

CONNECT

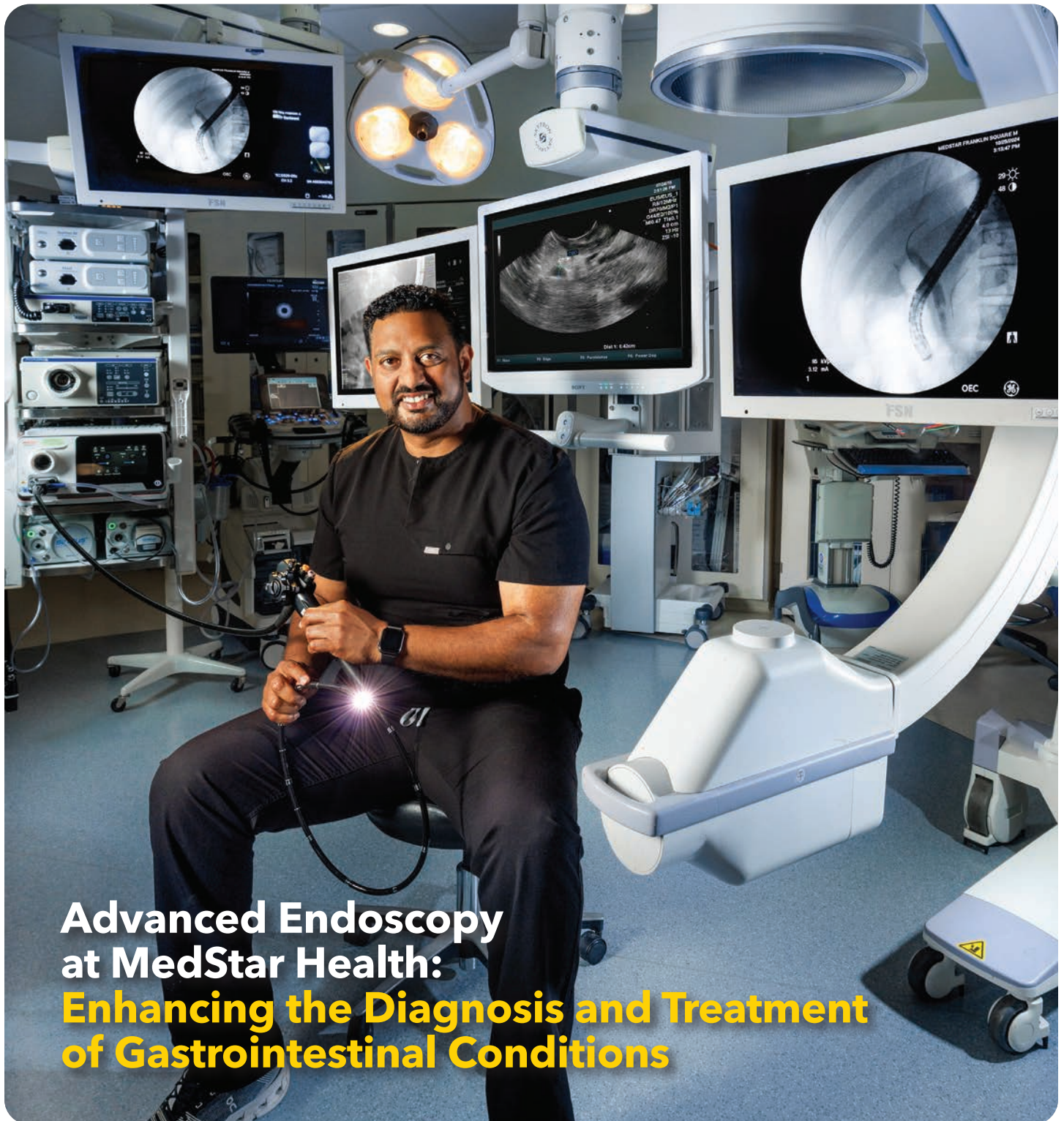
A MAGAZINE FOR PHYSICIANS

SUMMER 2025

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Advanced Endoscopy at MedStar Health: Enhancing the Diagnosis and Treatment of Gastrointestinal Conditions

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A MAGAZINE FOR PHYSICIANS

Connect is a publication of MedStar Health. Published for physicians, Connect is focused on MedStar Health's regional service lines in Central Maryland. The information provided in this publication is intended to educate readers about subjects pertinent to their professional practice or personal health, and is not a substitute for consultation with other physicians.

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On the Cover
Abhinav Sankineni, MD, MPH,
director of Endoscopy at MedStar
Franklin Square Medical Center,
is part of a team of specialists at
MedStar Health with extensive
experience in advanced endoscopic
techniques.

Dear Readers,

Today, more than ever, collaboration is key to the delivery of the highest quality care. At MedStar Health, it's foundational...guiding and energizing everything we do. In fact, it is only through our collective efforts—within our system, with referrers, and throughout the communities we serve—that we can ensure all of our patients have access to the best care possible. In this issue of *Connect*, we highlight several initiatives that illustrate this commitment.

You'll read about our advanced endoscopy and interventional gastroenterology program, which serves patients at MedStar Franklin Square Medical Center, MedStar Good Samaritan Hospital, MedStar Harbor Hospital, and MedStar Union Memorial Hospital, as well as many other sites. One of the region's most comprehensive and innovative programs, it is a system-based practice—giving us access to world-class specialists throughout MedStar Health, not only in Baltimore but also in Washington, D.C. As a result, patients benefit from high-level expertise and seamless coordination across specialties, while referring physicians can trust that their patients will receive integrated, high-quality care.

At MedStar Union Memorial Hospital, our structural heart experts reached new heights in cardiovascular care earlier this year when they performed the state's first transcatheter tricuspid valve replacements (TTVR) after FDA approval to treat life-threatening tricuspid regurgitation. This is a remarkable step forward in how we approach patients who may not be ideal candidates for open-heart surgery.

We also feature a novel program now being offered to patients with complex neurological conditions in the Inpatient Rehabilitation Center at MedStar Good Samaritan Hospital. Now, through an intervention called high-intensity training (HIT), provided in partnership with MedStar National Rehabilitation Hospital, many of these patients are achieving dramatic results with improved functional outcomes and overall recovery.

