

CONNECT

A MAGAZINE FOR PHYSICIANS

SUMMER 2026

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Transthyretin Amyloid
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Versatile Treatment for Some
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Advancing Adolescent Scoliosis
Surgery with Robotic Precision
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**Integrating Colorectal Surgery and Gastroenterology:
A Multidisciplinary Model for Comprehensive IBD Care.**

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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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Please submit any comments to: baltimoremarketing@medstar.net.

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On the Cover

Gastroenterologist Lauren George, MD, and colorectal surgeon Sherief Shawki, MD, co-directors of the new Inflammatory Bowel Disease Program for Central Maryland, offer patients access to advanced care within a coordinated, holistic approach.

Dear Readers,

Clinical excellence today depends not only on individual expertise, but on the well-designed systems that connect providers, coordinate care, and support patients throughout their healthcare journey. The topics highlighted in this issue demonstrate how our teams work together to innovate and improve care, while reflecting our clear principle: It’s how we treat people.

Our cover story introduces the new inflammatory bowel disease program at MedStar Franklin Square Medical Center. This joint program of colorectal surgeons and gastroenterologists provides truly comprehensive care for patients with Crohn’s disease and ulcerative colitis. By uniting these specialties under one program, patients receive a coherent treatment plan regardless of whether their needs are medical, surgical, or both. For patients managing a lifelong condition, that continuity can be transformative.

At MedStar Union Memorial Hospital, the Advanced Heart Failure team has established a cardiac amyloidosis program with a complex infrastructure to offer therapeutics that are not widely available elsewhere. Optimal management of these patients often require collaboration between cardiovascular clinicians, advanced imaging specialists, genetic counselors, clinical pharmacists, financial counselors, palliative care specialists, rheumatologists, pulmonologists, neurologists, infectious disease specialists, and others. This unique approach offers our patients comprehensive, multidisciplinary care for their disease.

This issue celebrates a major milestone in nursing excellence across our Central Maryland region. MedStar Good Samaritan Hospital recently earned the Magnet® Recognition with Distinction™—the highest level of recognition awarded by the American Nurses Credentialing Center’s (ANCC) Magnet Recognition Program®. In addition, MedStar Union Memorial Hospital received its first Magnet designation, achieved by only approximately 10% of hospitals worldwide. Finally, MedStar Harbor Hospital received ANCC accreditation for its nurse residency program. These achievements reflect the extraordinarily high standards of service, innovation, and teamwork, demonstrated by our nurses every day.

Together, these stories are a testament to what becomes possible when the systems behind care are as strong as the clinicians delivering it. We are grateful for your engagement with this work, and for your dedication to the communities we serve.

In good health,



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

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Meet our new providers.

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Case study: Bilateral total hip arthroplasties performed on the same day.

Patient presentation

A 35-year-old man presented with past medical history notable for severe asthma, years of oral steroid use, and a prior history of daily alcohol use. He was referred by his primary care provider for bilateral hip pain. Patient localized the pain to deep in his groin as well as on the lateral aspect of both hips. His left side bothered him slightly more than his right. Patient worked as a mechanic, but was having a difficult time functioning in this role secondary to his pain. He required a cane for any ambulation, and had become reliant on a wheelchair for long distances.

Assessment and diagnosis

Despite conservative measures including activity modification, NSAIDs, and Tylenol®, patient's pain continued to progress. He was diagnosed with avascular necrosis of his hips bilaterally, which had progressed to femoral head collapse on both sides. Preoperatively, the patient was sent for ESR and CRP to evaluate for septic arthritis given the relatively rapid progression of his femoral head collapse. These lab markers were slightly elevated, so he underwent bilateral hip aspirations, which were not concerning for infection.

Treatment

Treatment involved bilateral total hip replacements. The decision was made to do both hips on the same day to assist the patient with ambulation postoperatively. The left side was done first, as this side was more symptomatic. At the conclusion of the first side, a conversation with anesthesia determined that the patient was doing well from a medical standpoint. The decision was made to move forward with the second side. Intraoperatively, fluoroscopy was used to assist with component positioning and leg length symmetry.

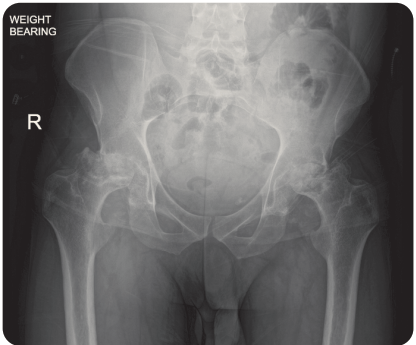
Outcome

The patient cleared physical therapy on post-op day one. Given the bilateral nature of his procedure, the decision was made to keep him until post-op day two for continued monitoring. He was discharged home on post-op day two without any issues.

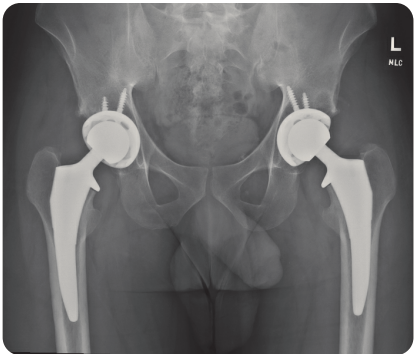
Patient was seen for his first postoperative visit three weeks after surgery. He walked in to his clinic visit without a cane or a walker, and reported taking only Celebrex® for pain control. He returned to work, starting with light duty, the following week. At his three-month follow-up, he continued to do well and will return in one year for repeat clinical and radiographic evaluation. •



Taylor DAmore Kimball, MD, specializes in complex hip and knee replacement, including revision surgeries for infection, implant loosening, and wear. Dr. Kimball is also trained in the latest robotic-assisted and computer navigation technologies.



Pre-operative AP pelvis radiograph



Post-operative AP pelvis radiograph

To refer a patient to Dr. Kimball, please call **410-554-2850**.

Personalized care for critical, complex, and treatment-resistant epilepsy.

Patients with epilepsy whose seizures have not improved, are unresponsive to conventional therapies, or were previously deemed ineligible for surgeries, now have expanded treatment options. MedStar Health's Epilepsy Program includes neurocritical care at MedStar Franklin Square Medical Center and unique neurosurgical expertise at MedStar Georgetown University Hospital.

“Critical patients with epilepsy—both those with an established diagnosis and those experiencing seizures for the first time—are transferred to us for safe management while we complete advanced diagnostic workups and provide stabilizing treatment,” says neurointensivist **Scott DeBoer, MD, PhD**, director of the neurocritical care unit.



For these cases requiring emergent or inpatient management, MedStar Franklin Square has continuous electroencephalogram (EEG) monitoring as well as point-of-care EEG, allowing identification of seizures in less than 10 minutes. The intensivists can stop status epilepticus and provide 24/7 management of these refractory and super-refractory cases.

