatrics. "Their philanthropy inspires and informs us. Because of their love, Brandon's life touches more and more families every year."

Jefferi and Tina Lee with their oldest son, Jefferi, and his family. Their philanthropy seeks to bring the latest advances in clinical understanding of pediatric palliative care.
Photo by Imagine Photography DC

While Brandon did not survive his cancer, his parents are thankful for the care they received. "The cancer took Brandon's life, but MedStar Georgetown allowed him to live for two years with a serious diagnosis," Jefferi says. "We are eternally grateful for the way in which they responded to us and allowed us to thrive with faith and connection. We will do all we can to help others receive that kind of support."

To learn more about the Medical/Surgical Pavilion and ways you can be part of this significant endeavor, please visit **MedStarGeorgetown.org/MedSurg** or call **202-444-0721.**

A limb lost for a life returned.

By Katie Paradis

In July of 2019, 17-year-old Sophia Bailor suffered a catastrophic wound to her left leg from a circular saw. The injury left the otherwise healthy Rockville, Md., teenager fighting for her leg and her life.

"I had a lot of problems with [physical] shock," recalls Sophia. "I also had a very severe traumatic injury that basically severed most of my lower leg."

"I came to MedStar Georgetown with a sense of hopelessness. I feel like I found the right people and that has given me my life back."

–Sophia Bailor

Sophia was stabilized and underwent surgery on her leg at a local trauma center and spent over a week at the facility recovering.

She endured months of excruciating nerve pain and immobility in her leg, leaving her unable to attend school and increasingly depressed and frustrated. Together with her parents, Sophia decided that the best way to regain any quality of life would be to remove her injured leg.

"We had gone to many surgical consults at that point," says Sophia. "At every single one of them, we heard: If you want to go down the road of amputation, you have to go to MedStar Georgetown because they're doing it the best way it can be done."

Sophia was referred to Grant Kleiber, MD, a plastic surgeon with the MedStar Plastic and Reconstructive Surgery program, specifically because of his work in targeted muscle reinnervation (TMR) surgery. TMR redirects the sensory nerves of a missing limb to muscle nerves in the residual limb. The goal is for the newly attached nerves to eventually integrate themselves into the muscle of the residual limb and prevent the severe pain that often occurs following traditional amputation.

"The thought with TMR is that by giving nerves a new purpose—somewhere to go and something to do—you're helping short-circuit that patient's phantom pain," says Dr. Kleiber.

"I've been performing amputations for 30 years and with the advent of TMR, it has changed the whole ballgame in terms of pain and function," says Christopher Attinger, MD, director of the Center for Wound Healing and professor for the MedStar Plastic and Reconstructive Surgery department, who worked with Dr. Kleiber on Sophia's case.

For Sophia, Drs. Attinger and Kleiber performed a combined procedure of TMR with a below-knee amputation using the Ertl technique. Ertl focuses on rebalancing the distal bones and muscles of a limb to function like they did before amputation. The goal is to provide a pain-free, stable limb that has increased function and weight-bearing ability. It is a common approach for athletic patients, like Sophia.

Sophia Bailor is incredibly grateful for Grant Kleiber, MD, (left) and Christopher Attinger, MD, (right) who performed targeted muscle reinnervation (TMR) surgery and a below-knee amputation. She is back to the activities she loves, including mountain biking. Photo courtesy of Sophia Bailor

"I felt like Dr. Kleiber and Dr. Attinger were talking directly to me and really valued the outcome I wanted from the surgery," says Sophia. "Amputation is a big decision. They didn't pressure me at all and spoke to me about different types of limb salvage. They showed that they genuinely cared about my success."

"Our philosophy here is that amputation shouldn't be thought of as a failure," says Dr. Kleiber. "For a lot of patients, amputation is not just the simplest way forward, but the best way forward."

"Dr. Kleiber told me, 'you're gonna rock life as an amputee,'" recalls Sophia.

And that's just what she's doing.