We hope you enjoy this issue of *Connect*. Together, we are making a difference. It's how we treat people.

In good health,



Bradley S. Chambers
Senior Vice President and Chief Operating Officer
MedStar Health, Baltimore Region

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New connections.

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New chair of Surgery named at MedStar Good Samaritan Hospital and MedStar Union Memorial Hospital.



Steven A. Johnson, MD, FACS, board-certified in surgery, surgical critical care, and complex general surgical oncology, has been named as the new chair of the Department of Surgery at MedStar Good Samaritan Hospital and MedStar Union Memorial Hospital. In this role, he is responsible for the development and implementation of strategic and operational initiatives to optimize general surgery and plan of care practices at both hospitals. Dr. Johnson also performs open, laparoscopic, and robotic surgeries for patients who require general or acute care.

Prior to joining MedStar Health, Dr. Johnson served as chair of the department of surgery at Capital Health Medical Center, and in tandem, director of surgery and critical care at Capital Health's Hopewell Campus. Additionally, he served as co-director of the organization's Acute Care Surgery Fellowship program.

"MedStar Health has earned a reputation as one of the premier healthcare systems in the region for the delivery of comprehensive surgical services," says Dr. Johnson. "Tremendous investments are being made in facilities, people, technologies, and programs, to advance and optimize surgical care. I am proud to be part of an organization that is progressive, forward-thinking, and committed to putting the needs of patients first."

Dr. Johnson completed his medical degree and residency at Thomas Jefferson University Hospital in Philadelphia, Pennsylvania, and a fellowship at the University of Maryland Medical System in Baltimore. He also holds a Da Vinci® Robotics Surgeon of Excellence certificate and is a graduate of the Harvard University School of Medicine's Surgeon Leadership Certificate Program. •

Curtis National Hand Center expedites care for low-risk surgical patients with opening of new procedure suite.

Patients of the Curtis National Hand Center in need of low-risk surgical procedures can now get that care with shorter wait times and more efficient surgery workflows in the newly opened procedure suite at MedStar Union Memorial Hospital.

"Surgery, when performed in a hospital operating room, is usually a long, complex process, especially when sedation is required. It often comes with numerous pre-procedure tests, scheduling challenges, long wait times, fasting, and more. In addition to being extremely time-consuming and tedious, it can be overwhelming for individuals dealing with barriers to care such as insurance coverage, access issues, transportation problems, workplace demands, or a lack of support from friends or family members," explains **Aviram Giladi, MD, MS**, a fellowship-trained hand and upper extremity surgeon, who also serves as research director for the Curtis National Hand Center and scientific director for Orthopaedics at MedStar Union Memorial.



"Our new procedure suite was designed to address these issues for patients having low-risk surgeries that can be performed using local anesthesia only. That means we are not required to perform a lot of unnecessary tests, which reduces risk, avoids unnecessary steps for patients, and saves money; we can be much more efficient, giving us more scheduling flexibility and much shorter turnover times between each surgery. It's a vast improvement that enhances the experience for both the patient and the provider."

All of the surgeons benefit from this space, located within the recently renovated 23,000-square-foot Curtis National Hand Center at MedStar Union Memorial. It is "utilized for procedures such as carpal tunnel release, trigger finger release, certain



The new procedure suite enhances access to care for patients having low-risk surgeries performed using local anesthesia.

amputations, tendon repair, hardware removal, and some pinning treatments," says Dr. Giladi. "These are all procedures known to be very low risk from infection."

Dr. Giladi notes that the procedure suite is also more environmentally friendly. "Our operation sets are half the size of those typically used in an OR due to the nature of the procedures we perform, so less sterilization is needed, and we use fewer supplies, so there is less waste. We do not have to wash gowns because patients wear their street clothing, and the draping needs are less intense. A lot of places are moving toward disposable equipment, but that creates a ton of waste as well. So, we're trying to avoid that."

Since the new space opened last summer, Dr. Giladi has been performing 10 to 20 procedures a month there. "Approximately 25 to 30% of my surgeries are now done in the procedure suite, which frees up the OR for more complex procedures. It benefits everyone and results in a much better patient experience." •

To refer a patient to the Curtis National Hand Center, call 410-235-5405.

Remembering the ‘forgotten valve’:

Team at MedStar Union Memorial Hospital first in Maryland to implant the only FDA-approved transcatheter tricuspid valve.

The structural heart team at MedStar Union Memorial Hospital achieved a landmark in cardiovascular care earlier this year when they performed Maryland’s first transcatheter tricuspid valve replacement (TTVR) using a recently approved system to treat life-threatening tricuspid regurgitation (TR). On Jan. 7, two patients, both in their 80s, received the replacement valves delivered via catheter, forgoing the need for conventional open-heart surgery.

The new system—EVOQUE—is the only FDA-approved TTVR option in the United States. TTVR is an emerging therapy for patients with severe functional TR who have an extremely poor prognosis and are not candidates for surgical replacement.

During the procedure, the valve is positioned using a catheter threaded into the heart chamber through a sheath placed in the femoral vein—a process that requires close collaboration among a multidisciplinary team of cardiac experts. At the helm for the first procedures were three experienced leaders in minimally invasive cardiac procedures: **John Wang, MD**, chief of the Cardiac Catheterization Laboratory at MedStar Union Memorial and MedStar Franklin Square Medical Center, and scientific director for Baltimore Cardiovascular Research; **Brian Bethea, MD**, chief of Cardiac Surgery at MedStar Union Memorial; and **Antony Kaliyadan, MD**, associate medical director of the Cardiac Catheterization Laboratory at MedStar Union Memorial.

“The tricuspid valve is sometimes referred to as ‘the forgotten valve’ because early symptoms of TR are difficult to detect, and once severe dysfunction



↑ The structural heart specialists who performed the first EVOQUE implant in Maryland at MedStar Health are John Wang, MD; Brian Bethea, MD; and Antony Kaliyadan, MD.

develops, the condition is difficult to treat and often progresses to heart failure,” explains Dr. Bethea. “TR causes blood to leak backwards into the right atrium through the tricuspid valve when the right ventricle contracts. The increased volume of blood can enlarge the right atrium, changing the pressure in the nearby chambers and blood vessels. Untreated, it can lead

to the development of other serious conditions. But, until recently, the guidelines only recommended medical therapies or traditional surgical procedures to treat this disease.”

