

# CONNECT

A MAGAZINE FOR PHYSICIANS

WINTER 2024

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**Reducing Advanced Heart Failure Hospitalizations With Population-Based Strategies** > pg. 12

**Electromyography: Assessing the Health of Muscles and Nerves** > pg. 14



**Advancing the Treatment of Gynecologic Cancers: Specialized Care Improves Outcomes**

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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

Pictured is Irina Tunnage, DO, MHS, a gynecologic oncologist at MedStar Franklin Square Medical Center with extensive experience in treating complex gynecologic cancers.

## Dear Readers,

At MedStar Health, our ability to provide the region with appropriate pathways to accessible health care is essential to our success. To that end, our energy has long been focused on strengthening our core businesses and growing adjacent business, while always examining our models of care. In fact, our processes and approaches are constantly evolving to best meet the needs of our patients.

This patient-centered focus has positioned us well as a team to enhance the care we provide to patients throughout the Baltimore region. It has also earned us some well-deserved accolades. This includes being nationally ranked for our orthopaedic program at MedStar Union Memorial Hospital by *U.S. News & World Report*, and having a record number of our physicians recognized in *Baltimore* magazine's Top Doctors issue, a distinction based on nominations by their peers.

In this issue of *Connect*, our physician magazine, you'll read about some of our recent initiatives to further address the needs of our patients and the communities we serve.

We're improving outcomes for patients with gynecologic cancers at MedStar Franklin Square Medical Center through the expansion of our gynecologic oncology team enabling us to provide more women with the specialized care they need for these cancers, which can be incredibly complex to diagnose and treat. At MedStar Union Memorial, our high-volume Pulmonary Embolism Response Teams are providing hope for patients diagnosed with life-threatening pulmonary embolisms through the use of advanced treatment technology and the collaborative decision making of multidisciplinary specialists. We continue to grow our already robust neuroscience program at MedStar Franklin Square with the addition of one of the newest electromyography labs in the region...a first-class facility where we are already performing an average of 22 EMG studies each week. Plus, there is room to grow.

While we are proud of what we have accomplished, especially during the past three years, we are not content to rest on our laurels. As your partners in care, we look forward to our ongoing work with you to enhance every patient's experience for the very best outcomes. It's how we treat people.

In good health,



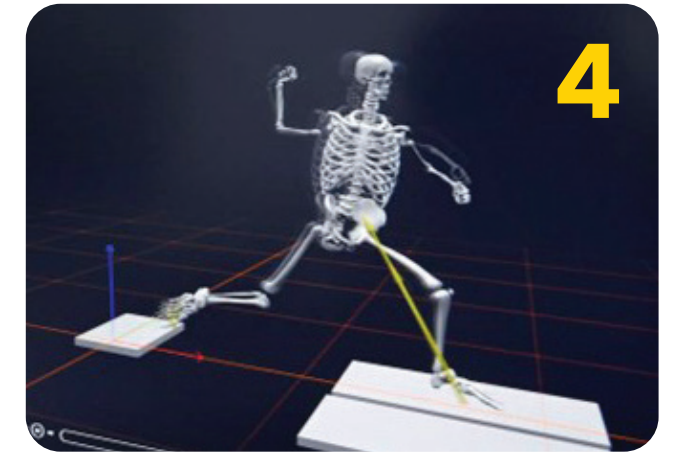
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# New connections.

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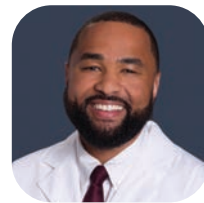
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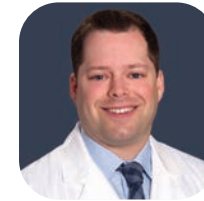


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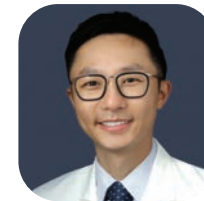


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# The return to play decision: An athlete-centric, team-oriented approach.



Injuries can be devastating for athletes at any level—not just the pros. While their drive to get back in action can be extremely strong, the challenge for physicians is to have them return safely.



“The process of getting an athlete back to practice or competition after an injury is referred to as return-to-play (RTP),” explains **Richard Hinton, MD, MPH, PT**, an orthopaedic surgeon and medical director of MedStar Sports Medicine at MedStar Health. “Multiple factors are considered to make sure the individual’s return to sport is done safely with minimal risks of re-injury. But the reality is that it’s rarely done fast enough for the athlete. Our goal is to partner with the athlete from diagnosis to treatment and then through full recovery to ensure that the patient experiences an outcome that improves their quality of life both on and off the field.”

At MedStar Health, this is a collaborative process that relies on well-established protocols and a managed treatment plan.

“The field of sports medicine has changed dramatically over the past several decades. For example, when I first started practice, we’d fix your ACL, you’d come back

to see us post-op, and if in six months you didn’t have an infection and your graft felt like it was stable, we’d say, go back out and play,” says Dr. Hinton. “We were basically committing a lot of people to re-injury because although their ligament felt okay, we were not paying attention to the whole athlete. Now there are very objective, well substantiated best practices for returning athletes to play based on a better understanding of the pathology and recovery of ACL injuries.”