Sophia underwent surgery in March of 2020 and within two months was healthy, thriving, and back into activities she loves, including mountain biking.

If you or a loved one may be facing amputation or experiencing complications of an amputation, please visit **MedStarGeorgetown.org/TMR** to learn more about treatments or call **202-444-9686** to request an appointment.

Diagnosed with pancreatic cancer—saved by a second opinion. *continued from page 1*

Photo by Silver Ridge Productions

"Going to MedStar Georgetown for my care made all the difference in my mental, psychological, and emotional state."

–Alexandra Salvador

After some thought, she decided to get the second opinion. An oncologist at the center referred her to Emily Winslow, MD, MedStar Health's regional chief of Hepatopancreaticobiliary (liver, pancreas, and bile duct) Surgery at the MedStar Health Center for Liver and Pancreas Surgery.

"Dr. Winslow was worlds apart from the surgeon I spoke with at the first hospital," Alexandra says. "While the other surgeon had the technical skills, after speaking with Dr. Winslow, I realized I wasn't getting all the information I needed to make a decision about treatment. Dr. Winslow is not only a skilled surgeon, but she also gives you all the information and support you need when you're facing a life-threatening illness. I felt cared for as a person, and she spoke to me not just as a surgeon, but as a human being."

Alexandra also felt that at the first hospital she went to, she was passed from doctor to doctor. "I didn't feel that they were working together," she said. "It was not at all that way at MedStar Georgetown. The doctors here work as a unified team across specialties."

Dr. Winslow performed a Whipple procedure, the most common but also an exceptionally difficult surgery used to treat pancreatic cancer. The procedure requires a highly trained and experienced surgeon to achieve the best outcome. What makes the Whipple procedure challenging is that the head of the pancreas, gall bladder, common bile duct, and a portion of the small intestine all have to be removed before the small intestine can be reconnected to the bile duct, remaining pancreas, and stomach.

"Alexandra had a very straightforward Whipple procedure and recovered without too much difficulty," Dr. Winslow explains. "She was very motivated after surgery to get up and walk around. Although it might have been difficult at the time, I believe it ultimately helped in her recovery."

Today, Alexandra has no evidence of disease and a new outlook on life. "If you're diagnosed with pancreatic cancer, go to MedStar Georgetown. That decision made all the difference in my mental, psychological, and emotional state leading to my surgery, and ultimately, my outcome."

She adds, "It would be easy to go back to my life before my diagnosis and take things for granted, but instead I'm looking at my life with new eyes," she says. "Each day is a gift. I feel incredibly grateful and blessed."

Meet Emily Winslow, MD

Visit **MedStarGeorgetown.org/WinslowVideo** to watch Dr. Winslow discuss the Whipple procedure.

To learn more about the Whipple procedure or to make an appointment, visit **MedStarHealth.org/Whipple** or call **202-444-1062.**

Revolutionary treatment stops aggressive blood cancer in its tracks.

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has numerous subtypes. Some of the most malignant forms are even known to mimic normal cells and "hide" from treatments.

It all makes for a formidable foe, as Ed Gershkovich can attest.

"I first noticed a sizeable lump on my shin in April of 2012," the retired civil engineer says. "I didn't pay it that much attention, thinking it was probably from an insect bite. But over time, it got bigger instead of better, and I figured I should do something about it."

"After seven treatments over seven years—I am currently cancer free."

—Ed Gershkovich

Ed's youngest son was in Georgetown University's School of Medicine at the time and began investigating possible causes. His sleuthing led him to recommend a visit to the Georgetown Lombardi Comprehensive Cancer Center—the only National Cancer Institute (NCI)-designated comprehensive cancer center in the Washington, D.C., area.

A biopsy revealed abnormal T-cells, an important component of the body's immune system, leading to a diagnosis of slow-growing non-Hodgkin lymphoma. The best offense at that point was watchful waiting.