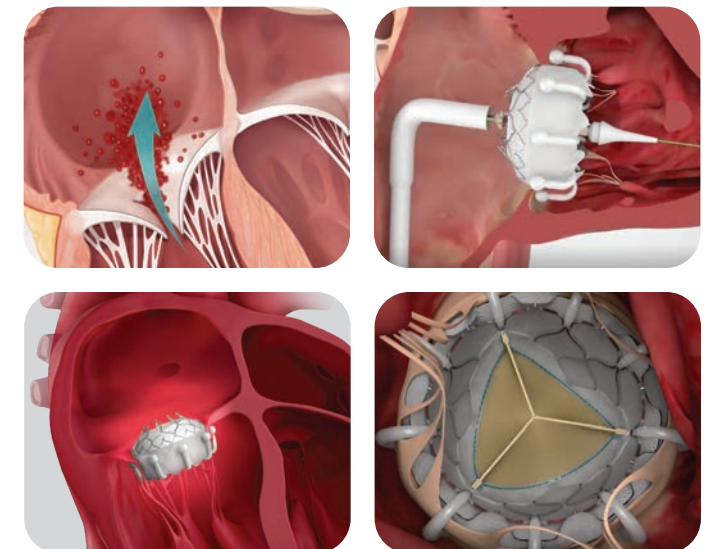
“While many transformative transcatheter approaches to replace diseased aortic and mitral valves have been developed in recent years, the tricuspid valve has been overshadowed,” adds Dr. Wang, “One reason for this is the complexity of the tricuspid valve. It is not annular like the aortic valve. Rather, it is asymmetrical with a lot of variability in anatomy from one individual to the next. Thus, repair or replacement is less predictable.”

“Patients suffering with tricuspid regurgitation can endure life-impairing symptoms,” he continues. “This new option virtually eliminates tricuspid regurgitation in a wide range of patients, offering a less invasive approach with a quicker recovery and improved quality of life. Much still needs to be learned about optimal device and patient selection, and EVOQUE is not ideal for every patient. But as we have seen with TAVR, outcomes will no doubt improve as these devices evolve and as providers gain more experience performing the procedure.”

The approval of the EVOQUE system, developed by Edwards Lifesciences, offers new hope for individuals who have long been faced with limited treatment options. The valve is comprised of a nitinol self-expanding frame, intra-annular sealing skirt, and tissue leaflets made from bovine pericardial tissue. It is available in four sizes, all delivered through the same low-profile transfemoral system. In clinical trials, researchers saw significant improvements in patients’ symptoms and quality of life after the implant.

In addition to EVOQUE, MedStar Union Memorial offers the TriClip™ transcatheter tricuspid valve repair system, which was approved last year by the FDA. “TriClip is another minimally invasive treatment option and is an exciting alternative for high-surgical risk patients,” says Dr. Bethea, who served as the hospital’s principal investigator for the clinical trial that led to its approval.

“We offer among the widest range of treatment options and devices for patients with structural heart disease available in the country,” he notes. “In addition to pioneering many of the advances that have been made in this evolving field, we continue to be among the leading sites in the nation in evaluating emerging technologies and procedures. With the technology now at our fingertips, we are able to provide truly personalized and tailored care. So, rather than making the patient fit the technology, we can make the technology fit the patient, which ultimately optimizes benefit and minimizes risk.” •



↑ Top left: Tricuspid regurgitation with blood flowing backwards from the ventricle to the right atrium through a leaky tricuspid valve
 Top right: EVOQUE valve in position for final deployment at the tricuspid valve
 Bottom photos: Deployed EVOQUE device in the tricuspid valve, side, and aerial views

To learn more about all of our tricuspid valve offerings or to discuss patient candidacy, call 410-554-2332.

The shifting landscape in the treatment of genitourinary cancers.

Genitourinary (GU) malignancies represent approximately 23% of all cancer diagnoses in the United States and account for roughly 11% of all cancer deaths. Prostate, bladder, and kidney cancers are respectively the first (after skin cancer), fourth, and sixth most common cancers in men, according to the National Institutes of Health.

“There are several different types of genitourinary cancers...the most common are cancers of the bladder, prostate, testicles, and kidneys. Each type presents its own unique challenges and can be treated in a variety of ways, depending on the individual case,” says **Brian Ramnarain, MD**, a cancer specialist at MedStar Georgetown Cancer Institute at MedStar Franklin Square Medical Center. “GU cancers can also be incredibly complex to treat, especially if diagnosed at an advanced stage.”



Brian Ramnarain, MD, a specialist in treating genitourinary cancers, consults with a patient.

Dr. Ramnarain is part of a team of cancer specialists at MedStar Health with recognized expertise in treating prostate, kidney, bladder, and other urologic

cancers. Board-certified in hematology, medical oncology, geriatric medicine, and internal medicine, he has a particular interest in GU cancers.

“We are dedicated to eliminating GU cancers while minimizing side effects as much as possible to maintain a patient’s quality of life. We offer the most advanced technologies and procedures, including robotic, laparoscopic, and open surgery for some of the most complex cases. In addition, through our research engine, the Georgetown Lombardi Comprehensive Cancer Center, we offer the most state-of-the-art therapies and relevant clinical trials available,” Dr. Ramnarain says.

“As with all patients undergoing cancer treatment at MedStar Health, we employ a multidisciplinary approach to care by bringing together a team of urologists, medical oncologists, radiation oncologists, pathologists, radiologists, clinical trial specialists, and more,” he adds.

“We utilize all available resources to understand the multiple forces that impact how an individual’s cancer should be treated. The collaboration of experts from multiple disciplines enhances our ability to provide care that is customized to each patient’s unique needs.”

Multi-modal approaches improving outcomes.

The treatment for any GU cancer depends on numerous factors, such as the tumor’s grade and stage and the patient’s preference. Historically, treatment involved surgery, chemotherapy, and in some cases, radiation therapy, alone or in combination.

Today, the treatment of these cancers has shifted dramatically, moving from primarily chemotherapy and surgery to a more personalized and multi-modal approach incorporating immunotherapy, antibody-



Imaging plays a crucial role in diagnosing and staging genitourinary cancers, including those of the bladder, kidneys, prostate, and testes.

drug conjugates, and targeted therapies, leading to improved outcomes and survival.

