MedStar Health | MEDSTAR GEORGETOWN UNIVERSITY HOSPITAL

SPRING 2026

Transplant Digest

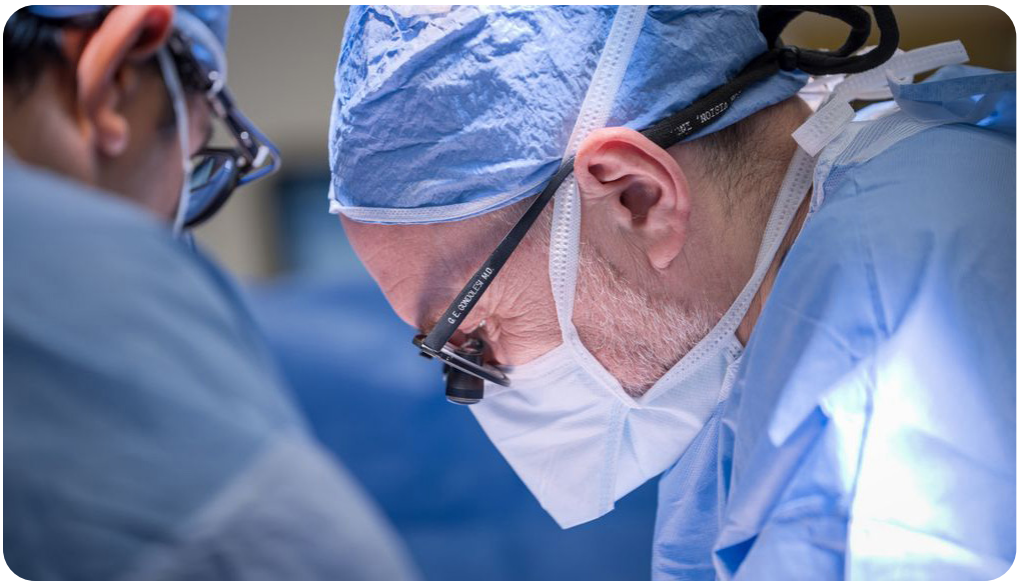
A PUBLICATION OF MEDSTAR GEORGETOWN TRANSPLANT INSTITUTE

Case study: World's first reported pediatric en-bloc liver/pancreas transplant from donation after circulatory death (DCD) using normothermic regional perfusion (DCD+NRP)

Background

Wolcott–Rallison syndrome (WRS) is an extremely rare genetic condition that causes early-onset diabetes and repeated episodes of acute liver failure. For children with this disorder, a combined liver–pancreas transplant addresses both the liver disease and the metabolic need for insulin.

Because donor organs for small children are limited—especially when size matching is required, the team explored using a donation pathway called donation after circulatory death (DCD) with normothermic regional perfusion (NRP). This approach has been used to mitigate the impact of prolonged ischemic time and improve viability in adult organs with great success.



Gabriel Gondolesi, MD, director of Pediatric Liver Transplantation and associate director of Intestinal Transplantation (right), with Shekhar Gogna, MD, multi-organ transplant surgeon.

Patient presentation

A 7-year-old female with confirmed WRS due to a homozygous EIF2AK3 mutation presented to hepatology for evaluation. She had a history of severe diabetic ketoacidosis in infancy and recurring episodes of liver decompensation, placing her at high risk for further life-threatening events.

Treatment

On Jan. 1, 2026, a suitable donor became available through DCD, an approach to pediatric donation that has occurred infrequently. The donor was an 18-month-old weighing 10 kg and donor surgery was performed by David Walls, MD, multi-organ transplant surgeon. The liver and pancreas were recovered en-block, and the organs were supported with NRP for one hour, with lactate levels improving from 8.7 to 5.2 mmol/L—an encouraging sign of organ recovery.

During transplantation, Gabriel Gondolesi, MD, connected the graft by using an aortic graft for the arterial inflow and anastomosing the recipient portal vein to the donor superior mesenteric vein to then complete the

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Letter from the executive director

Colleagues:

As international leaders in transplant medicine, we are committed to providing your patients with the highest standard of care. We support this mission by continually strengthening our multidisciplinary transplant team, advancing the field through research, and offering innovative therapies delivered by experienced clinicians. Our goal is to serve as a trusted partner to you and ensure every patient receives timely, compassionate, comprehensive care.

In this issue, we share several initiatives helping us ensure patients get the quickest possible access to transplant care. Changes to the evaluation and inpatient care processes for pediatric liver transplant patients are shortening time to transplant and the length of hospital stay. For kidney transplant patients, wait times are two years less than any other center in the region. We are also transplanting more older and complex patients.

You will also find two case studies highlighting our cutting-edge approach to transplantation. Our pediatric liver transplant team, led by Gabriel Gondolesi, MD, director of Pediatric Liver Transplantation and associate director of Intestinal Transplantation at MedStar Georgetown Transplant Institute, recently performed the first reported pediatric en-bloc liver/pancreas transplant from a donation after circulatory death with normothermic regional perfusion.