“We are able to identify the cause of first-time seizures using EEG and high-resolution brain MRI that can specifically



MedStar Health's Epilepsy Program includes unique neurosurgical expertise at MedStar Georgetown University Hospital, and a neurocritical care unit at MedStar Franklin Square Medical Center (pictured above).

recognize seizure-based sequences and look for small structural problems in the brain,” says Dr. DeBoer. “After diagnosis, patients begin anti-seizure medications, and once they are under control, can be transitioned to ongoing care with an outpatient epilepsy specialist.”

Nationally recognized epilepsy expertise



Through interdisciplinary discussions with outpatient epileptologists and the patients' neurologists and primary care physicians, the neurocritical care team helps identify those patients who could benefit from surgical intervention. When appropriate, they facilitate a referral to their colleagues at MedStar Georgetown in Washington, D.C., where neurosurgeon **Kareem A. Zaghloul, MD, PhD**, and neurologist **Sara K. Inati, MD**, offer nationally recognized epilepsy expertise. MedStar



Georgetown has the National Association of Epilepsy Centers (NAEC) Level 4 designation—the highest possible level of care.

With a focus on enhancing quality of life and reducing mortality, Drs. Zaghloul and Inati manage focal and generalized epileptic seizures including drug-resistant epilepsy, lesional and tumor-related epilepsy, and other unique electrical disturbances of the brain.

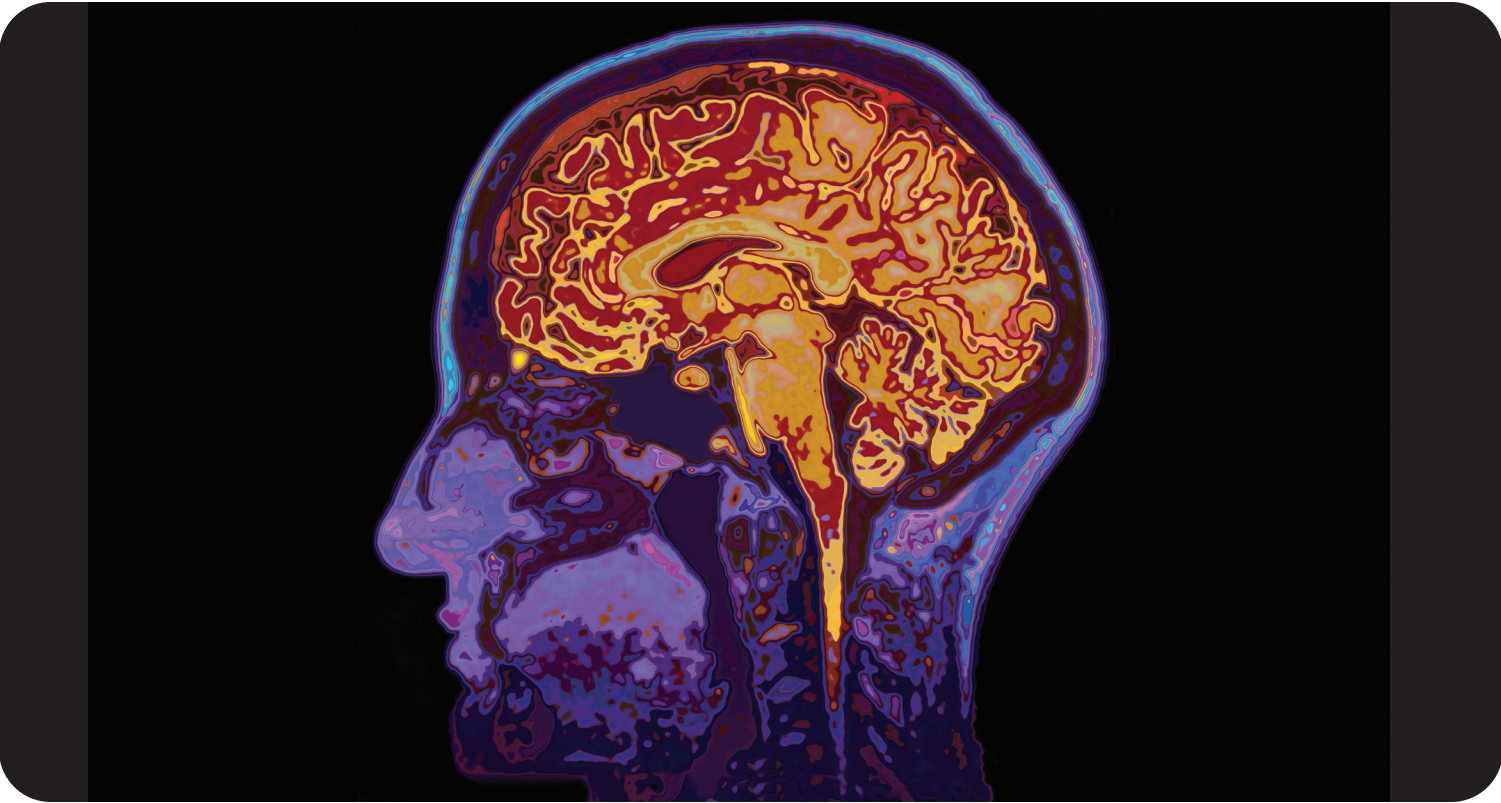
Patients in this surgical program receive comprehensive, personalized reassessments and customized care plans, leveraging innovative treatments and state-of-the-art diagnostics such as non-invasive and invasive EEG recordings, neuroimaging studies, and functional brain mapping.

The program offers advanced diagnostics using:

- phase I EEG evaluations integrated with high-resolution imaging (MRI, fMRI, PET, and SPECT), neuropsychological assessments, genetic testing, and Wada testing as clinically appropriate.
- phase II evaluations with stereo EEG using robotic stereotactic assistance (ROSA) or subdural grids and strips when medically necessary, along with direct cortical stimulation mapping.
- multidisciplinary reviews supported by neurology, neurosurgery, radiology, and nursing.

Treatments may include:

- guidance regarding tailored medication management.



- resection of the seizure focus, including temporal lobectomy or cortical resection.
- resection of tumors or other brain lesions.
- corpus callosotomy, which restricts seizure activity to one half of the brain by disrupting the nerve pathways that connect its hemispheres.
- neuromodulation therapy with modalities such as:
 - responsive neurostimulation (RNS): A device is implanted in the skull connected to electrodes in the brain that constantly monitor brain activity. When it detects the very beginning of a seizure, it delivers a small electrical pulse to stop it from spreading.
 - deep brain stimulation (DBS): This device provides continuous electrical stimulation to a part of the brain called the thalamus. This helps lower the brain's overall irritability over time, reducing the frequency of seizures.
 - vagus nerve stimulation (VNS): This device sends pulses of electricity to the brain through the vagus nerve in the neck. This also helps lower the brain's overall irritability over time, helping to control seizures.

“Our combination of advanced neurosurgery care, stereotactic approaches, and clinical neurophysiology expertise means that patients will benefit from more precise diagnoses, expanded options for surgeries and device placements, and effective guidance—achieving better outcomes and renewed hope,” says Dr. Zaghloul.