RTP decisions are inevitable for any medical practitioner working with athletes. “As a result of the complexity of these decisions, they need to be made in a multidisciplinary environment involving clinicians, therapists, or other specialists to address all relevant concerns such as movement mechanics, psychology, and



more,” stresses **E. McKenzie “Mac” Bane, DPT, ATC, CSCS**, a physical therapist and athletic trainer, who is part of the sports medicine team.

“While there are guidelines, our RTP decisions still need to be clinically informed and grounded in previous experience and practical judgment. That said, the transition from athlete to injured athlete and back to athlete doesn’t always happen as smoothly as the athlete would like,” Bane adds. “Our responsibility is to tell the athlete what they need to hear, not what they want to hear. In addition, just because an athlete has been cleared to return to play doesn’t guarantee a return to their prior performance.”

Dr. Hinton notes that every player and every injury is different. “We take an objective approach to a player’s injury by focusing on the specifics of the injury itself, proper diagnosis, quality of movement during recovery, and the progress of a player’s mobility and capability of returning to play. But it’s vitally important for them to learn to manage their recovery and return to play thoughtfully, both to allow an injury to adequately heal and to lessen the chance that it will reoccur—or cause

an injury somewhere else. I call it an athlete-centric, team-oriented approach.”

In addition to working with individual athletes, Dr. Hinton co-leads a team that is the largest provider of comprehensive sports medicine services in the Mid-Atlantic region, partnering with the Baltimore Ravens, Baltimore Orioles, 12 other professional teams, 12 colleges and universities in the area, and numerous other organizations.

“For all of our partnerships, we have a multidisciplinary team of people—primary care physicians, emergency care physicians, orthopaedists, athletic trainers, strength

and conditioning specialists, physical therapists, and others—who are all on the same page about what has to happen from an emergency care standpoint from the utilization of AEDs and other medical equipment to engaging the EMS system when a catastrophic event occurs. As a result, we’ve avoided quite a few life-threatening events because all the equipment and policies were in place.” •

**For more information or a consultation with one of our sports medicine specialists, call 888-44-SPORT.**

## New pitching lab a collaboration with the Baltimore Orioles.

MedStar Health has teamed up with the Baltimore Orioles to bring a world-class performance medicine center to its Bel Air Medical Campus location... the centerpiece of which is a high-tech pitching lab that helps players maximize throwing potential by capturing and analyzing biomechanical data.

Initially established for the use of the Orioles, that center is now open to other high-level baseball and softball throwers. The lab’s comprehensive pitching assessments include a full biomechanical analysis to improve a player’s speed, accuracy, and skill, and reduce the risk of future injury.

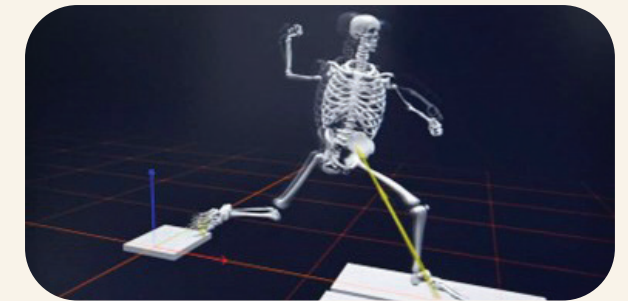


“We have a long history with the Baltimore Orioles,” says **Sean Curtin, MD**, a MedStar Health sports medicine physician and the team’s head physician.

“As the official medical provider of the team, we’re thrilled to lend our expertise to this incredible technology. This center paves the way for new cutting-

edge sports medicine therapies for our patients, which makes this a huge win-win for everyone.”

Learn more at [MedStarHealth.org/PitchingLab](https://www.MedStarHealth.org/PitchingLab).



# Multidisciplinary pulmonary embolism teams at the forefront of minimally invasive interventions.

## CASE STUDY: Intermediate high-risk, submassive pulmonary embolism.

A man in his forties with rheumatoid arthritis and spondylosis presented at the emergency department of MedStar Union Memorial Hospital with acute shortness of breath to the point where speaking in sentences was difficult.

Initially, the patient's oxygen saturation on room air was 77%, his troponin was elevated, he was tachycardiac with heart rate of 125 beats per minute, he had a respiratory rate of 29 breaths per minute, and blood pressure of 114/60. The team began anticoagulation and started a high-flow nasal cannula.

A pulmonary embolism (PE) was suspected, so the hospital's Pulmonary Embolism Response Team (PERT) was activated. The multidisciplinary cohort convened to discuss the case, order an advanced workup, confirm diagnosis, and determine the best course of action.

The patient was determined to have an intermediate-high-risk, submassive, bilateral pulmonary embolism. He was transported urgently to the operating room where Vascular Surgeon and Director of Vascular Surgery for MedStar Health's Baltimore region, **Raghu Vallabhaneni, MD**, performed a percutaneous mechanical thrombectomy in both sides of the lung using common femoral vein access.

Within one-hour post-procedure, the patient's respiratory rate stabilized at 12 breaths per minute, his heart rate decreased to 96 beats per minute, and his blood pressure increased to 138/80.