Our second case study focuses on a liver transplant patient in our bariatric transplant program. High BMI patients are often turned down by other programs, but in collaboration with our bariatric medicine colleagues, we are well positioned to provide them with the transplants they need.

Another milestone for our program, the first fully robotic adult kidney recipient transplant surgery was performed last fall by Talal Al-Qaoud, MD, multi-organ transplant surgeon. Since then, Dr. Al-Qaoud and his team have performed numerous fully robotic recipient surgeries with great success.

Dr. Al-Qaoud is also leading our new Transplant Urology program, which provides specialty driven care for patients with the most complex surgical needs. By bringing transplant and urologic expertise together early, the team supports thoughtful surgical planning and ensures patients receive the right care at the right time.

Finally, we examine how the dedicated transplant floor in the Verstandig Pavilion is having a positive impact on patient care and the effect of access to high quality transplant care that several new clinics and partnerships are providing for patients.

Sincerely,

Thomas M. Fishbein, MD
Executive Director,
MedStar Georgetown Transplant Institute

Physician Director,
Integrated Surgical Services
MedStar Health

10,500 organs...and counting

Surpassing 10,500 transplants: impact by organ.

Pancreas 208

Intestine 385

Kidney and Pancreas 542

Liver 2,558

Kidney 6,827

Data from OPTN/HRSA as of February 2026

MedStar Georgetown Transplant Institute surgeons have performed more than 10,500 transplants since the Institute's inception in 1987. The team leads the Washington, D.C., region in transplant volume, placing the Institute among the top 10 transplant centers in the nation.

Thomas Fishbein, MD, executive director of the Institute, says, "This milestone shows our long history of helping people get lifesaving care. Each transplant gives patients the chance to live full lives."

First fully robotic living donor kidney transplant recipient surgery performed at MedStar Georgetown Transplant Institute

Transplant surgeons at MedStar Georgetown have been using the da Vinci® robotic surgical system to perform living donor kidney transplant donor surgery. Now, the use of robotic surgery for kidney transplantation at MedStar Georgetown has expanded. Talal Al-Qaoud, MD, a double board-certified surgeon in urology and abdominal transplant, recently performed the first fully robotic living donor kidney transplant recipient surgery.

"After successfully performing our first robotic transplant recipient surgery in the fall 2025, we have continued to offer this approach to patients undergoing living donor kidney transplant and soon will be offering it to patients undergoing deceased donor transplantation," says Dr. Al-Qaoud. "There are numerous benefits for our patients, including less blood loss, lower infection risk, smaller incisions, decreased post-operative pain, less risk of a post-operative hernia, earlier ambulation—often the day after surgery—and faster recovery.

> "Robotic surgery is a tremendous boon for patients with a high BMI, who are often not considered candidates for transplant."
>
> **Talal Al-Qaoud, MD**

"Robotic surgery is a tremendous boon for patients with a high BMI, who are often not considered candidates for transplant due to the risk of post-operative complications in this subset of patients. Because of the lower surgical morbidity and smaller incision, there is less possibility of developing problems with wound healing and certain other complications for these patients who are a growing segment of the population."

da Vinci® Xi robotic surgical system

Talal Al-Qaoud, MD, performed the first fully robotic living donor kidney transplant recipient surgery using the da Vinci Xi.

Dr. Al-Qaoud also notes several medical and clinical advantages offered by the robotic approach. With robotic assistance, the surgeon can further refine the precision of vascular anastomoses. The robot also improves ergonomics for the surgeon, resulting in tremor-free suturing. Previously, hand fatigue could results in tremors during these long surgeries.

"Robotic surgery provides surgeons with new opportunities to make transplants more precise and more accessible, ultimately improving outcomes," adds Dr. Al-Qaoud.

Waiting time for kidney transplant reduced dramatically at MedStar Georgetown Transplant Institute

According to UNOS, nearly 90,000 people are on the waiting list for a kidney transplant at any given time. Unfortunately, an estimated 12 people die or are removed from the list because of concurrent illness and die each day without a transplant. In addition, between 12% and 14% are removed from the list within the first three years of being listed because they died or became too sick to be a candidate for transplantation.

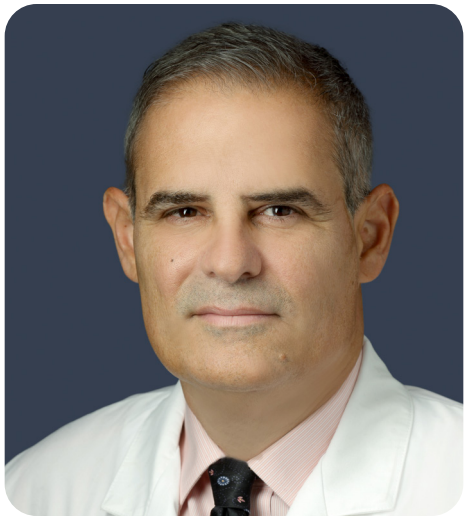
"Regionally, the average wait time for a kidney transplant ranges from five to seven years or more, especially for younger recipients and those 70 and older," explains Jose Figueiro, MD, director of Kidney and Pancreas Transplantation at MedStar Georgetown Transplant Institute. "At MedStar Georgetown, we have made a number of changes in our program that have allowed us to markedly decrease wait time for a deceased donor transplant. We are now transplanting kidneys within a much shorter waiting time depending on the recipient's age. Simultaneous kidney/pancreas patients are being transplanted in less than six months after listing."