Dr. Inati also emphasizes that key to their approach is a “close partnership with referring neurologists from initial consultation through every stage of patient care.” •

To make a referral to MedStar Health's surgical epilepsy program, please call Program Coordinator Lindsay Ray, at **410-949-2206**.

Our local outpatient epileptologists offer cutting-edge and conventional anti-seizure regimens to help control epilepsy, along with all initial testing and ongoing management. If your patient could benefit from a consultation, we invite you to contact:

- Jennifer Haagensen, DO, **410-777-7320**
MedStar Franklin Square Medical Center
- Syed Shabbir, MD, **410-777-7320**
MedStar Franklin Square Medical Center
- Bahareh Sianati, MD, **410-554-2286**
MedStar Union Memorial Hospital

Our teams partner closely with referring physicians and patients across all phases of epilepsy care, ensuring clear communication, regular updates, and a seamless return to primary neurologists and care teams. This collaborative approach helps create supportive, positive experiences for patients and their families.

Novel therapies for transthyretin amyloid cardiomyopathy offer new hope to patients.

Transthyretin amyloid cardiomyopathy (ATTR-CM) is a serious and complex infiltrative cardiomyopathy believed to affect approximately 50,000 to 150,000 Americans. The condition consists of abnormal structural changes in the normal transthyretin (TTR) protein—caused by aging or a hereditary gene substitution, resulting in the misfolding of TTR protein—and can result in amyloid deposits in the myocardium leading to restrictive cardiomyopathy and heart failure.

Historically, ATTR-CM was underdiagnosed, lacked effective treatment, and was frequently fatal. Now, the prognosis is much more optimistic.



▲ **Farooq Sheikh, MD, medical director of Advanced Heart Failure in the Washington, D.C., region, enrolled the world's first patient in the initial vutrisiran trial, leading to its FDA approval in 2025.**

“Through a combination of advanced detection with new imaging technology and an increase in disease awareness among clinicians, patients are being diagnosed earlier in the disease process,” explains **Sandeep Jani, MD**, medical director of the Advanced Heart Failure Program in the Central Maryland region. “We also now have effective medications to offer our patients. These treatments are making a real impact in the quality and length of life for people with ATTR-CM.”

New medication reduces amyloid deposits

At MedStar Union Memorial Hospital, Dr. Jani's team is now offering AMVUTTRA® (vutrisiran), a small interfering RNA therapeutic intended to reduce amyloid deposits by preventing the production of the TTR protein. Subcutaneous injections are given onsite at the hospital about every 12 weeks. MedStar Health's Infiltrative Cardiomyopathy Program, led by **Farooq Sheikh, MD**, who also serves as medical director of Advanced Heart Failure in the Washington, D.C., region, enrolled the world's first patient in the vutrisiran trial. Study results demonstrated reduced mortality and adverse cardiovascular events while preserving quality of life in patients with ATTR-CM, and the drug received FDA approval in 2025.

Vutrisiran is not widely available outside of advanced amyloidosis programs. To offer the medication, sites must have a coordinated infrastructure that includes a specialty pharmacy, insurance authorization workflows, and ongoing clinical monitoring. Our program is comprehensive—a collaboration among heart failure physicians, advanced imaging specialists, cardiac electrophysiologists, interventional cardiologists, cardiac surgeons, advanced practice providers, nurse navigators, cardiac genetic counselors, clinical pharmacists, financial counselors, palliative care specialists, with as-needed support from rheumatology, pulmonology, neurology, infectious disease, pathology, hematology/oncology, and radiology. This structure supports patients from diagnosis through long-term treatment planning, and ensures they are evaluated for all available therapeutic options.

“After a long period with few viable options for these patients, we are now in an era of meaningful therapeutic progress,” says Dr. Jani. “Our approach is to carefully assess each patient's clinical profile, ensuring that we discuss all available treatment pathways so they can make informed decisions.”



◀ **Sandeep Jani, MD, medical director of Advanced Heart Failure in the Central Maryland region, is now offering vutrisiran for patients with ATTR-CM. This new medication has a significant impact on the quality and length of life for these patients.**

Approved and investigational drugs

In addition to vutrisiran, another FDA-approved treatment for ATTR-CM is tafamidis, a TTR stabilizer, shown to reduce the risk of death and cardiovascular hospitalization while improving quality of life. Acromadis is another recently FDA-approved TTR stabilizer. MedStar Health was part of the ATTRibute-CM trial that led to approval of acromadis and continues to participate in the long-term extension study.

Eplontersen, a TTR silencing agent, is being evaluated in the Cardio-TTRansform trial, in which MedStar Health investigators are participating. Our clinicians are also evaluating the impact of nuresiran (third generation RNA interference therapeutic agent) on reducing all-cause mortality and cardiovascular events. In this phase 3 TRITON-CM study, patients with ATTR-CM are given a subcutaneous injection of nuresiran twice a year.

There are a number of other active clinical trials underway to address alternative pathways involved in ATTR-CM disease development.

Gene-editing therapy

In May 2025, MedStar Health investigators enrolled the first U.S. patient (second in the world) in the gene-editing trial, MAGNITUDE. This international, phase 3 study is evaluating the medication NTLA-2001, which uses the gene-editing system CRISPR/Cas9 to find and disable the

TTR gene in the liver, where most TTR protein is produced. NTLA-2001 is the first investigational CRISPR therapy to be administered intravenously to edit genes inside the human body. Interim Phase 1 and 2 clinical trial data showed consistent and long-lasting TTR protein reduction. NTLA-2001 is given as a one-time intravenous infusion.

Targeted depleting agent

Finally, there is much excitement related to the initiation of the DepleteTTR-CM study for which we are enrolling patients. This trial is investigating the safety and efficacy of the depleting agent ALXN-2220 in actively targeting and removing amyloid deposits. Patients receive infusions of either ALXN-2220 or a placebo and are monitored and assessed over a period of several years.

“With the confluence of these studies and emerging new treatment options superimposed onto the reality that patients are living longer, there is a lot of hope for our amyloidosis community,” says Dr. Sheikh. “Our teams are passionate about continuing to improve the lives of patients and are committed to the ongoing exploration of new and improved avenues of treatment.” •

To refer a patient, please call **410-554-6550**.



< IBD Program Physicians: Back row: Vinshi Khan, MD; Sherief Shawki, MD; Philip Jeffrey Ferris, MD; David Lisle, MD; Front row: Lauren George, MD; Dana Sloane, MD

Integrating colorectal surgery and gastroenterology:

A multidisciplinary model for
comprehensive IBD care

Uncertainty is one of the biggest challenges faced by patients diagnosed with an inflammatory bowel disease (IBD) such as Crohn's disease and ulcerative colitis. While the availability of proven treatments for effectively managing symptoms may offer some comfort, IBD-related concerns can influence and, sometimes, overwhelm patients' efforts to lead normal lives—from the potential of unexpected flare-ups to adapting as the disease evolves over time. →



“The advantage of our program is that we’re all involved as a team—we’re interconnected and talking with each other about patients, what they need now and might need in the future.”