The team was able to take him off oxygen within 24 hours and his echocardiogram soon showed just a mild enlargement of his heart. After a few days in the step-down unit, he was discharged without supplemental oxygen.

Three weeks later, at his first follow-up visit, the patient continued to breathe normally, and was referred to cardiology for monitoring of potential pulmonary hypertension and heart failure, as is standard practice with all PE patients.

This patient presented to the hospital later than ideal, as he assumed his symptoms were due to a simple virus. Unfortunately, this delay in seeking care is common. Symptoms of PE can be nonspecific, diffuse, or reasonably attributed to other causes. When not treated, acute PE can be fatal, responsible for up to 300,000 deaths annually, with in-hospital mortality rates approaching 30% in the highest-risk cases. Patients who survive may need to manage the dangerous risk of PE recurrence, as well.

Despite these grim statistics, the diagnostic and treatment landscapes are changing, providing good reason for hope. MedStar Health's high-volume PE teams are standardizing protocol, using advanced treatment technology, and relying on the collaborative decision making of multidisciplinary specialists to produce better patient outcomes.

## Advanced PE care starts with a multidisciplinary approach.

At MedStar Health, our well-established Pulmonary Embolism Response Teams (PERT) include specialists from vascular surgery, interventional radiology,



Vascular Surgeon Jason Chin, MD

cardiothoracic surgery, critical care, and cardiology. When a PE is suspected, the team convenes to follow protocol for expedited diagnostic workups and a collective approach to treatment.

There's a clear advantage of the PERT approach, explains Vascular Surgeon **Jason Chin, MD**, who leads the PERT in Baltimore. "By streamlining clinical decision making with multidisciplinary expertise around the table, we are better equipped to make the right diagnosis and select the best treatment plan possible—and do so expeditiously. This leads to better outcomes for our patients."

## Early expertise in minimally invasive interventions.

Anticoagulants are still used for all PE patients, but more trials now show the benefits of mechanical thrombectomy (a minimally invasive procedure using an image-guided catheter to aspirate the thrombus in the pulmonary arteries), and catheter-directed thrombolysis (the targeted delivery of thrombolytics).

"This is newer technology, and our team has been among the early adopters," states Dr. Vallabhaneni. In the first half of this year, 50 patients were treated with these advanced therapies in our Baltimore hospitals. Dr. Chin explains the difference that the use of these treatments makes. "Patients with certain PEs may have previously required prolonged observation in the hospital on IV heparin, risking deterioration to the point of requiring systemic thrombolytics or open surgical thrombectomy. But now, we're often able to offer swift, percutaneous therapy. Patients have come in with massive PEs and we're able to treat them—usually within 2 to 24 hours, depending on urgency of the case—and often send them home the next day."



Vascular Surgeon Raghu Vallabhaneni, MD

Furthermore, Dr. Vallabhaneni believes these approaches should no longer be reserved for only the sickest patients. "These PE extraction procedures have become a really effective option for treating young patients with physiologically significant PE, even if it's not life threatening," says Dr. Vallabhaneni. "Extracting clots in this manner is safer and has less bleeding risk than the use of pharmacological agents. Most times, we see a near immediate improvement following surgery."

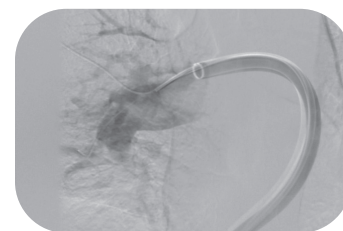
For the higher-risk patients, there is promising evidence that these interventions reduce mortality when compared to medical management, improve quality of life, decrease length of hospitalization, and potentially reduce the risk of pulmonary hypertension and heart failure.

These procedures have been fine-tuned such that they can now be done safely under local anesthesia in the endovascular lab. Higher risk, sicker patients are still treated in the OR as a precaution.

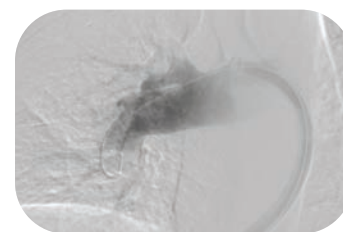
## Looking ahead.

While significant strides have been made in diagnostics and treatment protocols, there remain a number of complexities related to PE. At MedStar Health, our teams continue to contribute to the body of research through involvement in clinical trials aimed at delineating optimal approaches. •

For more information or to discuss a case, call 410-554-2950. To transfer a patient, call 410-554-2332.



Before imaging: Patient with significant thrombus in right main pulmonary artery and interlobar artery.



After imaging: Image after successful thrombectomy of right pulmonary artery a few minutes later.



< Gynecologic oncologist Irina Tunnage, DO, MHS, provides a level of expertise that is different from other oncologists.

## Advancing the treatment of gynecologic cancers.

*Specialized care improves outcomes.*

Oncologists today know more about caring for patients with gynecologic cancers than ever before...but it's still not enough. These distinct cancers remain difficult to effectively diagnose and treat due, in large part, to the fact that every type of gynecologic cancer is different, with its own symptoms, risk factors, and treatments. →



**Irina Tunnage, DO, MHS**

“Gynecologic cancers can be incredibly complex,” says **Irina Tunnage, DO, MHS**, a gynecologic oncologist at MedStar Georgetown Cancer Institute at MedStar Franklin Square Medical Center. “In addition, many are diagnosed at an advanced stage making them even more challenging to treat. For patients with these cancers, treatment by a specialist—a gynecologic oncologist—is essential to improve the chance for survival.”

