

# MedStar Georgetown MD

A MedStar Georgetown University Hospital Publication

Suzanne Simpson, a smoker for 50 years, had an accidental fall that prompted X-rays that led to a lifesaving lung cancer diagnosis and treatment.



Photo by Bret Littlehailes

## Accidental Fall Prompts Lung Cancer Diagnosis

BY JENNIFER DAVIS

**Suzanne Simpson smoked a pack of cigarettes a day for 50 years.** But the College Park, Maryland, resident says she would never have known she had lung cancer if she hadn't accidentally fallen down the stairs back in 2011.

The fall sent her to a local emergency room, where X-rays revealed a spot on her lung. Her primary care physician referred her to MedStar Georgetown University Hospital and Eric D. Anderson, MD, director of Interventional Pulmonology.

"That is a really scary diagnosis to have thrown at you, but Dr. Anderson was very reassuring," says Suzanne. "I remember him saying, 'We don't need to treat this right away. We need to do it the right way.'"

Suzanne was 70 years old when she started chemotherapy to shrink her tumor. That was followed by surgery to remove the tumor and the upper right lobe of her lung in January 2012. Two months later, she had one final round of chemotherapy to ensure the cancer was eliminated. Thankfully, it was.

Seven years later, she remains cancer free.

"Looking back on it, it was a tough year. But I'm grateful every day for the care I received at MedStar Georgetown," Suzanne says.

Since 2012, Suzanne has stopped smoking, and credits her continued good health to the regular lung cancer screenings she gets.

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## Kidney Transplant Gives the Gift of Quality Time

BY SUSAN WALKER

Washington, D.C., resident **John Bayton** had been feeling "off" all summer. Tiredness, mild headaches, and difficulty keeping food down made him think he had the flu. He went to his primary care doctor who did some tests to learn the cause of the symptoms.

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John Bayton, who had no family history of kidney disease or diabetes, was rushed to the emergency room back in 2003 with kidney failure and began his journey back to health. He's received two kidney transplants since then.

Photo by Gary Landsman

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## Total Ankle Replacement Patient Lives Her Life Pain Free BY SUSAN WALKER

Five years ago, Helen Abrahams' ankle pain was so bad that at the age of 67, she limped all the time and could barely walk. The first orthopaedist she saw recommended ankle fusion surgery, after which the ankle can no longer bend. "After he explained the surgery to me, I thought, 'There has to be a better option than this!'" she remembers.

**I HAVE NO SCAR, AND I'M LIVING MY LIFE PAIN-FREE! I'M ABLE TO GO FOR WALKS AND PLAY WITH MY GRANDCHILDREN AGAIN. IT'S REALLY A MIRACLE.**

HELEN ABRAHAMS

Then she made an appointment with Paul Cooper, MD, chief of the Foot and Ankle Center at MedStar Orthopaedic Institute at MedStar Georgetown University Hospital. Dr. Cooper was one of the first surgeons in the U.S. to perform the new STAR™ ankle procedure when it was released in 2009 and has performed it more than 600 times in the intervening years. He told Helen that he believed she was a good candidate for total ankle replacement surgery—news she was excited to hear.

### Who's a Candidate for Ankle Replacement?

People with:

- Advanced ankle arthritis
- Complex fractures sequelae
- Congenital ankle deformities
- Hemophilic arthropathy
- Rheumatoid arthritis

"When I first met Helen, she had end-stage ankle arthritis related to several previous sprains and a ruptured Achilles tendon," explains Dr. Cooper. "She couldn't do any of the activities she enjoyed, and her lifestyle was severely limited by her pain."

Dr. Cooper performed the surgery, which typically takes less than an hour, implanting the STAR™ ankle—the only replacement ankle extensively vetted by the FDA. According to Dr. Cooper, this replacement ankle is the only one made of three pieces that move independently, giving patients a much better range of motion and slowing wear and tear on the replacement joint. If one part of the replacement wears out in the future, the surgeon can replace that single element rather than the whole ankle, which is especially important for younger patients. Replacement joints usually last 10 to 15 years.