—Sherief Shawki, MD

Colorectal surgeons and gastroenterologists discuss treatment plans for their IBD patients. Seen on the monitor is an endoscopic view of a continent ileal reservoir (K-pouch) valve.

A new program at MedStar Franklin Square Medical Center aims to help patients with IBD confidently manage their condition and all that it entails. The Center for Digestive Disease co-locates the hospital’s gastroenterologists and colorectal surgeons to provide a comprehensive approach to treatment, and a more seamless experience for patients.

“The goal of our care network is to optimize the patient experience through robust access and constant collaboration across the entire treatment team,” says **Dana Sloane, MD**, gastroenterology site director at MedStar Franklin Square. “It is truly a team-based approach, including not only physicians and surgeons but also nurses, nutritionists, psychologists, pharmacology specialists, and infusion centers.”

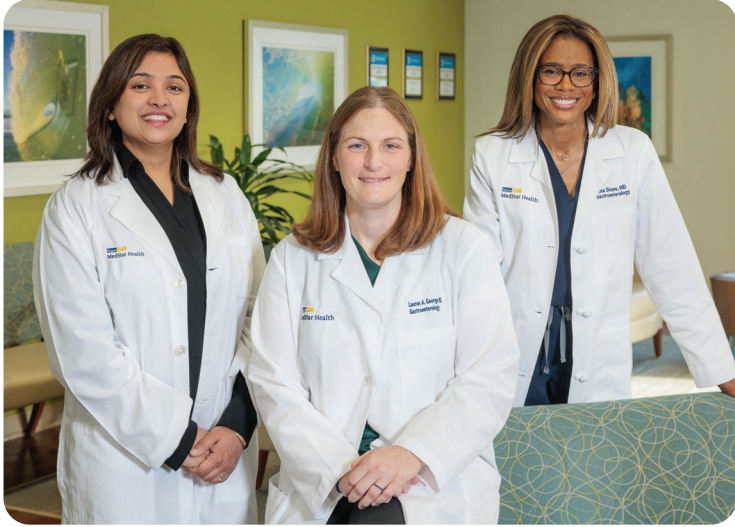
Colorectal surgeon and co-director of the IBD Program in Central Maryland **Sherief Shawki, MD**, adds that the growing prevalence of IBD in society, particularly among young adults, heightens the need for a lifelong, comprehensive care program.

“We’re not just treating the disease with medication or surgery, but also helping patients and their families live and cope with the condition,” Dr. Shawki explains. “The advantage of our program is that we’re all involved as a team—we’re interconnected and talking with each other about patients, what they need now and might need in the future.”

The challenges of managing IBD

Cultivating a close relationship between patients and their medical team is particularly important, given how IBD symptoms can unfold following the initial diagnosis.

Dr. Sloane, whose team includes gastroenterologists **Lauren George, MD**, co-director of the IBD Program in Central Maryland, and **Vinshi Khan, MD**, explains that Crohn’s disease and ulcerative colitis encompass a broad spectrum of symptoms and management needs, ranging from relatively mild cases treatable with oral medication to those that may require more advanced maintenance therapy.



Gastroenterologists Vinshi Khan, MD; Lauren George, MD; Dana Sloane, MD



Colorectal surgeons Sherief Shawki, MD; Philip Jeffrey Ferris, MD; David Lisle, MD

“IBD patients may be at a higher risk of complications related to their conditions, including infections and certain types of cancer,” she adds. “For that reason, it’s essential to streamline care for patients, ensuring that they not only receive treatment to manage the IBD, but also get preventative care such as vaccinations and cancer screenings. Specialized perinatal care may also need to be coordinated for young women with inflammatory bowel disease who are navigating pregnancy.”

The fact that many patients experience IBD onset at a young age adds another dimension to the care strategy, with psychological considerations to disease management.

“IBD can be a life-changing diagnosis at a time when teenagers and young adults may feel unequipped to manage a chronic disease,” Dr. Sloane says. “At the same time, patients are living longer and thriving, and may require specialized management well into middle age and beyond.”

Dr. Sloane also notes that while the range of treatment approaches has expanded significantly in recent years, including both brand name and biosimilar medications, “it really heightens the need for having experienced specialists that understand the logistics of treatment, their side effects, and what to watch for.”

Advanced surgical strategies

Should a patient require surgical intervention for a gastrointestinal abscess, fistula, stricture, or other complication, the MedStar Franklin Square clinic fosters close collaboration with Dr. Shawki’s team, which also includes colorectal surgeons **David Lisle, MD** and **Philip Jeffrey Ferris, MD**.

“We have capabilities for both fundamental and advanced treatments using all modalities, including open and minimally invasive procedures,” says Dr. Shawki, who joined MedStar Franklin Square following previous practice as a colorectal consultant at the Mayo Clinic and the Cleveland Clinic.

Along with bringing extensive expertise in advanced colorectal surgery using laparoscopic, robotic-assisted, and transanal procedures (TAMIS and taTME), Dr. Shawki says that joining MedStar Franklin Square provided a unique opportunity “to build something that encompasses all facets of care for these diseases. That includes expanding our participation in clinical trials and conducting our own research, potentially including applications of stem cell treatments.”

Fundamental to the new clinic’s goals and services, Dr. Shawki adds, is fostering a personal bond with each patient.

“We’re treating human beings, not simply something that shows up on imaging,” he says. “Because IBD affects how patients feel and their relationships with others, I make it a point to learn about their life, health goals, and lifestyle before we talk about their disease.”

A unified, person-centered approach.

Dr. George adds that the evolving IBD program is all about ensuring access to the services patients and their families need, regardless of whether they are newly diagnosed, have a complex or high-acuity need, or simply want guidance on the most appropriate strategy to manage the disease.

“Together our team provides comprehensive care for patients struggling with chronic illnesses, such as IBD,” she says. “We meet our patients’ needs to ensure they can lead healthy, happy, and productive lives.” •

To refer a patient, please call **443-777-2475**.

Bispecific antibodies offer a new and versatile treatment option for hematologic malignancies and select solid tumors.

“What now?”

It’s a question that patients with multiple myeloma and other forms of cancer often ask as their current form of treatment loses effectiveness. While other therapies may be available, depending on the characteristics of both patient and disease, it may be only a matter of time before another relapse occurs, starting a new search for a way to keep the cancer at bay without further compromising the patient’s quality of life.

The rapid emergence of bispecific antibody therapies, also known as bispecifics or BsAbs, show promise as a means to potentially disrupt this cycle. A form of immunotherapy administered via infusion or shots, bispecifics are specially designed, synthetic proteins that can bind two antigens simultaneously, effectively creating a bridge between a patient’s cancer cells and T cells.

This connection, in turn, enables the immune system to more effectively recognize and destroy cancer cells, including those that survived previous treatment, without many of the side effects associated with conventional therapies for hematologic management such as lymphomas and myelomas. Clinical trials have found that patients receiving the bispecific treatments show significantly longer periods of progression-free survival compared with conventional medications.