Dr. Tunnage notes that gynecologic oncologists provide a level of expertise that’s different from other cancer specialists. “Unlike other oncologists who often treat a variety of cancers, our focus is much narrower. The only cancers we treat are gynecologic cancers, which benefits patients. We’re also the only oncologists that are trained in both surgical and medical oncology.”

Every year, more than 100,000 new cases of gynecologic cancer are diagnosed in the United States. Gynecologic cancers can affect any part of a woman’s reproductive system, including the ovaries,

uterus, cervix, vulva, and vagina. While uterine/endometrial cancer is the most common, ovarian cancer is proportionally the most deadly.

“Treatment for women with a gynecologic cancer typically depends on many factors, such as the type and stage of the disease, the potential side effects, the woman’s overall health and age, and whether she plans on having children in the future,” explains Dr. Tunnage.

**State-of-the-art staging guides treatment.**

Dr. Tunnage is a proponent of sentinel lymph node biopsy to determine the stage of the cancer and guide treatment. The procedure, which has been around a long time for breast cancer, is now being used for gynecologic cancers.

“Instead of removing all the lymph nodes in a given site, we inject a radioactive dye into a cancer and then track where it goes, removing only the first node that it drains to, which is called the sentinel lymph node. If that node is free of cancer, other nodes can be left

in place,” she says. “The hope is that we can get the diagnostic information we need to perform a less aggressive surgery. So, patients are at reduced risk for complications and side effects in the future.”

**Less invasive techniques expedite recovery.**

At MedStar Franklin Square, both robotic and conventional laparoscopic approaches are offered for the surgical treatment of gynecologic cancers. Dr. Tunnage is noted for her expertise in performing these minimally invasive surgical procedures, including robotic-assisted surgery using the da Vinci® Surgical System.

“The rise of robotic surgery has given us the ability to perform more complex procedures with minimally invasive techniques resulting in shorter recovery times and better outcomes,” Dr. Tunnage says. “Here, robots are used in approximately 50% of surgical procedures for gynecologic malignancies.”

**Targeted therapies personalize care.**

Dr. Tunnage cites recent advances in identifying ways to better stage and treat endometrial cancer, the most common gynecologic cancer impacting women, as another advancement of note.

“Unlike most cancers in the United States, endometrial cancer has increased in both incidence and death rates in recent years. This reflects a growth in more aggressive subtypes,” she says. “Today, innovative genomic analysis techniques are enabling researchers to pinpoint the molecular drivers of endometrial cancer...the cellular changes that are happening. These molecular abnormalities are then considered in the design of targeted treatments. It is truly personalized medicine.”

Because so many cancers, especially ovarian cancers, are hereditary, a majority of patients’ tumors are gene panel tested at MedStar Franklin Square, one of a handful of hospitals in the region to do so. “There are new breakthrough drugs, such as PARP inhibitors, that specifically target genetic changes in the cancer cells and are particularly effective for ovarian cancer with BRCA gene mutations,” says Dr. Tunnage.

PARP, which stands for poly adenosine diphosphate-ribose polymerase, is a type of enzyme that helps repair DNA damage in cells. PARP inhibitors work by preventing cancer cells from repairing, allowing them to die. Given as a pill after a patient is in remission, it can keep cancer from coming back or extend the period before it does come back.

**“For patients with these cancers, treatment by a gynecologic oncologist is essential to improve the chance for survival,” says Dr. Tunnage.**

Immunotherapy drugs are also showing promise in the treatment of gynecologic cancers, leading to significantly longer survival times. “They are now being incorporated as a first- and second-line treatment for uterine cancer. Patients receiving immunotherapy can have responses that are durable and lasting and that’s unusual for gynecologic cancer,” she adds.

“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 gynecologic cancer,” says Dr. Tunnage. “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 schedule a patient consultation with the gynecologic cancer specialists at MedStar Franklin Square, call 443-777-7990.**

Listen in as Dr. Tunnage discusses cervical cancer in our latest podcast. Stream now at [MedStarHealth.org/DocTalk](https://www.MedStarHealth.org/DocTalk).

# Reducing advanced heart failure hospitalizations with population-based strategies.



Erika Feller, MD, and Patrick Correlli, PA-C, outside of the Good Health Center.

More than six million Americans have heart failure (HF), a chronic disease that worsens over time and can severely limit an individual's ability to live a full and normal life. At MedStar Heart & Vascular Institute, our Advanced Heart Failure program is dedicated to working with patients across the spectrum of this disease to alleviate symptoms and add quality years to their lives.

"Our advanced heart failure specialists develop life-long relationships with their patients, managing their symptoms and disease progression as it evolves,"



says **Erika Feller, MD**, a heart failure and transplantation cardiologist and director of Heart Failure Outreach for the Baltimore region. "In addition to providing care in our hospitals, we offer services in a number of outpatient clinics across the Baltimore and Washington, D.C., areas, making regular follow-up easier and more accessible for patients."