Streamlined evaluation process nets faster listing

The first change that Dr. Figueiro and his team implemented focused on the pre-transplant evaluation process. At a patient's first appointment, he or she is assigned a dedicated transplant coordinator who helps the patient schedule the needed tests as quickly as possible to facilitate a faster completion of the work up.

Prior to this change, the time from first appointment to evaluation completion stood at approximately 240 days. Now, evaluations for kidney only transplants are routinely completed on average in approximately 130 days. For patients in need of a simultaneous kidney/pancreas transplant, the time from first appointment to active listing is 90 days or less.

"The ultimate goal is to have all patients for kidney only or kidney/pancreas transplant ready to be activated on the waiting list in 90 days or less after their first encounter with us," says Dr. Figueiro.



Expertise and state-of-the-art technology expand the pool of donor organs

As one of the top five volume kidney transplant programs in the country and one of the top two programs in kidney/pancreas transplantation, the specialists at MedStar Georgetown have more experience performing transplants on patients of all ages, including those who have multiple co-morbidities, are highly sensitized, or were denied at other transplant centers due to overall elevated surgical risks. They also have the expertise and advanced technology to successfully transplant organs that are hard to place due to prolonged cold ischemic time or anatomical variation, or organs that have been refused by other centers at the moment of the donation.

"Throughout my career, I've strived to give every kidney the opportunity to be transplanted," says Dr. Figueiro. "In general, there are kidneys that could and should be transplanted but are discarded because they do not reach the right transplant team fast enough. In our program, we are well prepared to assess those kidney and kidney/pancreas offers and accept those that may be feasible for transplant. We have a team on call 24/7 to field organ offers from anywhere in the country and match them with an appropriate recipient."

Technology also plays a role in the Institute's ability to transplant kidneys that other programs choose not to accept. MedStar Georgetown Transplant Institute has created an organ preservation unit or organ ICU. The unit is staffed by specialized organ preservation specialists, using the latest technology to keep organs perfused and preserved in an environment dedicated to optimizing organ function while awaiting transplantation.

Besides maximizing the number of kidney grafts perfused using hypothermic machine perfusion, the Institute also works in partnership with 34 Lives, an organization focused on developing technology and services that extend the safe preservation times for kidneys that would otherwise be discarded. At 34 Lives, the process uses normothermic (versus hypothermic) perfusion to extend the viability of donated kidneys. This approach produces significant improvement in graft function.

"Our kidney transplant team's 24/7 availability and our strategy to improve organ preservation and viability through new technologies are the main reasons why the average wait for kidney transplant patients at MedStar Georgetown is less than most other centers," notes Dr. Figueiro.

Treating the kidney in the organ ICU dramatically increases the number of utilized kidneys and improves the graft quality, minimizing the extension and duration of post-transplant delayed graft function. Other methods used to optimize donor kidneys include using non-nephrotoxic immunosuppressive regimens to minimize any additional insult to the kidney graft in the early post-operative period, and a dedicated staff to follow patients very closely in the first four to six weeks after transplant.

"Regardless of their age and needs, we are fighting for our patients to be transplanted faster."

Jose Figueiro, MD

More transplants for older patients

Because MedStar Georgetown Transplant Institute has a higher level of expertise in complex kidney transplantation, the team can perform more transplants for older patients who are considered high risk.

"Regardless of their age and needs, we are fighting for our patients to be transplanted faster," adds Dr. Figueiro. "New attention to organ preservation is making transplantation possible for patients who otherwise would not receive a transplant and would remain on dialysis, which has a 15% yearly mortality rate for patients over 65. Outcomes for these transplants are the same as for standard organ offers."

Expanded recipient criteria opens the door to transplantation for more patients

In addition to the ability to effectively transplant older, complex kidney patients, MedStar Georgetown Transplant Institute also broadens access to transplants through expanded recipient criteria.

"With our experience and volumes, we are able to safely transplant patients with a wide range of co-morbidities, including obesity, heart disease, and significant vascular disease," says Dr. Figueiro. "We are giving the gift of life to more patients with consistent outcomes in patient and kidney graft survival."

A commitment to extending the safe preservation time for donor kidneys helps expand the accessibility of kidney transplantation

Like Dr. Figueiro, 34 Lives, a Public Benefit Company and the only provider of normothermic machine perfusion (NMP) services for kidneys to organ procurement organizations (OPOs) and transplant centers, is committed to expanding the accessibility of kidney transplantation. The company's strategy for reaching this goal is to develop technologies and services that extend the safe preservation time and improve viability for kidneys that might not otherwise have the opportunity to be transplanted.

34 Lives works with OPOs and transplant surgeons to identify and rescue kidneys that would otherwise remain unused. The company's name comes from a sobering statistic—34 patients are removed from the kidney transplant waiting list each day in the U.S. because they die or become too ill for transplantation. Their mission is to reduce that number to zero.