“There have been astounding advancements in the use of immunotherapy for treating genitourinary cancers in the past decade. Immunotherapy, which boosts the immune system by helping it recognize and fight cancer cells, has now become the de facto standard of care for patients with newly diagnosed metastatic renal disease, and there is evidence of efficacy in the adjuvant setting,” Dr. Ramnarain notes. “Its use in the treatment of bladder cancer has been increasing as well. In the neoadjuvant setting, there is growing evidence of its efficacy, affording the possibility of better disease control and outcomes. Efficacy has already been established in the adjuvant setting.”

While prostate cancer has not benefited from immunotherapy in a similar fashion as other solid tumor cancers, there have been other exciting developments. “One of these is the emergence of poly-ADP ribose polymerase (PARP) inhibitors, a

type of targeted therapy. Used in the treatment of metastatic castration-resistant prostate cancer, PARP inhibitors work by blocking the PARP protein, which is crucial for DNA repair, particularly in cells with certain genetic deficiencies. When PARP is blocked, DNA damage accumulates, leading to cell death, especially in cells with impaired homologous recombination (HRR) repair pathways,” he adds.

“Another modality gaining attention is radionuclide treatment, which is currently approved for metastatic prostate cancer that no longer responds to hormonal or surgical treatment. A new way to deliver radiation that maximizes its benefits while minimizing side effects, it is a highly targeted approach that brings a radioactive isotope directly to the tumor.

The combination of different treatment modalities, such as immunotherapy with chemotherapy or antibody-drug conjugates (ADCs), which target specific cancer cells while sparing healthy tissue, has also shown promising results in improving survival and reducing the risk of recurrence for many GU cancers.

“Not only have these advancements demonstrated significant progress, but some of these updates offer shifts in the ways we diagnose, treat, and even prevent these diseases,” says Dr. Ramnarain.

“When it comes to any cancer, a multidisciplinary approach, where doctors are treating the whole patient and not just the disease, is key. But it’s especially important to the appropriate management of complex GU cancers. We partner with our patients and their families along with the rest of our cancer team to address their needs throughout their cancer journey.” •

To refer a patient to the cancer specialists at MedStar Health, call 443-692-1290.



◀ Steven Porter and Dawn Geisbert, OR technicians and core members of the advanced endoscopy team at MedStar Health, are pictured with Abhinav Sankineni, MD, MPH, director of Endoscopy at MedStar Franklin Square Medical Center.

Advanced endoscopy at MedStar Health:

Enhancing the diagnosis and treatment of gastrointestinal conditions.

The field of advanced endoscopy is rapidly evolving, with new procedures and technologies continually emerging to enhance diagnostic and therapeutic capabilities. At MedStar Health, we offer one of the region's most comprehensive and innovative advanced endoscopy and interventional gastroenterology programs, serving patients and referring physicians across Maryland and beyond. →

“What sets us apart is our system-based practice—giving us access to world-class specialists throughout MedStar Health, not only in Baltimore but also in Washington, D.C. We work seamlessly with hepatobiliary surgeons, oncologists, radiologists, thoracic and colorectal surgeons, and pathologists to deliver truly multidisciplinary, coordinated care,” says **Abhinav Sankineni, MD, MPH**, director of Endoscopy at MedStar Franklin Square Medical Center.

purposes, to investigate parts of the body that are hard to reach without surgery. Today, specially trained gastroenterologists are using endoscopy to perform advanced therapeutic procedures as well,” explains Dr. Sankineni. “So, advanced endoscopy is a term used to describe therapeutic procedures in which endoscopy is a primary tool.”

The specialists at MedStar Health are pioneers in many diagnostic and therapeutic techniques and applications that are now standard worldwide. One of these is endoscopic ultrasound (EUS), which uses sound waves to create detailed images that are viewed on a monitor. “The ultrasound allows us to see lesions that aren’t visible to the naked eye with a regular endoscopy and can also help us examine organs outside the digestive tract,” Dr. Sankineni notes.

At MedStar Health, the full spectrum of diagnostic and therapeutic EUS is used to:

- Detect tumors in the gastrointestinal (GI) tract
- Biopsy tumors in the GI tract using fine needle aspiration/biopsy
- Stage tumors in the GI tract
- Assess esophageal, gastric, pancreatic, and rectal cancers
- Detect common bile duct stones
- Aspirate fluid cysts in the GI tract
- Treat cysts and other GI pathologies
- Place markers for radiation therapy
- Treat pancreatic disease in various ways, including drainage of pancreatic fluid collections and direct endoscopic necrosectomy

“We also offer celiac plexus block and neurolysis under EUS guidance to manage upper abdominal pain—particularly for patients with pancreatic cancer—reducing opioid use and improving quality of life,” he says.

Another highly specialized technique is endoscopic retrograde cholangiopancreatography (ERCP), which combines endoscopy with contrast dye to examine the pancreas, bile duct, liver, gallbladder, and the network of ducts that carry digestive fluids.



◀ **Abhinav Sankineni, MD, MPH, and below with his team.**



“Notably, all of our hospitals have access to advanced endoscopic technologies, so we serve as a regional referral center for hospitals across the region as well. Whether it’s a hospital without on-site therapeutic endoscopy or a case requiring rapid intervention, we ensure timely transfers and expert management of complex GI problems.”

As a result, patients benefit from easy access, high-level expertise, and seamless coordination across specialties. At the same time, referring physicians can trust that their patients will receive integrated, high-quality care—with clear communication every step of the way.

What is advanced endoscopy?

“Endoscopy is any minimally invasive medical procedure that primarily uses an endoscope to diagnose or treat a medical problem. Historically, endoscopy was mainly used for diagnostic



“For Barrett’s esophagus, for example, we offer radiofrequency ablation, cryotherapy, and endoscopic mucosal resection (EMR), tailoring therapy to each patient’s needs. Cases are reviewed with our multidisciplinary tumor board to guide evidence-based decisions,” he says.