One of those sites is the Good Health Center at MedStar Good Samaritan Hospital where a population-based approach to caring for patients with advanced

heart failure is helping to reduce hospitalizations while providing ongoing support for patients and their families.

"Most patients with advanced heart failure have complex medical, social, and emotional needs," says



**Patrick Correlli, PA-C**, who oversees the Good Health Center Heart Failure Clinic. "We collaborate with Dr. Feller and her colleagues with a goal of helping to enhance the quality of life for patients with advanced heart failure through services that include medication and symptom management, education, exercise, nutritional counseling, stress management, and more."

In many instances, the Good Health Center provides an essential bridge to care between inpatient and outpatient treatment, too.

"The immediate post-discharge period after a heart failure hospitalization is well-recognized as a phase when patients are at high risk for readmission and mortality. It's also a time when delays in appropriate therapy can lead to significant disease progression that may have been preventable," Dr. Feller explains.

"Our HF management strategies focus on establishing close outpatient follow-up during that high-risk post-discharge period, and include initiating and optimizing dosing for better achievement of guideline-directed medical therapy (GDMT). It's a time-consuming process that requires ongoing monitoring and, as a result, frequent medical appointments."

At the Good Health Center, clinicians are trained to safely and effectively initiate and titrate GDMT. "GDMT is the cornerstone of pharmacological therapy for patients with heart failure with reduced ejection fraction and includes four medication classes. The

therapy is most beneficial when medications from the four main drug classes are used simultaneously and getting patients on all of them as soon as possible is our objective," Correlli says.

Because the medications come with side effects, the goal is to administer the top dose a patient can tolerate. This involves a constant review of how every patient responds to them and regular consultations with the Institute's advanced heart failure specialists.

"The work being done at the Good Health Center is invaluable to our program. Patients can be seen more often, since they don't have to wait for an appointment with their cardiologist, and our cardiologists have more availability to see their sickest patients," says Dr. Feller. "It's a multidisciplinary team approach that includes not only cardiologists and other specialists but also physician assistants, nurses, nutritionists, pharmacists, financial counselors, social workers, and more. Because of this, we are able to provide a wide range of services and the quality of care we provide is unmatched."

She notes, "While most patients with advanced heart failure have their own unique challenges, they are usually very involved in their care and want to feel better. Working together, we can help these patients improve their quality of life—understanding that each patient defines their own milestones during this process. To that end, we work closely with patients and their families to ensure that the care plans we develop align with the patients' goals and lifestyle." •

**To learn more about the advanced heart failure program at MedStar Heart & Vascular Institute, call 410-554-6550.**

# Electromyography: Assessing the health of muscles and the nerves that control them.

*New EMG Lab enhances growing neurosciences program at MedStar Franklin Square Medical Center.*



◀ **Dr. Fox explains the causes of lumbar pain to a patient.**

“If you have a patient with health issues beyond what you find through a clinical exam, the nervous system could be at the root of the problem. Electromyography (EMG) is an essential first step in delving deeper into how well a patient’s nerves and muscles are working and can help identify a dysfunction earlier, when it is easier to treat.”

Dr. Fox heads up one of the newest EMG labs in the region, a first-class facility where an average of 22 EMG studies are performed every week. The new lab is part of a move to further expand the already robust neurosciences program at MedStar Franklin Square. Plus, there is room to grow.

“The nerves essentially act like wires or cables carrying electrical impulses communicated from the brain to the rest of the body. But a lot can go wrong with the nerves,” Dr. Fox explains. “Sometimes the nerves can degenerate with age as many aspects of our body do. Other times the nerves can be damaged just by systemic disease such as diabetes, high cholesterol, or metabolic disorders. Or there can be something like a vitamin deficiency that makes it hard for the nerve signals to work. In many other cases, there can be an autoimmune process where the body is attacked at the nerves. This can result in symptoms such as tingling, numbness, balance issues, and weakness, for example, that often worsen over time.”

While there are many different things that can cause nerve dysfunction, Dr. Fox believes EMG is one

The nervous system plays a role in nearly every aspect of a person’s health and well-being.

“The nerve signals are critical to every function we carry out...walking, balance, sensations, sight, speech...these all rely on the proper functioning of nerves and muscles,” says



**Derrick Fox, MD**, a fellowship-trained, board-certified neurologist at MedStar Franklin Square Medical Center who is also board-certified in neuromuscular medicine disorders and electromyography.



^ **The EMG procedure is preceded by a patient consultation.**

of the best ways to understand the type of nerve disease a patient may have.

“An EMG assesses the health of muscles and the nerve cells that control them. The results can reveal nerve dysfunction, muscle dysfunction, or problems with nerve-to-muscle signal transmission,” Dr. Fox says. “It helps us see how fast the responses are, how strong the responses are, and can also give us some indication as to the timing of the disease, whether or not the disease is chronic or if it’s relatively in its early stage.”