Bispecifics have garnered much attention as a valuable new tool in the cancer treatment arsenal, explains **Mounika Gangireddy, MD**, a medical oncologist and hematologist with MedStar Georgetown Cancer Institute at MedStar Franklin

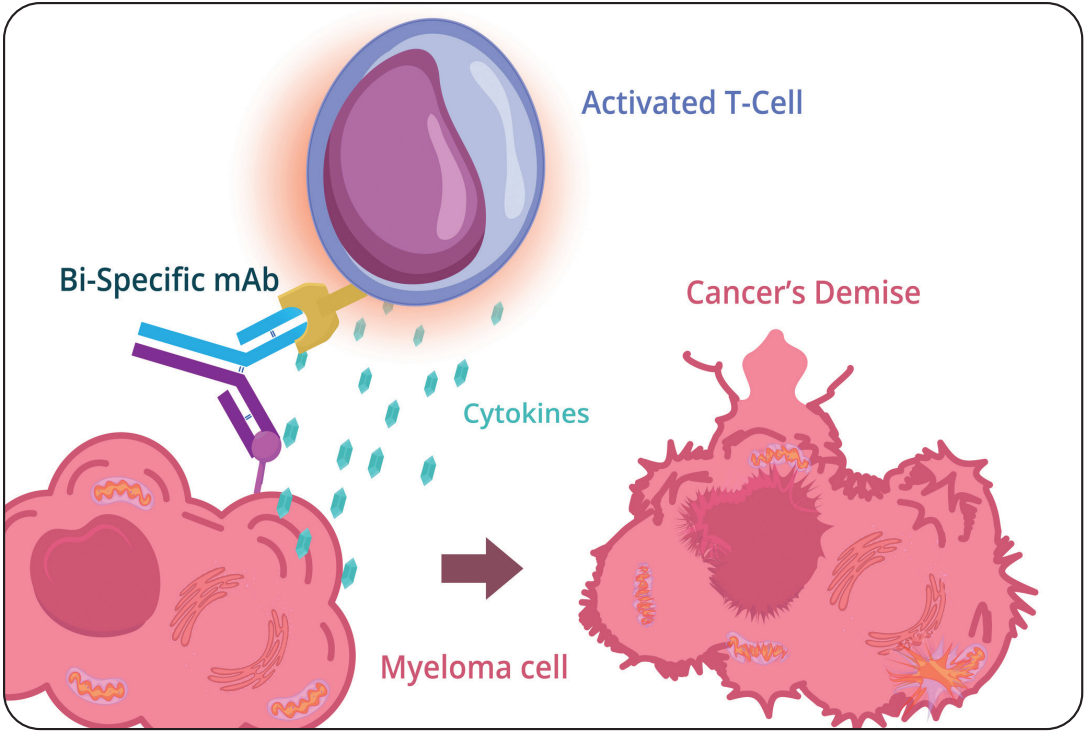
Square Medical Center. As an “off-the-shelf” therapy, bispecifics can offer timely access to treatment when clinically appropriate, adding another important option to the expanding immunotherapy landscape.

“In most cases, a bispecific therapy can be administered on an outpatient basis, further enhancing their accessibility and attractiveness as a treatment option,” Dr. Gangireddy says. She adds that bispecifics have also been used to successfully treat patients whose comorbidities—diabetes or hypertension, for example—limit their eligibility for traditional second- and third-line treatments such as chemotherapy, radiation, or a bone marrow transplant.

“For those patients, this is a game-changer.”

As with all cancer treatments, bispecifics are not panaceas. For example, T cell activation can put patients at higher risk for cytokine release syndrome (CRS), and neurologic toxicity, including immune effector cell-associated neurotoxicity syndrome (ICANS). Patients undergoing immunotherapy are also more susceptible to certain types of infections.

Dr. Gangireddy says that while the side effect profile is certainly a potential limitation that should be carefully



< Bispecific antibodies offer a promising new form of immunotherapy involving specially designed, synthetic proteins that can bind two antigens simultaneously, effectively creating a bridge between a patient’s cancer cells and T cells.

considered before pursuing a BsAbs treatment strategy, “institutions that are working with bispecifics already have the experience in treating and managing these conditions, with established safety protocols for patient eligibility, dosing, monitoring, and response.”

“BsAbs are not for all patients, but their versatility points to them playing a larger role in cancer treatment,” says Mounika Gangireddy, MD. “A lot of clinical trials are trying to push them as a first-line treatment, and they could well become the standard of care in the future.”

Currently, the oncology team at MedStar Franklin Square is working closely with colleagues at MedStar Georgetown University Hospital in Washington, D.C., to make bispecific treatments more readily accessible to patients in Central Maryland. Some of the blood and lymphatic system cancer medications for which the team already has robust data include glofitamab for diffuse large B-cell lymphoma (DLBCL), and teclistamab for myeloma. For solid tumors, amivantamab for non-small cell lung cancer and tarlatamab for small cell lung cancer show particular promise as well.

“We’ll be collaborating closely with our colleagues in D.C., where other types of bispecific treatments may be provided,” Dr. Gangireddy adds.

Bispecifics could play a larger role in cancer treatment, as research expands and new forms are approved. Dr. Gangireddy notes that approvals of new bispecifics have accelerated in the past year, with significant results in treating other forms of the disease.

“BsAbs are not for all patients, but their versatility points to them playing a larger role in cancer treatment,” she says. “A lot of clinical trials are trying to push them as a first-line treatment, and they could well become the standard of care in the future.”

For now, the most important benefit that bispecific antibodies offer is hope, particularly for patients struggling with traditional forms of treatment.

“And that’s what we want—options that may help patients improve their chances of survival and enjoy a better quality of life in the process.” •

To refer a patient to Dr. Gangireddy, please call **443-777-7147**.

Advancing adolescent scoliosis surgery with robotic precision.



Zan Naseer, MD, a dual-fellowship-trained orthopaedic surgeon specializing in complex and minimally invasive adult spine surgery as well as pediatric spine deformity and scoliosis surgery, uses robotic technology at MedStar Union Memorial Hospital to provide a highly precise and individualized approach for his patients. Dr. Naseer has spent several years fine-tuning the strategy, building a surgical team with deep familiarity in using the platform, and providing excellent outcomes for his young patients.

“During surgery for scoliosis, screws must be placed within millimeters of the spinal cord, so accuracy is critical,” explains Dr. Naseer. “We obtain intraoperative imaging to map each patient’s anatomy and plan the exact size and trajectory of every screw. The robotic system then helps us execute that plan with a high degree of precision. This approach offers enhanced accuracy, efficiency, and consistency.”