Dr. Figueiro was recently part of a milestone at 34 Lives, as he and the kidney transplant team at MedStar Georgetown Transplant Institute transplanted the 500th kidney rescued by the company. He has transplanted more than 90 kidneys in partnership with 34 Lives to date.

"This has been a phenomenal journey. I have performed organ transplants for 30 years and always wanted to save non-transplantable kidneys, but they were offered too late or had other issues," says Dr. Figueiro in a recent interview with 34 Lives. "34 Lives gave us the answer. They use normothermic machine perfusion to 'reset the clock,' giving the kidney more time out of body. They also use a number of diagnostic tools to provide a score that can help predict whether or not the kidney is physiologically preserved and suitable for transplant. I believe that what we are doing is a major change in kidney preservation with major positive implications on kidney utilization rates and will certainly improve the quality of organs transplanted."

Case study: Bariatric surgery helps transplant waiting list patient with cirrhosis

History

A 69-year-old female with metabolic dysfunction-associated steatohepatitis (MASH) cirrhosis, portal hypertension including esophageal varices and ascites, thrombocytopenia, and hepatic encephalopathy presented for transplant evaluation at MedStar Georgetown Transplant Institute. The patient had undergone a transjugular intrahepatic portosystemic shunt (TIPS) procedure earlier for the management of portal hypertension.

The 5′4″ patient weighed 224 pounds and had a BMI of 36, contributing to additional diagnoses of type 2 diabetes, hyperlipidemia, and obstructive sleep apnea. Because of her BMI and associated comorbidities, she had been refused evaluation and listing for liver transplantation at other transplant centers.

Assessment

The interim goal was to achieve sufficient weight reduction to stabilize the progression of her liver disease and mitigate potential complications such as wound infection, which are common in obese patients following surgery. The patient was referred to bariatric surgery at MedStar Georgetown University Hospital for assessment and treatment of her BMI.

Treatment and outcome

The MedStar Georgetown bariatric transplant program is one of a few centers in the country performing bariatric surgery on higher-risk patients. Created by the hospital's transplant and medical and surgical weight loss teams, the program offers a coordinated, multidisciplinary approach to weight loss. Patients start therapy with nutrition counseling and GLP-1 medications, followed by bariatric surgery when appropriate. While in treatment with the bariatric program, patients are also under the shared management of our transplant specialists. The overall design of the program offers the opportunity to mitigate disease progression in the liver and other organ systems, improving candidacy for transplantation and quality of life over the interim.

Per protocol, the patient completed nutrition counseling and supervised weight loss satisfactorily, enabling bariatric surgeon Barry Greene, MD, to perform a robotic sleeve gastrectomy. The surgery was uneventful, and she tolerated it well. The patient remained in the hospital overnight, then continued recovery at home for a week with no significant complications. She continues to be followed by both bariatric and transplant teams while listed for liver transplantation.

> Bariatric surgery for liver transplant patients may mitigate disease progression and improve long-term graft survival, patient outcomes, and overall quality of life.

Discussion

After sleeve gastrectomy, the patient had significant weight loss and improvement in glycemic control allowing a reduction in insulin dosage from 160 units daily to 30 units daily. Both AST and ALT normalized. Bilirubin was stable at 4, GFR was 60, MELD was stable at 15, and platelets improved at 48,000.

At a recent follow-up appointment, the patient's weight was 185.3, and she reported a markedly improved quality of life. She remains on the liver transplant waiting list in stable condition.

Conclusion

Weight-related ineligibility is not an insurmountable barrier to organ transplantation. Early referral to the MedStar Georgetown bariatric transplant program offers an opportunity to mitigate disease progression and improve long-term graft survival, patient outcomes, and overall quality of life.

By integrating bariatric medicine within a comprehensive transplant care model, the MedStar Georgetown Transplant Institute is addressing longstanding gaps in pre-transplant support. This approach helps maintain transplant candidacy for higher-risk individuals, broadens access to living donation, and strengthens care pathways so that patients with complex metabolic profiles remain engaged and do not fall out of the evaluation process.

A synchronized, multidisciplinary approach to pediatric liver transplant optimizes patient care and reduces length of stay

The successful care of pediatric liver transplant patients requires a wide range of specialists and support staff. MedStar Georgetown Transplant Institute has developed a synchronized, multidisciplinary approach to delivering safe and effective care to this more challenging patient population. Although the transplant process generally has been standardized, the care team often collaborates to implement creative and innovative solutions to customize treatment to an individual patient's specific requirements.

The entire care team, which includes nurses, ICU staff, hepatologists, gastroenterologists, charge nurses, child life specialists, and transplant surgeons, rounds weekly, assessing every pre- and post-liver transplant and hepatopancreaticobiliary surgical patient on the unit. They discuss the current care plan and optimize where necessary, and review future care after discharge.

> "For patients with acute liver failure, we are able to complete the evaluation in a single day."
>
> **Gabriel Gondolesi, MD**

"As part of rounds, we meet to lay out the plan for each patient for the entire week, then meet again mid-week to adjust plans if needed," explains Gabriel Gondolesi, MD, director of Pediatric Liver Transplantation and associate director of Intestinal Transplantation at MedStar Georgetown Transplant Institute. "With this approach, we can complete the pre-transplant evaluations within three days and quickly get the patient listed for transplant. For patients with acute liver failure, we are able to complete the evaluation in a single day."