“In addition, we perform endoscopic resection of early neoplasia in the esophagus, stomach, and colon, and use endoscopic suturing to close

“In addition to its diagnostic importance, ERCP can be used to treat certain conditions immediately. Our ERCP program manages complex stone disease, strictures, and uses cholangioscopy for direct visualization and biopsy and stone management—all aligned with our surgical and oncology partners,” Dr. Sankineni adds.

defects, secure stents, or manage fistulas—often avoiding surgery altogether. We also have an enteral stenting program that provides palliative care for malignant obstructions throughout the GI tract, in close collaboration with oncology and palliative care teams.”

“These treatments require the experience of experts because ERCP is a highly specialized procedure. If a blockage is found in any of the ducts during an ERCP, we may be able to perform one of several procedures to remove or relieve the obstruction.”

In short, the benefits of advanced endoscopy are numerous. It is minimally invasive, therefore reducing the need for surgery and its associated risks, like large incisions, longer recovery times, and potential complications. It allows for more precise visualization and diagnosis of gastrointestinal conditions as well as more precise and effective treatment of conditions like polyps, tumors, and other abnormalities. And it helps in the early detection of precancerous and cancerous lesions.

They include:

- Sphincterotomy, in which the muscle sphincter of the bile or pancreatic duct is cut to remove stones
- Duct dilation and stenting, which involves the use of a balloon catheter to stretch a narrowed opening and the use of endoscopes to place stents in the esophagus, duodenum, and colon to prop open areas blocked by tumors or other obstructions
- Cholangioscopy, in which a smaller scope is used to examine the bile duct and pancreatic duct and deliver treatments
- Biliary lithotripsy to destroy gallstones trapped in the bile ducts

“Our program combines expertise, technology, and system-wide coordination to provide precise GI care that’s accessible, efficient, and designed for optimal outcomes—for patients and providers across the region,” Dr. Sankineni says. “We are a bridge between traditional diagnostic endoscopy and surgery, offering numerous minimally invasive options for diagnosis and treatment.” •

The specialists at MedStar Health also offer interventional endoscopy, and other advanced endoscopy procedures for the accurate diagnosis and minimally invasive treatment of many other conditions.

To refer a patient to our gastroenterology team, call **443-782-7640**.

Caring for the hearts of athletes and active individuals.

An athlete's heart adapts to vigorous training and exercise just like any other muscle. Over time, an athlete's heart can grow larger and stronger. In a sense, it remodels itself. So, treating any individual aspiring to do their best athletically—whether it's a professional football player, marathon runner, a high school or college athlete, or someone wanting to become more active to improve their health—requires a highly specialized cardiology program.

"An athlete is any active individual who enjoys exercises and physical activity...all of whom have their own athletic aspirations," says **Aubrey Grant, MD, FACC**, a sports cardiologist and director of the Sports & Performance Cardiology program at MedStar Health, the first program of its kind in the Baltimore and Washington, D.C. region and one of just a few like it in the United States.

"We work with athletes of all ages and levels to provide customized evaluations, treatment plans, and customized exercise prescriptions, taking into account risk factors, age, and sport type with the ultimate goal of keeping our patients safe and active."

A graduate of the only sports cardiology fellowship in the country, Dr. Grant has a unique understanding of exercise physiology and the cardiovascular demands of exercise. "We combine forces with all the teams within MedStar Heart & Vascular Institute as well as MedStar Sports Medicine, with whom we work to provide cardiovascular care for collegiate and professional teams. Together, we strive to advance knowledge in this emerging field through a wide range of initiatives."

There are specific cardiac adaptations in active people and athletes who exercise regularly, and what is deemed normal in an athlete can differ significantly from their sedentary counterparts. "That's why sports and performance cardiology is a growing field. Our



Aubrey Grant, MD, FACC, pictured in the Sports Performance Lab, works with athletes of all levels.

experts are skilled in recognizing the sometimes subtle signs of heart disease in athletes. For example, we are specially trained to distinguish the difference between an unhealthy, enlarged heart and one that is healthy and has been enlarged by exercise. This phenomenon is known as 'athlete's heart' or 'exercise-induced cardiac remodeling,'" Dr. Grant explains.

"We analyze tests such as electrocardiograms and echocardiograms in the context of athletic training to distinguish healthy changes from potential heart disease. Our specialized exercise equipment allows us to assess an athlete's physical fitness and, if necessary, safely reproduce symptoms to help us diagnose a heart or vascular condition."

He adds: "Those who like to exercise do so for a myriad of reasons, and I try to understand each person's passion and drive to exercise and compete," he says.

"More people than ever before are becoming active and the level of participation in endurance events such as marathons continues to grow. We help ensure that athletes and active individuals of all ages and athletic aspirations can safely get back to doing what they love." •

To refer a patient to our MedStar Health Sports & Performance Cardiology program, call 410-366-5600.

Radiopharmaceuticals: Another revolution in cancer treatment.

Today, about half of all cancer patients receive radiation therapy at some point, according to the National Cancer Institute. While it can be highly effective in shrinking tumors and alleviating cancer symptoms, radiation administered from outside the body unavoidably passes through some healthy tissues and can cause short- and long-term side effects.

This has stimulated a growing interest in a new way to deliver radiation that maximizes its benefits while minimizing side effects...radiopharmaceutical therapy.

"Delivered through the bloodstream directly to the tumor, radiopharmaceuticals reduce the risk of side effects by exclusively targeting tumor cells. In addition to attacking the main tumor, radiopharmaceutical drugs can destroy small deposits of cancer cells that



have spread to other areas," explains **Stephen K. Ronson, MD**, medical director of Radiation Oncology at MedStar Georgetown Cancer Institute at MedStar Franklin Square Medical Center.

"In targeted radiopharmaceutical therapy, a monoclonal antibody or other drug carries a radioactive isotope that will kill off cells in its immediate vicinity. These isotopes become highly concentrated in areas of the body where the cancer resides. This targeted approach differs from a more traditional external beam radiation therapy in that it brings the radioisotope directly to the tumor," Dr. Ronson says. "The potential of this therapy has sparked a surge in clinical trials in recent years. However, to date, just a handful of radiopharmaceutical drugs have been approved for clinical use."

One of those drugs is Xofigo™ (radium-223 dichloride), which is used to treat a type of prostate cancer that has spread to the bones called metastatic castration-resistant prostate cancer (mCRPC). Injected into the bloodstream, it is absorbed into the bones where the radiation it emits kills the cancer cells there.