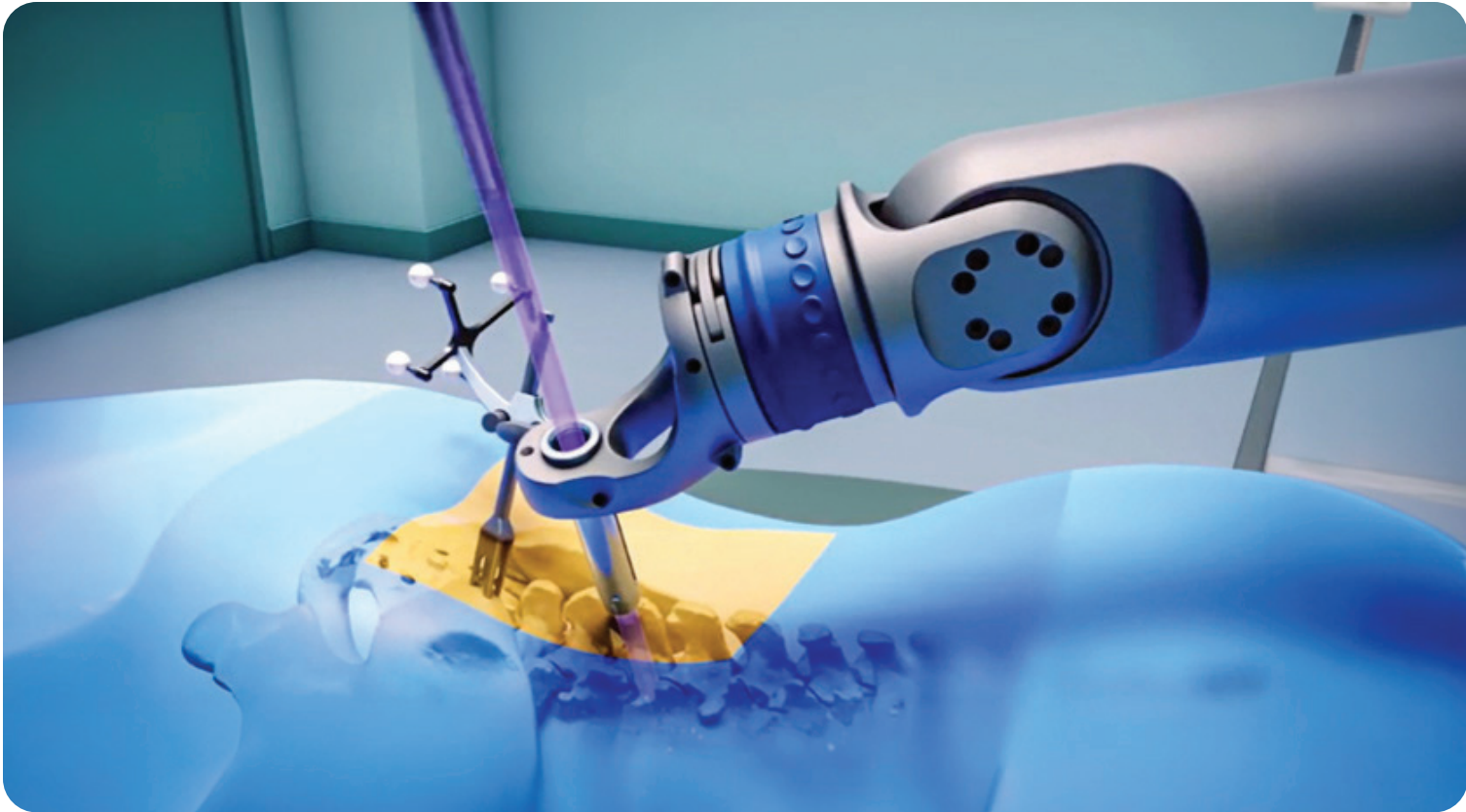
Importantly, robotic assistance complements—rather than replaces—surgical expertise.

“We maintain a full range of surgical techniques and deploy them when needed,” notes Dr. Naseer. “There are always anatomic variations that require experience and adaptability.”

Understanding the broader treatment spectrum

Scoliosis is diagnosed when there is a spinal curve greater than 10 degrees and management depends on curve severity and skeletal maturity. Mild curves can be monitored with periodic imaging, and children with moderate curves (typically 25 to 50 degrees) may benefit from custom bracing to prevent progression.

“There is a wide window in which we can manage these patients conservatively,” Dr. Naseer explains. “The key is identifying those at risk for progression and following them appropriately.”



MedStar Health was the first in Maryland to place a robotic-assisted pedicle screw in the spine, and remains one of the few systems nationwide to offer this robotic approach for the treatment of adolescent scoliosis.



^
Zan Naseer, MD, specializes in complex and minimally invasive spine surgery with particular experience in advanced surgical techniques such as computer-guided navigation surgery, robotic-assisted spinal fusions, motion-sparing spine surgery, total disc replacement, and ultrasonic spine surgery. Dr. Naseer treats cervical, thoracic, and lumbar spine disorders including degenerative disc disease, spinal stenosis, and scoliosis.

Surgical intervention is typically reserved for more advanced or progressive curves.

“This is a major decision for families, and we work closely with them throughout the process,” says Dr. Naseer. “We take a very individualized approach, considering the patient’s anatomy, growth, and overall goals.”

For patients who do undergo surgery, recovery is typically well tolerated. After a three-to-four-day hospitalization, they can return to their life, even to playing most sports, soon after the procedure. Anesthesiologists at MedStar Union Memorial provide a multimodal pain-management regimen, so narcotic usage is limited as much as possible.

More than 1,000 robotic spine procedures performed

At MedStar Union Memorial Hospital, spine surgeons **Paul Asdourian, MD; Bradley Moatz, MD; and Zan Naseer, MD**, have performed more than 1,000 robotic-assisted spine surgeries since adopting the technology in 2021. The team is one of the region’s most experienced in robotic spine surgery and has a strong focus on improving patient outcomes.

In addition to scoliosis, patients with conditions such as degenerative disc disease, spinal instability, or nerve compression experience the benefits of the robotic approach, including smaller incisions with less damage to muscles and tissue, less blood loss, more accurate implant placement, lower radiation exposure, shorter hospital stays, and faster recovery.

“Children tend to bounce back quickly,” says Dr. Naseer. “They may experience some temporary stiffness, but overall function is very good.”

The role of early detection and referral

As scoliosis is often asymptomatic and may be unknown to children and their caregivers, primary care providers and pediatricians play an important role in early detection.

“When there’s any suspicion of scoliosis, early referral allows us to establish a monitoring plan,” Dr. Naseer says. “Even if no intervention is needed initially, we can track progression and step in at the right time.”

Dr. Naseer often follows patients longitudinally—from initial diagnosis, through bracing or surgery, when necessary.

“I don’t just see patients when they need an operation,” he adds. “I manage the entire course of care, so families feel more confident and reassured throughout the process, whether or not that includes surgery. My goal is to support them every step of the way.”•

To refer a patient to Dr. Naseer, please call **410-554-2867**.

The role of joint preservation in patient-centered orthopaedic care.



Having undergone six sports-related surgeries himself, orthopaedic surgeon **Te-feng Arthur Chou, MD**, knows well what an injury can do to an active person's lifestyle. He's also familiar with the weighty decision patients may face when considering a joint replacement procedure as a means for alleviating chronic pain caused by all those miles, throws, and swings.