An important benefit of this streamlined approach is a reduction in the amount of time patients are hospitalized after transplant. Time in the hospital has been reduced nearly 42%, with patients discharged within two weeks on average. These shorter hospital stays reduce the patient's risk of hospital-acquired infection. Shorter hospital stays are possible in large part because education of family members in the mechanics of supporting the patient and managing medications begins shortly after the patient leaves the ICU. This allows the family more time to become comfortable with their role before the patient returns home.

Dr. Gondolesi points out another positive impact of the newly synchronized approach to care. "With this new approach, we are able to increase the opportunity for open beds for new patients," he says. "This makes it possible for us to provide care to more patients in need of a transplant."

Case study: World's first reported pediatric en-bloc liver/pancreas transplant from donation after circulatory death (DCD) using normothermic regional perfusion (DCD+NRP)

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intestinal connection. Cold ischemia time was seven hours, 30 minutes. Estimated blood loss was 250 mL.

Conclusion

Insulin was able to be discontinued in the operating room, and the patient's gastrointestinal function returned by postoperative day four. Ultrasound confirmed good blood flow to the transplanted organs. Her immunosuppression includes tacrolimus, mycophenolate mofetil, steroids, and Jakafi. She recovered well and was discharged home on postoperative day 15.

Discussion

This case demonstrates that en-bloc pediatric liver–pancreas transplantation using organs from a pediatric DCD utilizing NRP, is not only feasible but may help expand the donor pool for children with rare and life-threatening conditions. Approaches like this have the potential to reduce wait-list mortality and offer new options for families facing limited alternatives.

Inherited metabolic disorders are rare genetic conditions that require specialized multidisciplinary care. If you suspect a metabolic or genetic liver disorder—including MSUD, propionic acidemia, MMA, or urea cycle defects—early referral to our metabolic transplant team can expand treatment options, support proactive management, and improve long-term outcomes.

Verstandig Pavilion raises the bar on transplant care

Since its opening in late 2023, all transplant activities have been consolidated on a single floor of the Verstandig Pavilion at MedStar Georgetown University Hospital, allowing patients to receive a coordinated and high quality of care throughout the transplant process.

"From admission and pre-transplant care through surgery and recovery, patients are cohorted on the dedicated transplant floor," explains Rohit Satoskar, MD, director of Medical Services for the MedStar Georgetown Transplant Institute and medical director of Liver Transplantation. "This allows for fully integrated, seamless care from not only the physicians, but also the dedicated transplant nurses and advanced practice providers and support services staff. The team has greater expertise in caring for transplant patients and a strong understanding of what our patients need, not only medically, but also in terms of support and education for them and their families. In addition, through our 'bed ahead' program, we are able to always accommodate patients who need urgent access to liver transplant."

Liesl Zaucha, BSN, RN, CMSRN, and Rohit Satoskar, MD, lead the nursing and medical teams who care for transplant patients.

> "From admission and pre-transplant care through surgery and recovery, transplant patients are cohorted on the dedicated transplant floor."
>
> **Rohit Satoskar, MD**

The floor includes large, dedicated transplant operating rooms with the latest technology, including separate, specialized organ preparation rooms. Dedicated transplant ICU beds on the unit smooth the transition from surgery to recovery. Large patient rooms have space for the caregiver to room-in, if desired, which is helpful to patient recovery and also provides the opportunity for caregivers and patients to start the post-transplant education regarding care and medication administration as soon as possible.

"Transplant patients can have complex medical histories that require a higher level of coordinated care to achieve the best outcomes," says Liesl Zaucha, BSN, RN, CMSRN, director of Nursing, Hepatology, and Transplant Intermediate Care. "The transplant floor in the Pavilion is designed to ensure continuity of care. From a nursing perspective, being solely dedicated to the care of transplant patients helps our nurses gain higher levels of expertise. It also allows us to build relationships with patients and their families, as well as support their recovery and preparation for living successfully with their new organ. We are on the transplant journey with our patients, priming them for success and supporting them every step of the way."

Transplant patients are now cohorted on the fourth floor of the Verstandig Pavilion to provide integrated, seamless care.

Scan this QR code to watch our video.