The EMG test has two parts. The first is a nerve conduction study, which involves attaching several electrodes to the skin to measure the speed and strength of signals traveling between two or more points. “It allows us to graph the nerve signal, the motor nerve fibers, the sensory nerve fibers...and it allows us to see how strong those responses are and how fast they travel. So, it’s a very good electrodiagnostic test that gives us very objective findings,” Dr. Fox notes.

“The second part of the test is the needle EMG. We use a small, very tiny acupuncture-sized needle that

goes directly into a targeted muscle...picking up the electrical activity inside the muscle. I can see the electrical activity on the computer screen, and I can hear the electrical activity. So, I can determine what the muscle looks like when it’s in a resting state and how it looks when the muscle starts to move,” he says.

“I then combine that information with the findings from the nerve conduction study to get a much better picture of what the neuromuscular condition is, whether it’s a neuropathy, whether it’s a muscle disorder, whether it is something more rare such as motor neuron disease or ALS, or even muscular dystrophy. It allows me to detect very simple conditions such as carpal tunnel syndrome to even more rare inherited disorders or acquired conditions and provides a lot of insight into whether or not this person has a condition that could potentially respond to treatment.”

As an expert in electromyography, Dr. Fox is able to provide on the spot assessments of the EMG study in most cases so patients and referring providers can be immediately informed of and trust the results.

“Neurology is a very complex field and neuromuscular disorders are even more complex because of the spectrum of disorders that exist. But sometimes getting an appointment with a neuromuscular neurologist can take a while,” Dr. Fox adds. “My goal is to provide the highest level of care in neuromuscular medicine and electromyography. With the opening of this lab, we have made it easier for patients and their providers to have access to the best clinical and electrodiagnostic expertise in the Baltimore region.” •

**For a consultation with Dr. Fox, call 443-777-7320, or visit [MedStarHealth.org/Fox](https://www.MedStarHealth.org/Fox).**

# Optimizing rehab through better pain management.

Pain is common after a serious illness or surgical procedure and can usually be managed. But sometimes, it can be challenging to treat...hampering a person's ability to fully recover.

"Pain often involves more than a physical sensation. It may be mediated by biological, psychological, and emotional factors too," explains **Natasha Durant, PhD**, a pain psychologist at MedStar Health. "When an individual recovering from an illness or surgery is in pain, it can sap their energy and decrease their motivation to take advantage of rehabilitation services that could help improve their quality of life. That's why controlling pain should be a critical part of the recovery process."



↑  
**Dr. Durant consults with a patient regarding the impact pain is having on their rehabilitation.**

At the Inpatient Rehabilitation Center at MedStar Good Samaritan Hospital, Dr. Durant is part of a multidisciplinary team that works to help patients who have experienced a life-changing illness or event—like a stroke, traumatic brain injury, heart attack, or complex surgery—attain maximum functional independence to ensure a safe discharge home. Her job is to help reduce and minimize

the potential negative impact that pain can have on a patient's rehabilitation.

"Think about it...if a patient experiences pain during physical therapy, they are not going to be fully invested in the program," Dr. Durant says. "To treat pain effectively, you must address the emotional and psychological aspects as well as the physical aspects. Identification of the type of pain experienced by the person is the first step in determining the appropriate intervention."

While individuals with pain seldom think to seek assistance from a psychologist, more and more clinicians are starting to recognize that they can be a valuable part of a comprehensive pain management treatment plan.

"Most psychologists specializing in pain management use several tools to help them conceptualize the patient's situation and inform the development of the best treatment plan," says Dr. Durant. "This usually includes a comprehensive interview and careful behavioral observation. There are also a number of questionnaires that are used to measure mood symptom severity, perceived disability, and personality factors, which further enhance our understanding of a patient's pain. Testing can also examine neurocognitive functioning."

In addition to her work at MedStar Good Samaritan, Dr. Durant is now collaborating with the providers at the Curtis National Hand Center at MedStar Union Memorial Hospital. "Hand function is so critical to a person's quality of life. If a person cannot participate in therapy because of pain, it is going to impact their recovery. I am part of a multimodal team that works with patients to help optimize their rehabilitation experience by identifying the best strategies to effectively control their pain."

Dr. Durant notes that the majority of patients find they can manage their pain better after just a few sessions with her. "Alleviating pain isn't always straightforward. But by helping a patient understand and manage what they are experiencing, they can cope more effectively with their pain, and move on with their life."•

**Call 202-877-1120 for more information or to schedule a consultation with Natasha Durant, PhD.**

# Personalizing cancer care.

Over the past decade it has become increasingly clear that no two patients' cancers are exactly the same. For that reason, caring for cancer patients is different from any other disease.

"There are more than 100 types of cancers, located in different organs and subtissues and originating from different cell types. Some cancer types contain even more specific classifications based on their molecular subtypes. Additionally, expression of markers within the same tumor can change depending on the specific location or stage of cancer. This means that cancer is a



highly personal disease that differs from individual to individual," explains **Mahsa Mohebtash, MD**, medical director of MedStar Health Community Oncology.

"Because of its complexity, cancer is best treated by specialists who have experience in treating patients with that type of cancer. The need for access to the proper expertise is heightened by the reality that new treatments for cancer are being developed at a breathtaking pace, which requires ongoing access to the most recent therapeutics and technology."