"While it does not cure cancer, it helps to shrink bone metastases and relieve bone pain, and can help some patients with metastatic prostate cancer live longer," he notes. "We have treated dozens of patients with Xofigo, and it has been very effective."

Also now in use is Lutathera™ (lutetium Lu 177-dotatate), a prescription medicine to treat gastroenteropancreatic neuroendocrine tumors (GEP-NETs) that are positive for the hormone receptor somatostatin. "The approval of Lutathera was a big step forward in the field as it showed that solid tumors could be effectively treated with cell-killing radiation from radioisotopes linked to peptides that target a specific protein on cancer cells," adds Dr. Ronson.

Recently, the FDA approved a radiopharmaceutical drug for advanced prostate cancer called PLUVICTO® (lutetium Lu 177 vipivotide tetraxetan). PLUVICTO is used to treat men with prostate-specific membrane antigen-positive metastatic castration-resistant prostate cancer (PSMA-positive mCRPC), who have already been treated with hormone therapy. The drug targets PSMA+ cells, a biomarker found on many prostate cancer cells. "In trials, this drug has been shown to slow cancer progression and improve overall survival. This is impressive because it is targeted therapy, and most other prostate cancer drugs aren't as specifically targeted." Dr. Ronson says.

"Despite the potential of radiopharmaceutical treatment, much remains to be explored in terms of targets that can be attacked with radioactive isotopes. That said, these advances are providing many patients with promising new treatment options." •

To refer a patient to the oncology experts at MedStar Georgetown Cancer Institute at MedStar Franklin Square Medical Center, call 410-682-6800.

High-intensity training: Improving functional recovery for patients with complex neurological conditions.

Walking recovery is a primary goal for patients with complex neurological conditions, particularly those who have experienced a stroke. In fact, it is prioritized clinically to improve functional outcomes and overall recovery in this patient population.



“A patient’s ability to walk can directly translate to a successful discharge back to the community,” says **Woojoong Lee, MD**, a physiatrist in the Inpatient Rehabilitation Center at MedStar Good Samaritan Hospital. “With a neurological injury, the range deficits vary greatly, so a number of interventions have evolved in physical therapy to target walking recovery.”

At MedStar Good Samaritan, many patients in Inpatient Rehabilitation are achieving dramatic results through an intervention called high-intensity training (HIT). Provided in partnership with MedStar National Rehabilitation Hospital, the program is designed to optimize motor and functional recovery and is customized to address each person’s unique condition and abilities.



“The benefits of HIT for walking recovery in the neurological population are supported by a well-established body of evidence, most notably among stroke patients,” says

Jonna Carroll, DPT, NCS, at the hospital. “HIT involves walking or stepping that is vigorous enough to keep a patient’s heart rate over a certain target level and has been found to improve walking-related outcomes such as walking speed and distance as well as balance and transfers.”

“High intensity achieved through task-specific exercise, such as the activities that are part of the HIT program, is found to increase brain-derived neurotrophic factor (BDNF), which has been linked to neuroplasticity—the ability of the brain to reorganize itself and form new neural connections,” adds Dr. Lee. “This exercise-imposed neuroplasticity has proven to improve functional performance among patients with neurological conditions.”

During HIT, qualifying patients with stroke, as well as incomplete spinal cord injury, and other central nervous system conditions, participate in gait activities at high aerobic levels that prioritize intensity, repetition, and specificity in order to accelerate recovery and maximize functional potential.

“We monitor each patient’s heart rate (HR) with a target of 70 to 85% of the max or a rating of perceived exertion of 13 to 17 on a 6-to-20-point scale. The goal



Physical Therapists **Lindsay Dimarco, DPT, LSVT BIG**; **Jonna Carroll, DPT, NCS**; and **Michelle Chronowski, DPT, GCS**, work with a patient.



This patient, seen with **Jonna Carroll, DPT, NCS**, made significant progress during HIT training and is now comfortable using a walker.



is to keep the HR in the target range for 20 minutes of a 60-minute session,” explains Carroll. “If a patient is unable to achieve this level of cardiac load or has contraindications, we work with a reduced rate or intensity as close to their max potential as possible while also integrating family training for patients to transition to home.”

Patients who require more assistance may participate through individualized activities that may include the use of a body weight supported harness system and multiple people assisting them. In all cases, variability is introduced early and can include gait over-ground, on the treadmill, with or without body-weight support, adding weight to the trunk and/or limbs, stair negotiation, ramps, curbs, over and around obstacles, sidestepping, and backwards stepping.

“In multiple studies, patients have discharged at higher levels of independence with faster gait speeds with similar improvements in balance and transfers compared to conventional therapy,” notes Carroll.

“This approach has demonstrated improved functional gains as measured by the overall Quality Indicator scoring, making a big difference in the overall long-term recovery of our patients.”

“Regaining the ability to walk is one of the primary objectives of rehabilitation therapy among individuals with neurological challenges,” says Dr. Lee. “While most of these patients do eventually attain some level of mobility through conventional physical therapy interventions, many do not achieve the ambulation endurance, speed, or security to perform their daily activities safely—which negatively affects their quality of life. Participating in HIT can be life-changing for these patients.” •

For more information about HIT and the Inpatient Rehabilitation Center at MedStar Good Samaritan Hospital, visit [MedStarHealth.org/HighIntensity](https://www.MedStarHealth.org/HighIntensity) or call 443-444-4701.

Innovative program streamlines process for accessing gastrointestinal specialists.

Digestive diseases are extremely common, ranging from the occasional upset stomach to the more life-threatening colon cancer and encompass disorders of the gastrointestinal tract, the liver, the gallbladder, and the pancreas. They may be acute and self-limiting, chronic and debilitating, or sudden and devastating. Yet some patients suffer with symptoms for years until their digestive condition is accurately diagnosed.

to our GI team to get the expert care they need within 48 to 72 hours.

Designed to help identify problems your patients may be facing before they become critical, the GI Connected Care program offers a convenient telehealth appointment with a GI specialist prior to procedures, eliminating the wait for an in-person visit.

The program is available to patients who need a pre-procedure appointment for a screening colonoscopy or present with new GI symptoms such as bleeding, bloating, constipation, diarrhea, heartburn, pain, nausea, and vomiting. Once a referral has been received, the patient is contacted immediately to schedule a telehealth appointment. After the appointment, all consult notes are shared with the referring provider.