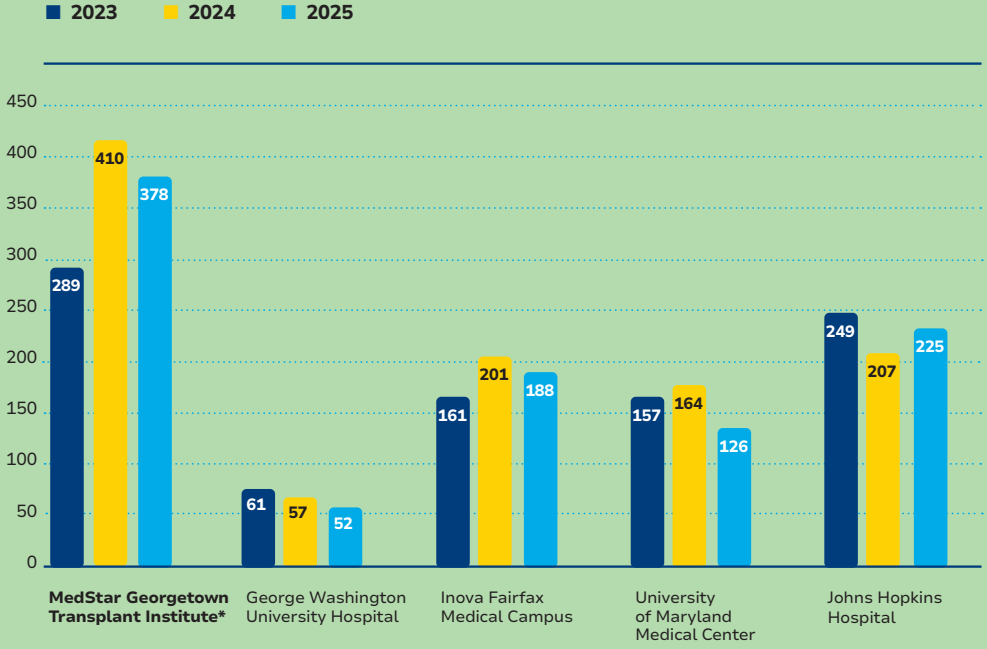
Meet our new transplant nephrologist

Naveria Ammad, MD, transplant and general nephrologist
Naveria Ammad, MD, is a fellowship-trained transplant nephrologist who cares for patients with end-stage renal disease, performs pre-transplant evaluation, and manages post-transplant immunosuppression. She sees patients at the new MedStar Georgetown Transplant Institute kidney evaluation clinic located at MedStar Franklin Square Medical Center.

Dr. Ammad is a member of the National Kidney Foundation, American Society of Transplantation, American Society of Nephrology, and American College of Physicians. Her philosophy of care centers on empowering patients through education and shared decision making. Her goal is to ensure patients feel fully informed, supported, and prepared to take an active role in optimizing their overall health.

Dr. Ammad earned her medical degree at the Medical University of the Americas-St. Kitts/Nevis. She completed her residency at the University of Pittsburgh Medical Center-Mercy Hospital in Pittsburgh. She completed two fellowships—in nephrology at George Washington University Hospital and in transplant nephrology at The Johns Hopkins Hospital in Baltimore.

2023 to 2025 kidney transplant volumes



OPTN.org/data accessed January 2026 • *Includes pediatric transplants at DCCH

Dual listing for access to quickest time to transplant

If your patients need a kidney and/or pancreas transplant, MedStar Georgetown Transplant Institute is the area's most experienced program, offering:

- **Quickest time to transplant:** If patients are listed with another program, they can dual list with us.
- **Liberal acceptance criteria:** We enable recipients and donors turned down by other centers to potentially be transplanted.
- **Bariatric/transplant clinic:** Our program solves one of the biggest barriers to care—Body Mass Index (BMI) levels that delay or prevent transplant and access to care.
- **Second largest kidney/pancreas volume** in the United States.
- **Ninth largest kidney program** in the nation.

To learn more about kidney and/or pancreas transplantation at MedStar Georgetown Transplant Institute, visit MedStarHealth.org/Transplant or call 202-444-3700.

Case study: Surgical innovation and expertise make formerly unresectable locally advanced pancreatic cancer treatable

Background

A 65-year-old female was first diagnosed with multifocal pancreatic cancer with tumors in the uncinate process and tail of the pancreas in April 2025. She also had vascular involvement by the tumor of her hepatic artery and portal vein, meeting the classification criteria for locally advanced pancreatic cancer, which is considered unresectable by most institutions.

Treatment

The patient underwent six months of neoadjuvant chemotherapy with FOLFIRINOX and three months of gemcitabine/abraxane chemotherapy. Repeat scans demonstrated stable to mildly decreased tumor size.

In February 2026, she underwent total pancreatectomy, resection of the hepatic artery with reconstruction using the splenic artery, resection of the portal vein and SMV with repair using an interposition left renal vein graft, and intra-operative radiation treatment.

Pathology confirmed poorly differentiated carcinoma with mixed squamous and glandular differentiation, a particularly aggressive type of pancreatic cancer. The patient had a total of 16 lymph nodes resected, all negative for cancer and all surgical margins were negative.

Outcomes

The patient is followed by medical oncology and endocrinology. She is recovering well, going on daily walks, and performing routine daily activities.

Conclusion

Due to the involvement of major intra-abdominal arteries and veins, operating on patients with locally advanced pancreatic cancer was previously not possible. But with the novel surgical approaches pioneered by Yuri Genyk, MD, director of the Adult Liver Transplant program and regional director of the MedStar Health Hepatopancreaticobiliary program, outcomes are similar to patients diagnosed with earlier stages of the disease.

When performing surgery on locally advanced pancreatic cancer with arterial and venous reconstruction, the MedStar Health team adheres to principles of organ preservation and maximal revascularization. This makes it possible to successfully resect these complex tumors.