As part of the MedStar Georgetown Cancer Institute, patients referred to any of MedStar Health's oncology specialists in the Baltimore and Washington, D.C., regions, can be confident that they will receive the customized care they need through its alliance with Georgetown Lombardi Comprehensive Cancer Center—the only comprehensive cancer center designated by the National Cancer Institute (NCI) in Washington, D.C.—which serves as the Institute's research engine.

"The Institute's collective resources allow us to provide targeted treatment plans that address each patient's needs. We offer the latest cancer treatments and technologies, a compassionate and patient-centered approach, and the benefits of transformative research," Dr. Mohebtash adds. "Our commitment to coordination and collaboration—within our system, with

referring physicians, and throughout our community—guides and energizes our care."

She notes that even with the most advanced treatments, a multidisciplinary approach is key to the appropriate management of any type of cancer. "Each of our medical oncologists specialize in one or two types of cancer. Every patient's case is reviewed by a tumor board made up of specialists with expertise in that cancer who work as a team to consider all options and develop an individualized treatment plan that will deliver the best outcomes."

According to the American Cancer Society, the death rate from all cancers has fallen 33% since 1991. "There are many explanations for this progress," says Dr. Mohebtash. "Earlier diagnoses, better imaging, better blood tests, better preventive measures, and better treatments, including precision medicine with gene-profiling of patients' tumors. The good news is that many of the newer therapies are already helping to extend the lives of cancer patients with the potential to be more precise, more personalized, and more effective in the future."•

## Why you want a second opinion...

Any patient who has been diagnosed with cancer can benefit from a second-opinion appointment with an additional specialist. A second opinion can confirm the initial diagnosis and assure you that your patient is receiving the most up-to-date information about their cancer type and stage. In other cases, a second opinion can reveal additional treatment options that may not be available elsewhere.

The best time to get a second opinion is as soon as possible after an initial diagnosis. At MedStar Health, we offer second-opinion appointments via video or in-person within 48 hours.

**Call 443-777-7603 to schedule a patient consultation with the oncology experts at MedStar Health.**

# Quick reads.

## Cardiovascular specialty clinics relocating at MedStar Union Memorial Hospital.



In February, all heart and vascular subspecialties at MedStar Union Memorial Hospital will relocate their clinics from the Johnston Professional Building across the street to the Calvert Street Building. This move better co-locates our specialists and cardiovascular testing—allowing for enhanced collaboration among physicians and a better experience for patients.

Specialty clinics moving to the Calvert Street Building include: sports cardiology, advanced heart failure, electrophysiology, cardiac surgery and vascular surgery. Cardiac testing, echocardiography, vascular lab, and device clinic will also be located in the Calvert Street Building. Cardiology will remain in the Johnston Professional Building. All phone numbers and fax numbers remain the same.

## Advanced heart failure consultations now available on the Eastern Shore.

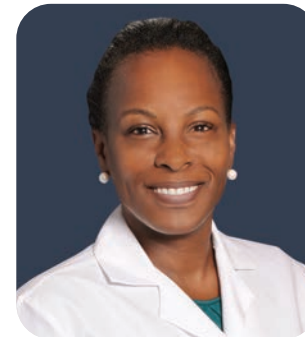


MedStar Heart & Vascular Institute has expanded its advanced heart failure program and is now offering consultations on the Eastern Shore. This makes it easier for patients to get the specialty care they need without having to travel across the bridge.

**Erika Feller, MD**, director of Heart Failure Outreach for the Baltimore region, is seeing patients with any stage of heart failure, from early diagnosis to advanced disease, in the offices of Tidal Health Cardiology in Salisbury. The expansion is part of MedStar Health's commitment to providing heart failure care in communities throughout the region so patients can more smoothly access the highest levels of expertise they need at any disease stage, thus benefitting from the full resources of the system.

To refer a patient for an advanced heart failure consultation with Dr. Feller on the Eastern Shore, call **410-543-7300**. For all other locations, call **410-554-6550**.

## MedStar Health breast specialists published in *The American Surgeon*.



Our breast cancer specialists from MedStar Health's Central Maryland region were recently published in *The American Surgeon* regarding their work to evaluate the effectiveness of alternatives to standard breast treatment modalities.

In a study titled, *Intraoperative Radiation Therapy (IORT) as a Safe Alternative to Whole Breast Radiation for Treatment of Minimally Invasive Breast Cancers: A Retrospective Cohort Study*, the authors, led by **Maen Farha, MD, FACS**, a breast surgeon, and medical director of the Breast Center at MedStar Good Samaritan Hospital, along with investigators from MedStar Georgetown University Hospital, demonstrate that IORT is a safe alternative to whole breast radiation therapy and can be an effective alternative for select patients with early stage localized breast cancer.

In another study titled *SAVI Scout® System for Excision of Non-Palpable Breast Lesions*, Dr. Farha, and **Michelle Townsend-Day, MD**, a diagnostic radiologist and chief of breast imaging at MedStar Good Samaritan and MedStar Union Memorial Hospital, along with two other authors, compared the SAVI Scout (SS) surgical navigation system with wire/needle localization. While both achieved 100% excision of targeted lesions, the authors noted that SS localization was more convenient for both patients and providers.