"Patients often wake up after surgery with less pain," he adds. "After two weeks, they're in a walking boot and undergoing six to eight weeks of

physical therapy. In a year, they're 100 percent back to doing their regular activities, including playing sports. Compare that to a decade or so ago when ankle replacement required a cast and no weight on the new joint for three months. We've come a long way in a relatively short period of time," notes Dr. Cooper.

Helen is extremely grateful she connected with Dr. Cooper and had the surgery. "By the end of physical therapy, I was ready to rock," she says. "If ankle pain is preventing you from living your life, consider ankle replacement. I'm so glad I did!"

MedStar Georgetown University Hospital is part of the MedStar Orthopaedic Institute, with more than 35 orthopaedic surgeons and 14 locations throughout D.C., Maryland, and Virginia. Our specialists have experience diagnosing and treating nearly every type of injury and take the time to design an individualized treatment plan for your specific case.

Visit **MedStarOrthopaedicInstitute.org** for more information.

If you believe you may be a candidate for total ankle replacement surgery, visit **MedStarGeorgetown.org/FootAnkle** or call **202-444-3668** to schedule an appointment with a foot and ankle specialist.



### Meet Paul Cooper, MD

Visit **MedStarGeorgetown.org/CooperAnkleVideo** to watch Dr. Cooper discuss foot and ankle surgery.

Helen Abrahams went from barely being able to walk to having the STAR™ ankle procedure and getting back to enjoying her life and her family.

Photo by Bret Littlehales

# For Winter Sports, It's Safety First

BY BRENDAN FURLONG, MD, CHIEF OF SERVICE, EMERGENCY DEPARTMENT, MEDSTAR GEORGETOWN UNIVERSITY HOSPITAL

**According to the Centers for Disease Control and Prevention (CDC), winter sports injuries represent the highest number of outdoor sports injuries in U.S. emergency departments.** Injuries most often seen by our Emergency Department (ED) are sprains, strains, dislocations, and fractures. Most of these injuries can be prevented with a few precautions.



A top recommendation in preventing winter sports injuries is knowing when to stop.

So, whether you're skiing, snowboarding, playing hockey, or ice skating, here are some tips to help keep you safe this winter.

## General Tips: Don't Get Too Tired

The American Academy of Orthopaedic Surgeons (AAOS) confirms that most winter sports injuries actually happen at the end of the day, when overexertion sets in. A top recommendation: know when to stop. Stay in shape a month in advance of participating in serious sports by strength training the muscles you will use. And five minutes before you engage in your sport of choice, warm up those muscles. Be well-versed about the rules of your sport and take lessons if needed. Lastly, never go solo while participating in winter sports. It's always better to have someone else with you in case of an emergency.

## Skiing and Snowboarding

Snowboarding happens to be the winter sport with the highest number of injuries seen in U.S. emergency departments. Before hitting the

slopes to ski or snowboard, make sure you have the proper equipment. This includes snow sport helmets, boots, and protective gear for your eyes, wrists, arms, and shins. Having the right protective equipment and making sure it fits you properly can help you stay protected as much as possible in the event of a fall.

And speaking of falling, you can learn how to fall the right way to avoid injury. Surprisingly, giving in to the fall rather than trying to prevent it and falling onto your forearm will be safer because if you try too hard not to fall, it can actually result in more injuries.

## Ice Skating and Ice Hockey

Whether you decide to go ice skating at a rink or nearby pond or you would rather play ice hockey with your friends, safety comes first. Choose a safe location to skate, as falling through the ice can quickly become life-threatening. To avoid this danger, skate in shallow flooded areas and do not skate on ponds or lakes unless the ice has been tested first by a local official. For ice hockey, emergency departments throughout the U.S. treat concussions the most frequently. Wearing protective equipment at all times, including helmets, helps prevent serious injuries.

## Preventing Hypothermia/Frostbite

Along with the general safety tips provided, be diligent about taking precautions to avoid hypothermia and frostbite.

Before heading out, check the weather forecast for any upcoming storms or frigid temperatures. Then, make sure you wear enough layers of loose and water-resistant clothing for warmth and protection. Your footwear also needs to keep your feet warm and dry. Drink plenty of water to stay well-hydrated while participating in these sports.