Cancers once deemed unresectable are now operable with this approach, and selected patients are achieving long-term, disease-free survival extending well beyond five years—outcomes comparable to those seen in early-stage pancreatic cancer.

Meet Erin Meslar, PA, new director of Hepatopancreaticobiliary (HPB) program Advancement and Outreach.

Erin has been a clinical physician assistant in HPB surgery with MedStar Georgetown Transplant Institute for 12 years, managing patients from diagnosis through surgery and postoperative care. She was recently selected to be the new director of HPB program Advancement and Outreach, focused on expanding referrals and streamlining the care provided by the multidisciplinary HPB team.

She has extensive experience with a wide range of HPB conditions, including liver disease, benign and malignant liver masses, bile duct conditions and cancers, benign and malignant pancreatic lesions, abdominal masses, and metastatic diseases of the liver and pancreas.

The HPB program at MedStar Georgetown University Hospital has implemented a pioneering surgical approach to locally advanced pancreatic cancer with measurable success.

Developed by Yuri Genyk, MD, regional director of the MedStar Health HPB program, this surgical approach is markedly improving long-term survival with outcomes similar to patients diagnosed with earlier stages of the disease.

To refer a patient, call 202-444-1062. To learn more about the program and see the case study photos, email erin.m.meslar@medstar.net.

Transplant urology: Where transplant and urologic expertise converge for advanced complex surgery

The Transplant Urology program at MedStar Georgetown University Hospital provides highly specialized care for patients with complex genitourinary conditions requiring advanced reconstructive and transplant-based surgical expertise. It integrates transplant surgery, urology, vascular reconstruction, robotic surgery, and multidisciplinary perioperative care to support patients whose conditions extend beyond standard treatment pathways.

The program is designed for patients with transplant-related urologic complications, complex urinary tract reconstruction needs, and challenging genitourinary conditions in transplant candidates or recipients. This includes patients for whom endoscopic, laparoscopic, or conventional reconstructive approaches have failed, are anatomically prohibitive, or may compromise long-term renal function.

Through a coordinated consultation model, patients are evaluated collaboratively with alignment across surgical, transplant, and oncologic specialties when appropriate. This process supports streamlined operative planning, minimizes fragmented care, and prioritizes preservation of organ function while maintaining access to future therapies and transplantation opportunities.

Clinical areas of focus

Patients will benefit from referral when presenting with:

- Transplant ureteral complications— Including ureteral strictures, urinary leaks, ischemic ureteral injury, and failed prior repairs
- Complex genitourinary reconstruction—In transplant candidates or recipients requiring advanced urinary tract reconstruction before or after transplantation
- Genitourinary malignancy in transplant patients—Including kidney, urothelial, adrenal, and retroperitoneal malignancies requiring multidisciplinary planning
- Renal autotransplantation— For complex ureteral disease, refractory stone disease, renovascular conditions, ureteral trauma, and select oncologic indications
- Congenital or acquired genitourinary abnormalities— When anatomy or prior interventions complicate conventional surgical management
- Robotic and minimally invasive surgery in transplant patients— Including robotic transplantation, reconstruction, and transplant-related urologic procedures

Advanced multidisciplinary surgical collaboration

In parallel with the Transplant Urology program, Talal Al-Qaoud, MD, holds a dual appointment within the Department of Urology with a dedicated clinical role in urologic oncology, focused on complex oncologic surgery requiring advanced transplant-based operative techniques. This unique integration between transplant surgery and urologic oncology supports a multidisciplinary approach for patients with highly complex abdominal and retroperitoneal disease needing vascular reconstruction, advanced exposure techniques, and organ-preserving surgical strategies.

This novel capability supports patients with:

- Large or locally advanced renal and adrenal tumors
- Retroperitoneal tumors involving major vascular structures
- Inferior vena cava (IVC) reconstruction
- Cases requiring hepatic mobilization or liver transplant surgical exposure techniques
- Complex abdominal operations requiring multidisciplinary oncologic and vascular coordination

Clinical leadership

Talal Al-Qaoud, MD
Director, Transplant Urology Program, Departments of Surgery and Urology,
abdominal transplant surgeon and urologist

"My focus is on understanding the full clinical context—the patient, the problem, and the most effective path forward. Each case requires careful consideration of vascular and genitourinary anatomy, organ function, and prior interventions, so operative decisions are tailored to the patient rather than the condition in isolation. This perspective supports a durable solution when standard options have been exhausted."

By integrating transplant surgical principles with urologic oncology and hepatobiliary expertise, the program expands operative options for patients with advanced diseases while supporting preservation of renal function and continuity of oncologic care.

continued on next page

Transplant urology: Where transplant and urologic expertise converge for advanced complex surgery continued from page 11

Coordinated referral and care model

Care is delivered through a multidisciplinary consultation process designed to streamline evaluation and operative planning for complex patients.

Following referral, the surgical team develops a unified treatment strategy tailored to the patient's anatomy, disease process, prior interventions, and long-term renal and oncologic considerations. This coordinated approach helps reduce delays associated with sequential specialty evaluations, minimizes unnecessary interim procedures, and facilitates timely transition back to referring physicians for ongoing care.