"We understand that some patients are uncomfortable talking about GI symptoms. As GI specialists, we know what questions to ask. Through this program, we hope to expedite the process for referring patients to us when there are GI concerns," says Gastroenterologist **Anusha Vittal, MD**.

"Many of our physicians are at the forefront of developing nationwide standards of care. With our extensive research network, our patients often have the opportunity to participate in procedures and technologies available at only a handful of centers across the country."

MedStar Health also offers advanced technology for diagnosis and treatment of digestive disorders. •

For a consult with a GI specialist, or to refer a patient to our MedStar Health GI Connected Care program, call 443-782-7640.



Lester Bowser, MD, gastroenterologist, conducts a telehealth appointment with a patient.

"At MedStar Health, our gastroenterology team has specialized training and extensive real-world experience that allows us to accurately diagnose

and treat even the most complex of conditions," says **Abhijit Bhatia, MD**, chief of Gastroenterology and director of Endoscopy at MedStar Good Samaritan Hospital and MedStar Union Memorial Hospital. "Plus, we have some of the country's most widely respected gastroenterologists readily available to see patients throughout the Baltimore and Washington, D.C., regions."

To make accessing this care easier, MedStar Health launched GI Connected Care, a program created to streamline the process for qualifying patients referred

Using virtual reality to test for early Alzheimer's disease.

Getting lost in familiar spaces can be one of the earliest and most alarming indications of Alzheimer's disease. With the help of virtual reality (VR) technology, this warning sign could soon be used as an opportunity for early diagnosis.

"Symptoms of Alzheimer's disease can include trouble with spatial navigation as well as problems with cognition, memory loss, and difficulty completing familiar tasks," explains **Gary Volkell, DO**, a board-certified neurologist and director of Movement Disorders at MedStar Franklin Square Medical Center. "Spatial navigation is a complex skill that integrates visual perception, spatial orientation, learning, and memory information. These processes occur in the brain's medial temporal lobe, where Alzheimer's disease first causes damage."

At MedStar Health, Dr. Volkell is collaborating with **Dario Martelli, PhD**, senior research scientist for Orthopaedics and Sports Medicine Research and director of the Innovation in Motion Laboratory at MedStar Union Memorial Hospital, on an innovative study that is exploring the validity of a virtual reality floor maze. The VR could help spot spatial navigation symptoms of Alzheimer's disease when irreversible nerve damage has just begun, giving patients the best chance at effective treatment.

"While there are existing spatial navigation tests that use mazes, they have limitations because they don't fully engage the multisensory process involved in navigating through space," says Dr. Martelli. "We think virtual reality technology can help."

The study uses commercially available VR headsets and free software to create virtual floor mazes that can be easily changed. This allows a great deal of flexibility to present new maze challenges to patients and precisely

track their movements within a safe 33-foot by 33-foot room outfitted with cameras.

Individuals over age 65, including those with mild cognitive impairment, are currently being enrolled in the study at MedStar Franklin Square. During the study, they will navigate four mazes representing two types of navigation and two types of exploration. Before each maze, participants will see the course and plan their route. After completing each maze, participants will be asked to wait 10 minutes before trying again without a chance to prepare.

The researchers will monitor how long each maze takes to finish, conduct neurological tests to learn about participants' brain function, and observe how their brains work using functional near-infrared spectroscopy while navigating the maze and at rest. They will also analyze their gait using trackers.

"With this data, we hope to determine if the virtual reality floor maze tests expose differences in navigation performance; if the test can help differentiate between levels of risk of cognitive decline; and how floor maze test results relate to participants' performance on neurological tests," Dr. Martelli says.

"We believe the virtual reality floor maze test can help more people get essential information about potential cognitive decline. Critically, these tests may be able to show evidence of decline earlier, allowing more patients an opportunity for effective treatment that can slow the progression of Alzheimer's disease. •

To learn more or to enroll a patient in the study, contact Cynthia Yashinski, clinical research coordinator, MedStar Health Research Institute, at cynthia.l.yashinski@medstar.net.

Quick reads.

New protocol between Urgent Care and Vascular Surgery expedites testing and treatment for deep vein thrombosis.



MedStar Health Urgent Care can provide expedited access to specialty care. Patients may reserve a spot online at [MedStarHealth.org/Services/Urgent-Care](https://www.MedStarHealth.org/Services/Urgent-Care). To reach the Vascular Surgery team, please call **410-554-2950**.

When a patient presents with symptoms indicative of deep vein thrombosis (DVT), they are often subjected to a slew of tests and procedures out of an abundance of caution. While this is appropriate to ensure the timely diagnosis and treatment of a potentially serious medical condition, in many cases it is unnecessary.

At MedStar Health, a system-wide collaboration between our Urgent Care centers and Vascular Surgery aims to address this challenge through a unique program designed to diagnose or rule out DVT accurately and efficiently...thus minimizing the risk of unneeded treatment or missing a clot.

"If a patient comes into one of our Urgent Care centers with concerning symptoms, a telehealth visit is initiated with one of our vascular specialists," explains **Raghuvveer Vallabhaneni, MD, FACS, FSVS**, director of Vascular Surgery, MedStar Health, Baltimore region.

"We work with the on-site provider using a combination of clinical assessment tools to potentially identify or exclude DVT. Patients at higher risk for DVT are then referred to one of our 20 ambulatory vascular labs for further evaluation and treatment. They may also be prophylactically started on blood thinners until they get their ultrasound study in an outpatient setting," he adds.

"It's a streamlined process that ensures patients get the appropriate care when and where they need it and it helps decrease unnecessary emergency room visits."

DVT affects as many as 900,000 Americans each year. People often develop DVT because of a known or undiagnosed bleeding disorder, if they recently had an invasive surgery, or as a result of being temporarily immobile due to a long plane ride or bed rest. DVT is dangerous because of its potential to cause a life-threatening pulmonary embolism, long-term complications like post-thrombotic syndrome, and the fact that it can be asymptomatic in some cases.

In memoriam: E.F. Shaw Wilgis, MD.



E.F. Shaw Wilgis, MD, center, with Kenneth Samet, FACHE, president and CEO of MedStar Health, and James Higgins, MD, chief of the Curtis National Hand Center.