Dehydration contributes to hypothermia. Some signs of hypothermia include fatigue, difficulty breathing, weak pulse, and slurred speech.



Brendan Furlong, MD, discusses the importance of winter sports safety.

Monitor your skin condition at all times to avoid frostbite. With red, numb, and tingly skin, get inside immediately to start soaking your skin in warm water. White, hard, swollen skin with a burning and tingling feeling indicates you have frostbite. Seek medical help right away.

MedStar Georgetown University Hospital is part of the MedStar Orthopaedic Institute, with more than 35 orthopaedic surgeons and 14 locations throughout D.C., Maryland, and Virginia.

Visit [MedStarGeorgetown.org/ED](https://www.MedStarGeorgetown.org/ED) for more information about the services available at our Emergency Department.

## APIC Recognizes MedStar Georgetown University Hospital as a "Program of Distinction" Designee

MedStar Georgetown University Hospital has earned the APIC® Program of Distinction designation from the Association for Professionals in Infection Control and Epidemiology (APIC). Recognized for excellence in infection prevention and control, MedStar Georgetown is among the first hospitals to be named a Program of Distinction designee by APIC.



"Patient safety is our first priority," says Dr. Lisa Boyle, vice president of Medical Affairs at MedStar Georgetown. "Receiving the APIC Program of Distinction designation truly validates our unwavering commitment to providing the highest quality safe patient care."



## The Family That Gives Together, Changes Lives Together BY STEPHANIE DEFazio

**For the past 27 years, the Ourisman and Korengold families have had a special connection to MedStar Georgetown University Hospital.**

In 1992, Danny Korengold of Chevy Chase, Maryland, lost his mother, Betty Lou Ourisman, to breast cancer. To honor Betty Lou and express his family's gratitude, Danny's stepfather, Mandell (Mandy) Ourisman, made a significant donation to MedStar Georgetown, where she was cared for in the final weeks of her life.

Mandy's generosity ultimately inspired other philanthropists to join him in establishing the Betty Lou Ourisman Breast Health Center, which began in 1998 as one of the first comprehensive multidisciplinary breast cancer centers in the country. This was just the beginning of nearly three decades of generosity, led by Mandy, who imparted the tradition of philanthropy to his family.

In 2014, Eleni Tousimis, MD, director of the Ourisman Breast Health Center, reached out to the families to introduce herself and provide a tour of the Center. Just four days after their visit, Danny's wife of 31 years, Martha Dippell, was diagnosed with breast cancer, early-stage invasive ductal carcinoma (IDC). She is now cancer-free and passionate about encouraging all women to get mammograms, the technology offered at the Center that detected her cancer and prompted her lifesaving treatment.

Martha and Dr. Tousimis have since formed a close friendship and took on a shared project: a renovation of the Ourisman Breast Health Center to update the environment for patients. In 2016, more than 20 family members, including Danny and Martha, Lisa, John, and Bobby Ourisman, Tommy Korengold, cousin David Timoner, and 13 of Betty Lou's grandchildren, enthusiastically made

donations that were matched by MedStar Georgetown and will help support the renovation.

**WE ARE VERY HAPPY TO SUPPORT DR. TOUSIMIS AND HER GOAL TO ALIGN THE BREAST CANCER TREATMENT CENTER RENOVATION WITH THE QUALITY OF CARE EXPECTED AT MEDSTAR HEALTH.**

**MARTHA DIPPELL**

"This family's generous gift will make such a difference for our patients' lives, and it is a testament to the fact that women's health affects all of us," Dr. Tousimis says.

The Korengolds and Ourismans have shared their philanthropic mindset with other MedStar Health hospitals. Bobby Ourisman and Danny Korengold have both served as trustees on the MedStar National Rehabilitation Hospital (NRH) Board, and Bobby now serves on the Board of Directors for MedStar Health.

The Ourisman Breast Health Center renovation began in 2018 to create a state-of-the-art facility that matches the premier care provided by the Breast Health Center team. The renovation focused on three primary areas: (1) reception and waiting room; (2) exam and consultation rooms; and (3) changing rooms. All three areas are patient centered to create a warm, compassionate, welcoming environment for MedStar Health patients.