"Knee implants have come a long way, for example, but they still may not be designed for some high-impact activity," Dr. Chou explains. "For a marathon runner who experiences early-onset arthritis, a full replacement would put an end to that activity."

Instead, Dr. Chou says many patients with debilitating joint disease may benefit from joint preservation options, a comprehensive treatment approach focused on alleviating pain via surgical and non-surgical modalities.

Dr. Chou, who is triple fellowship-trained, says joint preservation is a concept that has evolved in step with advancements in minimally invasive techniques to repair joints and surrounding soft tissue structures.

"Where possible, we try to preserve as much native anatomy as we can, and repair cartilage that has broken down," he says. "Along with being less disruptive than a full replacement, this approach can potentially allow patients to resume full activity without restriction."

For example, many cartilage injuries in the knee arise from malalignment, in which bones of the lower extremities are lined up differently from normal anatomy. A procedure called an osteotomy corrects this angular deformity by reshaping the bone and tissue to offload the weight away from the damaged area, and onto the healthier part of the knee. The result is improved function and comfort—all without having to violate the knee compartment.

Dr. Chou notes that similar non-replacement options exist for rotator cuff injuries, where emerging techniques such as glenoid osteotomy and tendon transfers may help some patients delay progress of arthritis and restore function of the shoulder.

"Another strength of joint preservation is that it retains the option to do a full joint replacement later if needed," he says, adding that while joint replacement may prove to be the only solution for a patient's arthritis issues, "I try to use it as a last resort, and do everything I can before we get to that point."



Te-feng Arthur Chou, MD, specializes in sports medicine and joint preservation, offering minimally invasive procedures to repair damage to the knee, shoulder, and elbow. Joint preservation may be considered for patients who are not yet ideal candidates for total joint replacement.

Complementing Dr. Chou's expertise in joint preservation is advanced surgical technology for minimally invasive procedures, including preoperative planning software and robotic-assisted platforms that enhance precision and shorten recovery time.

"No active person enjoys being sidelined by arthritis or other injuries, yet it's happening more frequently among relatively young people," Dr. Chou says. "They want to stay active, and that's where I can help." •

Dr. Chou sees patients at MedStar Harbor Hospital, MedStar Franklin Square Medical Center, MedStar Union Memorial Hospital, and MedStar Health at Perry Hall. To refer a patient, please call **410-554-2161**.



Connect with: **Alice P. Barr, MD**

Alice P. Barr, MD, is a gynecologic oncologist at MedStar Franklin Square Medical Center, specializing in the treatment of patients with endometrial, cervical, ovarian, vaginal, or vulvar cancer, as well as complex benign conditions such as pelvic masses or dysplasia. Dr. Barr received her medical degree from The George Washington University School of Medicine and Health Sciences. She completed residency at the Carolinas Medical Center, during which she participated in a rotation at MD Anderson Cancer Center. She completed her fellowship training at the University of California, Davis.

As an oncology specialist who provides both surgical and medical therapies, what is your approach to treatment?

I love that my field allows me to develop longitudinal and intimate relationships with my patients. It is a privilege to care for them through their entire cancer journey. I manage my patients' chemotherapy regimens and perform robotic, laparoscopic, and open surgical procedures. I also offer sentinel lymph node biopsy to detect metastasis, which has a lower risk of morbidities and side effects than a full lymph node dissection. My goal is to provide the least invasive approach that their specific anatomy and cancer will allow.

I also serve as the patient's point person for our large network of specialists that care for them. Working closely with my MedStar Health colleagues in radiation oncology, pathology, radiology, and genetics, we meet weekly for system-wide tumor boards, ensuring that experts across our Central Maryland and Washington, D.C., hospitals can contribute to treatment planning, as well as evaluation for clinical trial candidacy.

Where do you see the most momentum in your field right now, and what challenges remain?

It's an exciting time to be in gynecologic oncology with the explosion of targeted therapies. For many years, we used chemotherapy agents that worked for most people but were not truly customized. Now, with excellent information from tumor markers, genetic testing, and clinical trials, we can streamline therapy and target many cancers more successfully. That means longer survival, a lower risk of recurrence, and a higher rate of cure.

A common challenge, as with many cancers, is often the lack of social support. Treatment can be demanding in many ways, so patients need that infrastructure outside of clinical care. We have an excellent nurse practitioner who helps coordinate services, as well as oncology social workers. I am also passionate about integrating palliative care early on, to strengthen the availability of resources.

What is your philosophy of care?

I know that the day I meet a patient might be the worst day of their life. I take this very seriously and meet them where they are, spending as much time with them as they need. The patient is the expert in their body and their life; I am an expert in their cancer. So, we must share information and make decisions together—decisions that incorporate the best that medicine and surgery can offer, optimized for their life and goals. I also really value collaboration with primary care physicians, OB/GYNs, and other providers who have long relationships and historical knowledge of their patients' clinical and social circumstances. •

Dr. Barr expedites initial consults with patients who have a new cancer diagnosis or concerning symptoms. She can initiate imaging orders and other necessary testing prior to meeting the patient, ensuring a streamlined and rapid path to beginning treatment. To make a referral, please call **443-777-7990**.

Quick reads.

MedStar Health hospitals recognized in U.S. News & World Report Best Hospitals.

Top 5 Hospital in Baltimore region and Maryland

MedStar Union Memorial Hospital



#2 in Orthopedics in Baltimore region and Maryland.

MedStar Health is celebrating high praise for its hospitals in U.S. News & World Report’s Best Hospitals rankings for 2026-27, including prestigious national and regional recognition for exceptional patient care. Each year, U.S. News ranks thousands of hospitals on the delivery of both complex, high-risk care and routine procedures addressing common conditions.

MedStar Union Memorial Hospital ranked second in the Orthopedics specialty in both Baltimore and Maryland and is named among the top five hospitals overall in both regions. MedStar Franklin Square Medical Center, MedStar Harbor Hospital, MedStar Good Samaritan Hospital, and MedStar Union Memorial also achieved ‘High-Performing’ ratings on select procedures and conditions.

MedStar Health’s Connected Care Program expedites patient access to appointments.



MedStar Health physicians may now refer patients for an expedited telehealth appointment with cardiology, gastroenterology, neurology, and primary care. During the virtual appointment, a nurse practitioner will identify any need for urgent triage, place testing and imaging orders, adjust medication, and, if needed, schedule a follow-up, in-person appointment with a physician.

If you are a MedStar Health provider, you may initiate a patient referral in MedConnect:

1. In MedConnect, select Referral to MedStar {desired specialty}.
2. Select MedStar Health {desired specialty} Connected Care as the location.
3. Let patient know that we will contact them to schedule their appointment.
4. Clinical notes and patient disposition will be available in MedConnect for your review.

Patients who do not yet have a MedStar Health primary care provider may benefit from our Bridge Program, which provides expedited access while they establish care with a new PCP. Please call **410-248-8096** to initiate services.

MedStar Good Samaritan Hospital and MedStar Union Memorial Hospital achieve Magnet® designation for nursing excellence.