The approach worked until 2015 when Ed's abnormal T-cells suddenly began multiplying, revealing a more aggressive and dangerous form of cancer. Ed began a series of chemotherapies and biologic therapies, but his cancer stubbornly remained. Then he developed a tumor in his groin.

Another round of chemotherapy held hope, visibly shrinking both leg and groin tumors. But in 2019, Ed's cancer returned, morphing into yet another variant: the potentially deadly DLBCL.

The magic bullet

At that point, there was a promising new approach called CAR T-cell therapy, one of science's latest attempts to combat certain difficult-to-treat blood cancers and disorders.

MedStar Georgetown had participated in the national clinical trials for the new therapy, and was the first and only site in the Washington, D.C., region authorized to perform the groundbreaking CAR T-cell therapy that the FDA approved only two years earlier.

"This is a new approach that works by genetically programming the patient's infection-fighting T-cells to target and kill the tumor cells," explains Pashna Munshi, MD, associate clinical director for the Stem Cell Transplant and Cellular Immunotherapy program at MedStar Georgetown, who performed the procedure on Ed. "Compared to many other advanced cancer treatments, CAR T-cell therapy is able to target the patient's own immune system to fight cancer."

T-cells are first extracted from the patient in a four-to-five-hour outpatient procedure similar to giving blood. The retrieved cells are then sent to a specialized lab where they are genetically modified and grown over the next four to six weeks.

When the cells mature, the patient returns for a preparatory chemotherapy session to "make room" for the new genetically modified immune cells. They are then re-infused into the patient the very next day. Most patients remain in the hospital for seven to 10 days post-procedure to monitor for potential complications.

In April of 2020, Ed became only the ninth patient to undergo the revolutionary treatment at MedStar Georgetown.

After successfully undergoing revolutionary CAR T-cell therapy, Ed Gershkovich is now even more grateful to share time with his grandsons.
Photo courtesy of Ed Gershkovich

"My condition was really complicated," says the 69-year-old. "MedStar Georgetown took great care of me throughout my treatment. In fact, the hardest thing for me with CAR T-cell therapy was not being allowed any visitors because of COVID-19!"

Dr. Munshi is optimistic about this new treatment. "There's new information coming out all the time about CAR T-cell therapy's effectiveness for other lymphomas, including mantle cell lymphoma and follicular lymphomas. It could be a game-changer for the future of cancer treatments," she says.

For more information on Stem Cell Transplant and Cellular Immunotherapy, visit **MedStarGeorgetown.org/CART** or call **202-444-3736** to make an appointment with a specialist.

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Don't delay your care. We are here for you.

One out of five adults is delaying their health care due to COVID-19, which can lead to negative health consequences. And one out of three adults is missing their recommended routine cancer screenings.* Early detection saves lives, as screening tests can find cancer before it spreads, and when it's easier to treat.

We are taking the following steps and extra precautions to continue to provide a safe, clean, and secure environment:

Masking: All patients and visitors must wear a mask during their visit.

Sanitization and sterilization: We thoroughly and frequently sanitize and sterilize all patient treatment rooms, therapy gyms, waiting rooms, and patient equipment.

Increased hand sanitizing: Hand sanitizers are available throughout the facility.

Staggered appointments: We are carefully managing our schedules to minimize the number of people coming through our waiting rooms and therapy gyms at one time.

Physical distancing: We are practicing physical distancing with floor markers, signage, and reconfigured waiting areas.

Screening all patients and visitors: We will continue to screen patients and visitors for COVID-19 symptoms at the entrance to our facility.

Trust us to provide the care you need, safely.

MedStar Health Video Visits are an option for some appointments. Learn more at **MedStarHealth.org/MyVideoVisit.** Visit **MedStarGeorgetown.org/SafetyVideo** for more information about how we are keeping you safe.

*Sources: Verywell Health and Prevent Cancer Foundation

MedStarGeorgetownMD, published quarterly, shares the latest health news with our community. To start or stop receiving this newsletter, please call **202-444-6815** or email **torneyd@gunet.georgetown.edu.**

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