Both families have dealt with loss over the past few years. Mandy Ourisman, the patriarch of the family, passed away in 2017. He will forever be remembered as a philanthropic leader for the region. In September 2019, Marvin Korengold, the father of Danny and Tommy, passed away. Known for his leadership within the D.C. medical community, he helped pioneer the field of neurology, and was Founder and President of The



Photo by Rebecca Wilcher

Breast cancer survivor Martha Dippell (left), wife of Danny Korengold, with MedStar Georgetown President Michael Sachtleben and Eleni Tousimis, MD. Martha and her family have offered their generous support to the Ourisman Breast Health Center for the renovations.

Neurology Center, the first private practice in the D.C. area to introduce the CT scanner, in 1975. Mandy and Marvin both built incredible legacies.

"We are so grateful for the Korengold and Ourisman families for their commitment to the renovation project," says Michael Sachtleben, president of MedStar Georgetown. "Their generosity has transformed the Ourisman Breast Health Center into a wonderful place where our patients can feel at home."

The Betty Lou Ourisman Breast Health Center at MedStar Georgetown University Hospital is part of Georgetown Lombardi Comprehensive Cancer Center, the area's only National Cancer Institute-designated comprehensive cancer center, a distinction granted to only 51 centers across the country. It was the first hospital in the Washington, D.C., metro area to offer Intraoperative Radiation Therapy for the breast. It continues to offer cutting-edge treatments, such as nipple sparing mastectomy and innovative new anesthetic techniques for breast surgery.

To learn more about how you can partner with us, visit [MedStarGeorgetown.org/Partner](https://www.MedStarGeorgetown.org/Partner) or call 202-444-0721.

## Cochlear Implants Restore Teen's Hearing After Sudden Loss BY EMILY TURK

**When Austin Williams was just 13, a sudden undiagnosed illness left him profoundly deaf.** The bright young teen tried to push through by reading lips and depending on classmates to share their notes. He was also fitted with hearing aids. But Austin, now 18, says, "They just made the muffled sounds louder."

Fortunately for Austin, his mom, Linda, was persistent in her research for the best option and found it at MedStar Georgetown University Hospital and in neurotologist (ear surgeon) H. Jeffrey Kim, MD.

It was determined that Austin's bilateral hearing loss was due to an autoimmune disease, explains Dr. Kim. "After an evaluation, it was evident that he was a great candidate for a cochlear implant."

**IT WAS STRIKING WHEN AUSTIN CAME TO SEE ME FOR HIS FOLLOW-UP APPOINTMENT. WHEN I FIRST MET HIM, HE WAS SHY AND QUIET. BUT AFTER THE PROCEDURE, HE WAS TALKATIVE AND OUTGOING.**

H. JEFFREY KIM, MD

### The Hearing Brain

A cochlear implant is a surgically implanted device that bypasses damaged cochlear hair cells in the inner ear and the normal hearing process, using electrical signals that stimulate the auditory nerve. With training, the brain learns to interpret those signals as sound and speech.

The MedStar Georgetown Cochlear Implant Program offers some of the most advanced options in auditory rehabilitation, including cochlear, hybrid, and bone conduction hearing implants. Every year, the program's team treats a wide range of patients—from children to 90-year-olds—who suffer hearing loss over time.



After a successful procedure, Austin Williams' life changed tremendously with cochlear implants. Pictured with his mother, Linda Williams, at his high school graduation, Austin is now a freshman at Florida A&M University, majoring in industrial engineering.

Photo courtesy of Linda Williams

"More than 100,000 people in the U.S. have cochlear implants," says Dr. Kim. "The range of patients who are candidates has expanded with new technology. Today, patients with moderate to profound hearing loss can benefit from implants. It is particularly helpful for patients with severe high-frequency loss who lose clarity." Cochlear implant audiologists perform an extensive hearing evaluation to determine who can benefit from implantation.