To read the full transcripts, visit *The American Surgeon*.

## New Annapolis location for orthopaedics.



MedStar Orthopaedic Institute in Annapolis recently moved to Bestgate Rd., in the same building as MedStar Health Primary Care and MedStar Health Physical Therapy. Our top-quality orthopaedic, spine, and sports medicine care is conveniently located for Anne Arundel County residents, across from the Westgate Annapolis mall.

To refer a patient, call **877-34-ORTHO (877-346-7846)**.

## Quick reads.

### A modern renovation for the Curtis National Hand Center.



A \$3.2 million renovation to the Curtis National Hand Center at MedStar Union Memorial Hospital has modernized its 23,000 sq. ft., two-floor location. Congressman C.A. Dutch Ruppersberger secured more than half of the funding for this project, enabling the Curtis National Hand Center—the birthplace of the hand subspecialty—to train more specialists and provide patients with better care.

The renovation includes:

- Larger, well-appointed patient and family areas
- A strategically designed floorplan that optimizes workspace for up to five physicians working simultaneously
- Upgraded space for two radiology suites for x-ray and ultrasound
- A fluoroscopy suite to assess real-time dynamic behavior of the wrist in motion
- Five pods with three patient evaluation rooms each
- Workrooms fitted for televisits to meet the virtual appointment demand
- Improved workspace for medical assistants and administrative staff to optimize efficiency and communication

The renovated suite is also equipped with instrumentation for tissue sampling and the administration of therapeutic injections during patient office visits. With the ultrasound suite, ultrasound-guided injections and the ultrasonic imaging of tendon and vascular studies will allow for convenient and immediate therapies. By performing these services on site, physicians and patients can view the results immediately for a more expedited diagnosis and improved patient care.

Physiatry, psychology, and specialized therapy services are designated for on-site musculoskeletal evaluations, nerve conduction studies, and electromyography. Private evaluation rooms are available for on-site psychological counseling for patients who may be dealing with stress and anxiety, pain management, and work or productivity issues that may arise from hand injuries.

To learn more about the Curtis National Hand Center, visit [MedStarHealth.org/Hand](https://www.MedStarHealth.org/Hand).



## Connect with: Rachel Harrison, MD

**Rachel Harrison, MD**, a cardiac surgeon, joined MedStar Union Memorial Hospital with extensive experience caring for patients with advanced heart failure, which includes the use of LVADs and heart transplants. A national opinion leader in the field of complex lead extraction and management, Dr. Harrison is one of just a handful of cardiac surgeons in the United States focused on improving the

awareness, detection, diagnosis, and treatment of infections resulting from cardiac implantable electronic devices (CIEDs), which include pacemakers and defibrillators. She has also been instrumental in the establishment of the hospital's new lead management program, which offers an integrated approach to device/lead implant and explant. She spoke with *Connect* about why she chose to specialize in cardiac surgery and what brought her to MedStar Health.

### Why did you choose to specialize in cardiac surgery?

When I was in my teens, my mom was a nurse in a cardiovascular ICU and I would often go with her to work to play violin for the patients. After starting my undergraduate studies, I was offered a summer position in the practice of a cardiac surgeon my mom worked with. I spent three summers there—it was a great experience and made the transition to medical school easier. When I got to medical school I tried a lot of specialties, but I think I was destined to be a cardiac surgeon.

### What brought you to MedStar Health?

MedStar Health has an extremely robust cardiovascular program, which appealed to me. The most common surgery I perform is coronary artery bypass surgery, though I treat a range of conditions including ischemic cardiac disease, structural heart conditions, valvular disease, and rhythm disorders. In addition, I am uniquely skilled in the management of patients experiencing infections and other complications resulting from CIEDs. In fact, I was an

active physician participant in the recent National CIED Infection Summit hosted by the American Heart Association, which resulted in the launch of a two-year, nationwide physician campaign to address this public health problem. The fact that MedStar Health was committed to developing a CIED program and had invested in the latest technology to help make it a reality was a big incentive to join the program.

### What is your philosophy of care?

I treat each person as if they are a member of my own family and help guide them through decisions with a measured approach. I ensure the entire care team is united in our goals for surgery, always prioritizing what's best for the patient. I am conservative when recommending surgery and will only do so if it is truly in the best interests of the patient. •

**To refer a patient to Dr. Harrison at MedStar Union Memorial Hospital, call 410-554-6550.**

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# CONNECT

A MAGAZINE FOR PHYSICIANS

## MedStar Union Memorial Hospital ranked nationally for orthopaedics.

MedStar Union Memorial Hospital rose to #48 in the nation for orthopaedics out of more than 4,500 hospitals in the country in the 2023-2024 *U.S. News & World Report* hospital rankings—rankings that assess performance across three dimensions: structure, process, and outcomes.

Fewer than 3% of hospitals earn national rankings from the publication specifically for orthopaedics. The hospital also received the highest rating possible in hip replacement and knee replacement.



Visit [MedStarHealth.org/Ortho](https://www.MedStarHealth.org/Ortho) to learn more about the experience and expertise that earned our orthopaedic program this national recognition.