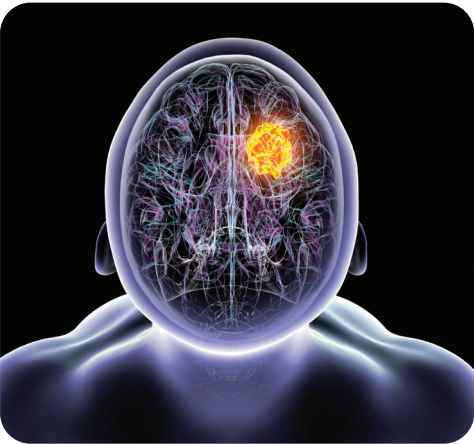
MedStar Good Samaritan Hospital is now one of only 79 hospitals in the world to earn the coveted Magnet® Recognition with Distinction™—the highest level of recognition awarded by the American Nurses Credentialing Center’s (ANCC) Magnet Recognition Program®. Based on validated empirical data, only about 1% of Magnet-achieving hospitals attain this level of performance.

In addition, MedStar Union Memorial Hospital earned its first Magnet designation, achieved by only approximately 10% of hospitals worldwide, recognizing superior patient outcomes, strong nurse engagement, and a commitment to innovation and continuous improvement.

For patients, Magnet designation means care is delivered by nurses who are empowered to lead, collaborate, and innovate, resulting in safer care, better clinical outcomes, and an exceptional patient experience. The Magnet designation process is widely regarded as the gold standard for nursing excellence and involves a rigorous, multi-year evaluation.

Across the system, MedStar Health has earned Magnet recognition for eight of its hospitals, and now has one of the highest concentrations of Magnet-recognized hospitals in the region.

New meningioma clinics offer neurosurgery consults.



MedStar Health has established new meningioma clinics at the outpatient neurosurgery offices at MedStar Franklin Square Medical Center, MedStar Georgetown University Hospital, and MedStar Washington Hospital Center. These clinics enhance access to specialized care for patients who have been diagnosed with meningioma—the most common type of benign cerebral tumor.

Early identification is important because, as these lesions grow, they can impinge on adjacent and vulnerable neurologically active areas. A meningioma may be reported as an incidental finding on an MRI report. For lesions less than 1 cm, annual evaluation by MRI is recommended. For lesions 1 cm or greater, expedited referral to a neurosurgeon for further assessment is recommended.

If your patient is not currently under the care of a neurosurgeon, they may schedule an appointment at any MedStar Health Department of Neurosurgery location by calling **833-42-BRAIN (833-422-7246)**.

Quick reads.

Opportunity to dual list for organ transplants with MedStar Georgetown Transplant Institute.



If your patient is waiting for a kidney or liver transplant, they may be able to reduce their wait time by dual listing with MedStar Georgetown Transplant Institute. Dual listing can shorten the average waiting time for transplant candidates by several months, expanding the pool of available donors and varying the wait times across different regions.

Baltimore region patients who list with MedStar Georgetown can receive their pre- and post-transplant care locally, at the new clinics at MedStar Franklin Square Medical Center.

MedStar Georgetown Transplant Institute is the area's most experienced program with the shortest time to transplant. It also offers:

- liberal acceptance criteria, which allows recipients and donors turned down by other centers to potentially be transplanted.
- bariatric/transplant services, solving one of the biggest barriers to care—BMI thresholds that delay or prevent transplant.
- some of the largest transplant volumes in the U.S.
- the ninth largest kidney program in the nation.

To learn more about dual listing with MedStar Georgetown Transplant Institute, please call **202-444-3700**.

Regional coverage for comprehensive care of complex strokes.



MedStar Franklin Square Medical Center has again achieved the Comprehensive Stroke Center designation from The Joint Commission and the Maryland Institute of Emergency Management Service Systems (MIEMSS). This prestigious certification recognizes MedStar Franklin Square's exceptional ability to provide advanced stroke care for the most complex cases, including 24/7 availability of neurosurgeons, vascular neurologists, interventional neuroradiologists, and neurointensivists, and a high volume of cases.

MedStar Health's three other regional hospitals have also been redesignated as primary stroke centers by MIEMSS. MedStar Good Samaritan Hospital, MedStar Harbor Hospital, and MedStar Union Memorial Hospital have specially trained clinicians and emergency staff who deliver medical management of acute stroke patients using the latest in thrombolytics, emergency room neurological telehealth assessments, as well as advanced neurological imaging such as MRI, CT, CT angiography, and CT perfusion studies.

Advanced detection and management of pulmonary embolism and aortic aneurysm.



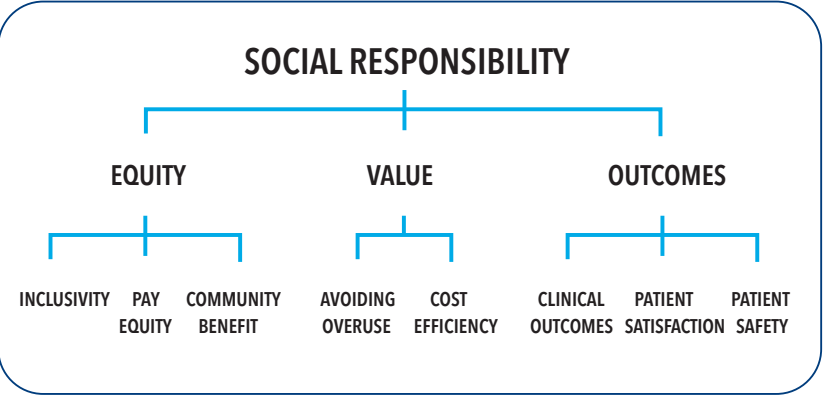
Vascular surgeon Raghuveer Vallabhaneni, MD, is now offering a clinic in Pasadena, Maryland.

Using new machine-based image analysis to review CT scans in real time, MedStar Health physicians are more capable of catching incidental but potentially high-risk abnormalities, such as pulmonary embolism and aortic aneurysm. This artificial intelligence provides consistent detection of anomalies, flags studies for further review, and automatically triages cases that require urgent intervention. Vascular surgeons, in coordination with cardiac surgeons, are testing a new platform which further assists in expediting care. Using this tool, they can prioritize findings, automate risk stratification using relevant EHR data, communicate rapidly across multiple disciplines to determine the appropriate intervention, and provide real-time updates to the specialists involved. For aortic aneurysms not yet appropriate for treatment, the platform facilitates patient follow up, ensuring better touchpoints and timely care down the road.

MedStar Union Memorial Hospital recognized as Maryland's most socially responsible acute care hospital.

MedStar Union Memorial Hospital has been recognized as Maryland's most socially responsible acute care hospital in the 2026 Lown Hospitals Index "Honor Roll", published by the Lown Institute on June 23.

The nonpartisan healthcare think tank evaluated 2,718 acute care hospitals nationwide using more than 50 measures of health equity, value of care, and patient outcomes, drawing on publicly available data from CMS, the IRS, and other sources.



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