### A New Beginning

For Austin, the device would prove an excellent solution for a devastating loss. "He was young and very motivated," Dr. Kim explains. "And often people with sudden hearing loss do very well."

In a two-hour outpatient procedure, Dr. Kim made a small incision

behind Austin's right ear and implanted the internal component of the device—a receiver-stimulator. A month later, Austin returned to his audiologist and received the external hardware—a microphone, speech processor, and transmitting coil. Worn like hearing aids, cochlear implants pick up sound and translate it into digital signals that move through the coil to the receiver, which sends sound to the auditory nerve.

"It was striking when Austin came to see me for his follow-up appointment. When I first met him, he was shy and quiet. But after the procedure, he was talkative and outgoing," says Dr. Kim.

One year later, Austin had the same procedure on his left ear. "Most patients with severe loss do better with implants in both ears," Dr. Kim notes. "This helps localize sounds and improves hearing in the presence of background noises."

Austin used an online training program to help him after his procedures, but other people go through training with speech-language therapists specializing in hearing impairment.

"I really experienced a 100 percent improvement," says Austin. Today, the Florida A&M University freshman is looking to the future. "I just go back to MedStar Georgetown once a year for testing and reprogramming of the device," he explains. "Now, I'm concentrating on college and majoring in industrial engineering—and maybe one day I will work with cochlear implants."

For more information about cochlear implants, visit [MedStarGeorgetown.org/Cochlear](http://MedStarGeorgetown.org/Cochlear) or call 202-944-5300 to schedule an appointment.



## Accidental Fall Prompts Lung Cancer Diagnosis continued from page 1

"For the first five years after surgery, I had a low-dose CT scan every six months, and then I moved to yearly scans. They've all been clear, including my last one in August 2019," she says. "I so appreciate each clean scan because it's freeing me up to do what I value in life."

Suzanne spends time with her husband of more than 50 years and their children and grandchildren. She also volunteers for the Saint Ambrose Ladies of Charity. Although she still doesn't know exactly what caused her fall more than seven years ago, she is grateful it happened.

"I believe my guardian angel pushed me down the stairs to notify me about this problem because, otherwise, I wouldn't have known about my cancer until it was too late," she says.

**IF YOU ARE A LONG-TIME SMOKER, IT'S A GOOD IDEA TO BE CHECKED. IT'S SIMPLE, PAINLESS, AND IT COULD SAVE YOUR LIFE.**

**SUZANNE SIMPSON**

Dr. Anderson says it's common for lung cancer patients not to realize they have the disease until it is advanced. "There are no pain fibers in the lungs, so patients don't feel their tumor until it has become larger or spread somewhere else," he explains.

"Current and former smokers are at risk for lung cancer, but if we detect cancer early, we have a much better chance of curing it. It takes less than 15 minutes for a low-dose CT scan, and you know immediately if there is something that needs to be addressed," Dr. Anderson says.

Suzanne is currently cancer free, but surviving lung cancer increases the

### National Lung Screening Trial

In 2011, a landmark National Lung Screening Trial (NLST) concluded that lung cancer screening with low-dose CT scans is the only screening test to lower the chance of dying from lung cancer. Most insurance plans cover the cost of a screening, and patients may qualify for a low-dose CT scan if they meet the following criteria:

- Are between 55 and 80 years old,
- Have no signs or symptoms of lung cancer,
- Are a current or former smoker who quit in the past 15 years, and
- Have a 30 pack-year smoking history. Examples include smoking a pack of cigarettes a day for 30 years, or 2 packs of cigarettes a day for 15 years.

risk of developing it again, so she continues to take her screenings seriously and urges others to do the same.

MedStar Georgetown University Hospital is proud to be a part of the MedStar Georgetown Cancer

Institute, which combines medical expertise, the latest therapies, and research across MedStar Health. Georgetown Lombardi Comprehensive Cancer Center—the Washington, D.C., region's only National Cancer Institute-designated comprehensive cancer center—serves as the research engine. Through this partnership, we offer greater access to clinical trials and state-of-the-art technologies closer to where patients live and work. These nationally recognized oncology specialists cover the full continuum of cancer care—from screening, prevention, research, diagnosis, and treatment to a personalized rehabilitation program and survivorship support.