Keith Kowalczyk, MD
Chair, Department of Urology, urologic oncology surgeon

"In urologic oncology, surgical decision-making requires a clear understanding of both disease biology and the patient's overall treatment course. Careful attention to margins and reconstruction allows us to maintain oncologic intent while preserving multi-organ functions and future therapeutic options."

By the numbers: MedStar Georgetown Transplant Institute

Liver Transplant program:

- **Top 20% in volume** of liver transplants in U.S.
- **Transplantation of a higher proportion of the most critical** (status 1) **patients**
- **More minority liver transplant candidates** than the national waiting list

Pediatric Liver Transplant program:

- **Among top 5 programs by volume in the country** for 2025
- **96.77% 3-year survival rate**

Kidney Transplant program:

- **Eighth largest program by volume of adult kidney transplants** in the U.S.
- **Leading volume center compared to other centers** in the Washington, D.C., region
- **407 total kidney transplants performed** in 2025
- **54 living donor kidney transplants; highest volume in D.C. area** in 2025
- **Participation in the largest worldwide paired kidney exchange** sharing program

Other highlights:

- **Largest intestinal transplant volume in the U.S.** for the past 5, 10, 15, and 20 years
- **Second largest pancreas transplant program by volume in the U.S.**
- **More than 40 active clinical trials**

Data from optn.org and srtr.org, accessed May 2026

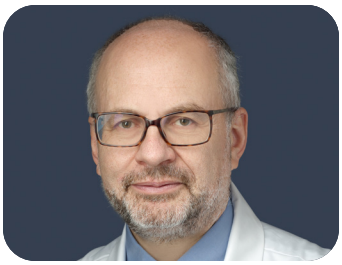
Meet our team

Adult and pediatric liver surgeons

Thomas Fishbein, MD

Yuri Genyk, MD

Shekhar Gogna, MD



Gabriel Gondolesi, MD

Alex Kroemer, MD, PhD

Cal Matsumoto, MD

Brian Nguyen, MD

David Walls, MD

Medical and surgical bariatric specialists

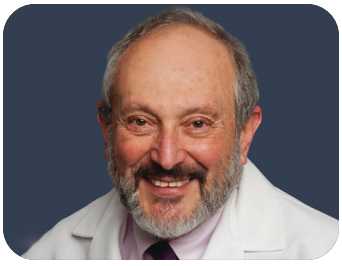
Yewande Alimi, MD

Barry Greene, MD

Filipa Ligeiro, MD

Kathleen Nilles, MD

Rohit Satoskar, MD



Coleman Smith, MD

Transplant hepatologists

Ahyoung Kim, MD

Ruhail Kohli, MD

Amol Rangnekar, MD

Rachel Redfield, MD

Arul Thomas, MD

Pediatric transplant hepatologists, gastroenterologists, and intestinal failure specialists

Udeme Ekong, MD

Khalid Khan, MD

Carolina Rumbo, MD

Nada Yazigi, MD

Adult and pediatric kidney transplant surgeons

Talal Al-Qaoud, MD

Jose Figueiro, MD

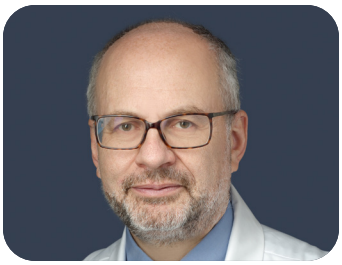
Shekhar Gogna, MD

Steven Potter, MD

Small bowel surgeons

Jennifer Verbesey, MD

David Walls, MD



Gabriel Gondolesi, MD

Cal Matsumoto, MD

Hepatopancreaticobiliary surgeons

Thomas Fishbein, MD

Yuri Genyk, MD

Brian Nguyen, MD

Gastroenterologist and intestinal failure specialist

Sukanya Subramanian, MD

Transplant nephrologists

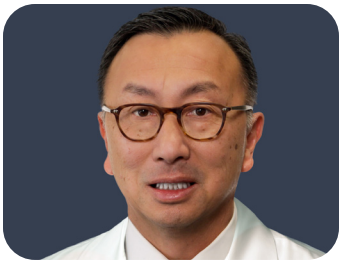
Naveria Ammad, MD

Parichi Buch, MD

Ashtar Chami, MD

Nadiesda Costa, MD

Alexander Gilbert, MD



Reginald Gohh, MD

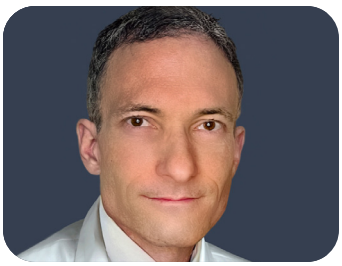
Anjuli Jain, MD

Sonika Puri, MD

Pancreas surgeons

Talal Al-Qaoud, MD

Jose Figueiro, MD



Steven Potter, MD

Jennifer Verbesey, MD

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Transplant Digest features news about MedStar Georgetown Transplant Institute.

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