It is with deep sorrow that we announce the passing of **E.F. Shaw Wilgis, MD**, an internationally renowned pioneer in the field of hand surgery and co-founder and former chief, of the Curtis National Hand Center. As an esteemed leader, dedicated educator, and revered mentor for generations of surgeons, Dr. Wilgis will be remembered for his global contributions to the hand specialty...most notably, his advanced microsurgical techniques for vascular disorders, nerve injuries, and reconstructive hand surgery.

As the driving force behind the move to obtain funding from Congress to establish the Curtis Hand Center as a national hand center, his impact reached far beyond the walls of this institution. Dr. Wilgis was honored with a Lifetime Achievement Award by the International Federation of Societies for Surgery of the Hand in 2010, on which occasion this video was made.

Scan this QR Code to watch the video.



MedStar Franklin Square Medical Center achieves unique distinction from the National Accreditation Program for Breast Centers.



To refer a patient to the Breast Center at MedStar Franklin Square Medical Center, call **443-777-6500**.

The Breast Center at MedStar Franklin Square Medical Center has earned Accredited status by the National Accreditation Program for Breast Centers (NAPBC), a quality program administered by the American College of Surgeons (ACS), for a distinctly rare fifth consecutive accreditation cycle.

This significant achievement underscores MedStar Health's long-term commitment to providing the highest standard of care for patients with breast diseases as hospitals must consistently meet or exceed rigorous standards during each three-year evaluation.

"This prestigious accreditation demonstrates our leadership in delivering the highest level of patient-centered, multidisciplinary care to individuals facing breast disease," says **Mahsa Mohebtash, MD**, medical director of MedStar Health Community Oncology. "The high standards to earn this distinction are, and have been, the foundation of our program for more than 15 years. No one else in the region can say that."

Quick reads.

Art Moves.



A patient participates in the Art Moves class.



Watch this video to see Art Moves in action.

On April 11, MedStar Franklin Square Medical Center and MedStar Good Samaritan Hospital hosted a special event for Parkinson's disease patients and their families to help defy movement disorders. Called "Art Moves," guests met with local artist Asho Buckingham along with teams from both hospitals for an afternoon of Jackson Pollock-style painting. A fitness and agility program called Rock Steady Boxing—designed specifically for people with movement disorders—was also held during the event.

This event was conceived based on a 2021 Penn Medicine study that found differences in the neural systems of individuals with Parkinson's disease and a non-affected control group while perceiving and valuing high-motion art. The initial study data suggests that when those with movement disorders see and experience abstract art, their brains are able to interpret and experience movement in novel ways as compared to non-affected control participants.

MedStar Union Memorial Hospital receives three stars for CABG and Multiprocedural.

The Society of Thoracic Surgeons



CABG

Coronary Artery Bypass Grafting



Multiprocedural

Composite Quality Rating

Three stars recognize MedStar Union Memorial Hospital for the highest achievable metrics in the U.S. in these categories.

In the recently released Society of Thoracic Surgeons (STS) star ratings for the three-year period ending December 2024, MedStar Union Memorial Hospital earned three stars—the highest rating possible—for both Coronary Artery Bypass Grafting (CABG) and the new Multiprocedural Composite Quality Rating. The new composite category, developed by the STS, evaluates overall performance across multiple major adult cardiac procedures. It combines risk-adjusted mortality and morbidity data from isolated CABG, aortic valve replacement (AVR), and mitral valve repair/replacement (MVR/MVR) procedures, with or without CABG.

These ratings reflect MedStar Union Memorial's continued commitment to clinical excellence and outstanding patient outcomes in cardiac surgery. To refer a patient for cardiac surgery, call **410-554-6550**.



Connect with: Othman Abdul-Malak, MD, MSC

Othman Abdul-Malak, MD, MSC, is a board-certified vascular surgeon with the MedStar Health Vascular & Endovascular Surgery program—the largest program of its kind in the region. Our program's 21 vascular surgeons provide care throughout the Maryland, Washington, D.C., and Northern Virginia region.

As part of this esteemed team of specialists, he sees patients at several sites, performing the full spectrum of vascular surgery procedures and treating conditions such as peripheral arterial disease, aortic aneurysms, carotid disease, and venous disease, among other vascular conditions. Dr. Abdul-Malak spoke with *Connect* about why he chose to specialize in vascular surgery, what he enjoys most about his profession, and his philosophy of care.

Why did you choose to specialize in vascular surgery?

I was drawn to vascular surgery because of the breadth of the specialty. Treating vascular disease requires an understanding of the entire anatomy and it is often a long-term condition. From a surgical perspective, our training is extremely comprehensive. We are trained in open, complicated surgery and minimally invasive, endovascular procedures. That appealed to me as well. We don't prefer one treatment over another...we treat patients based on what is best for them.

What is it that you enjoy most about your profession?

The best vascular care integrates both medical and surgical treatments. I derive a great deal of satisfaction working with each of my patients to create personalized treatment plans based on their unique pathology and anatomy. Beyond surgical methods of treatment, I strongly encourage lifestyle and behavior modifications, such as supervised exercise therapy and smoking cessation, to optimize individual patient outcomes.

MedStar Health has an extremely robust vascular program and has long been at the forefront of technology. As a result, we have access to many new technologies and innovations that allow for treating a wider breadth of patients...patients who might not be a candidate for more traditional methods or procedures. For example, I'll often combine minimally

invasive techniques with traditional surgery in hybrid procedures. I am also committed to advancing research in our field and am particularly interested in peripheral arterial disease, both in improving healthcare outcomes and addressing the lack of access to vascular care.

What is your philosophy of care?

When my patients leave my clinic, I hope that they feel seen and heard. There is nothing worse in my mind than undergoing an intervention or procedure without understanding the "why." That is why I take the time not only to ensure that my patients understand their diagnosis but also to work with them to come up with a treatment plan that they feel comfortable with and that aligns with their personal goals and lifestyle.

Caring for the vascular patient is a team sport...no one physician can do it by themselves. I want referring physicians to know that I am here to collaborate and coordinate care with any and all of my patients' providers. There is no question too small to pick up the phone and discuss with me. •

To refer a patient to Dr. Abdul-Malak at MedStar Franklin Square Medical Center, Dorsey Hall, or Perry Hall, call 443-777-1900.

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