**If you believe you or a loved one may meet the requirements for a lung cancer screening (see above), visit [MedStarGeorgetown.org/LungScreening](https://www.MedStarGeorgetown.org/LungScreening) or call 888-666-3432 to schedule an appointment with a specialist.**



Since 2012, Suzanne has quit smoking, receives regular lung cancer screenings, and is grateful that her health allows her to spend time with her husband of 50 years and her grandchildren.

Photo by Bret Littlehales

## Kidney Transplant Gives the Gift of Quality Time continued from page 1

"When I received my test results, my doctor told me to go to the emergency room immediately because my kidneys were failing," he remembers. "Two or three hours later, I started dialysis. It was an unexpected turn of events. No one in my family had kidney disease. I was not diabetic and did not have high blood pressure."

That was 2003, which marked the beginning of John's journey through the world of kidney disease and dialysis. During the next seven years, he received several types of dialysis in different settings, including hemodialysis in the hospital and outpatient peritoneal dialysis.

**I HAVE BEEN REALLY LIVING AGAIN.**

**JOHN BAYTON**

In 2009, John received his first kidney transplant but went into rejection in 2016, which meant going back on dialysis. While he tried several more approaches to dialysis, he went on a waiting list at MedStar Georgetown Transplant Institute as well as another transplant waiting list. This was at the encouragement of his nephrologist, who felt being on two lists would improve his odds. John then decided to explore at-home dialysis. He explains, "In addition to being more convenient, this allowed me to become more involved and accountable for my treatment."

In February 2019, MedStar Georgetown Transplant Institute Surgeon Peter Abrams, MD, performed John's second kidney transplant. "The experience went very smoothly," John adds. "All my care has been well coordinated with my nephrologist and my primary care doctor. The MedStar Georgetown Transplant Institute team was awesome; they have become family.



John is grateful for the care he received at MedStar Georgetown Transplant Institute and is now an advocate for transplant surgery, sharing his experience as a kidney disease patient with others. Photo by Gary Landsman

I felt supported and informed through every step of the process, and the care I received has been extraordinary," John says.

Now that he is no longer on dialysis, John's life has changed markedly for the better. He says, "I have been really living again. I have accepted a new job, traveled, represented my fellow kidney patients at four conferences, made new friends, started working out again, and had the best Capital Pride weekend ever! I'm just getting started!"

One of the activities he is able to spend more time on since his transplant is expanding his advocacy efforts and sharing his experience as a kidney disease patient with other patients and physicians. He is an active member of several kidney disease patient groups on Facebook, LinkedIn, and Twitter, where he shares his experiences and encourages his

fellow patients to talk to their medical teams openly and honestly.

To help educate patients about their options, he is working with End-Stage Renal Disease (ESRD) Network 5, a nonprofit that oversees policy structures and patient grievances related to dialysis centers in Virginia, West Virginia, D.C., and Maryland. He has had the opportunity to help develop new resources for patients.

"What I learned through all my experiences is that there is no one-size-fits-all solution," John notes. "You need to do research to understand all your options and, if something does not work for you, speak up and advocate for yourself with your medical team."

To find out if you may be a candidate for a kidney transplant, visit **MedStarGeorgetown.org/KidneyTransplantation** or call **202-295-0668** to schedule a pre-transplant evaluation appointment.



# MedStarGeorgetownMD

A MEDSTAR GEORGETOWN UNIVERSITY  
HOSPITAL PUBLICATION

Consistently recognized as one of the region's best hospitals, MedStar Georgetown is high performing in 10 specialty areas including:

- Cancer
- Colon cancer surgery
- Gastroenterology and GI surgery
- Geriatrics
- Hip replacement
- Lung cancer surgery
- Nephrology
- Neurology and Neurosurgery
- Orthopaedics
- Urology



Along with Magnet® nurses, internationally recognized physicians, advanced research and cutting-edge technologies, MedStar Georgetown's healthcare professionals have a reputation for medical excellence and leadership.

*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](mailto:torneyd@gunet.georgetown.edu).

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