With fewer migraines, Andrea is enjoying life again.

By Susan Walker

For 15 years, English language learner (ELL) teacher Andrea Cox has dealt with the pain and frustration of frequent migraine headaches. From her late teens through mid-20s, she’d be waylaid by a migraine once or twice a month when she got her period. But her symptoms escalated when she turned 26. After an extremely stressful year that included two moves, a PhD program, and starting a teaching job mid-school year, Andrea’s migraines became much more frequent and her symptoms more severe and long lasting.

“I was getting migraines four or five days a week,” she says. “I had stabbing head pain, brain fog, anxiety, and mild nausea that made it difficult to do anything.”

Andrea found a neurologist and tried several different treatments to manage her migraines, but she was still having frequent headaches that made life difficult. When her neurologist moved, she recommended Andrea see Jessica Ailani, MD, director of the MedStar Georgetown University Hospital Headache Center. Dr. Ailani is fellowship trained and certified in headache medicine, and a highly experienced physician in the subspecialty.

“Migraine is a brain disease that’s partly genetic,” says Dr. Ailani.

continued on page 7

Groundbreaking treatment offers patients pioneering same-day lung cancer biopsy, diagnosis, and treatment.

By Karen Hansen

In medicine, as in life, sometimes timing is everything. This is certainly true with lung cancer, the leading cause of cancer deaths worldwide. Until now, diagnosis and treatment typically took several weeks—a critical period during which the cancer could grow, and a time of anguish for patients. MedStar Georgetown University Hospital is the first in the region to offer a groundbreaking procedure that dramatically compresses that time frame.

continued on page 6

Inside.

2 Life-changing small bowel transplant gives Emily the freedom to live life on her terms.

3 Cancer screening saves lives.

4 Totally back to climbing again after a bad break.

5 Foundation’s gift supports healing environment for our new Medical/Surgical Pavilion.
Life-changing small bowel transplant gives Emily the freedom to live life on her terms. By Susan Walker

All her life, 28-year-old Emily Parks has lived with a serious condition called chronic intestinal pseudo-obstruction (CIPO). CIPO weakened her intestines and made it impossible to digest food. Because of this condition, Emily faced multiple surgeries for bowel obstructions and needed a gastrostomy tube placed in her abdomen when she was 6 years old so she could receive IV feeding or total parenteral nutrition (TPN) for 10 hours each day.

She also had an ileostomy (a surgical opening in the abdominal wall that bypasses the colon and removes waste from the body). Her condition caused her stomach to enlarge, making everyday activities like running and lifting things painful.

In spite of all these challenges, Emily strove to live as normal a life as possible, going to school every day, then college. After graduation, she moved to the Washington, D.C., area and began working as a vocational specialist, helping unhoused people with severe mental illness find and keep employment.

“Throughout my life, I managed my illness pretty well,” says Emily. “But over time, my level of pain was increasing. I had surgery for several bowel obstructions and infections related to my TPN line. It put a damper on my quality of life. I couldn’t do all the things I wanted, I spent a lot of time at doctor’s appointments, and some days I just had to go home and lie down.”

When Emily moved to Washington, D.C., she chose Sukanya Subramanian, MD, medical director, Adult Intestinal Transplantation, at MedStar Georgetown University Hospital to manage her condition and TPN. At their first appointment, Dr. Subramanian recommended an isolated small bowel transplant because of Emily’s worsening condition.

“We did testing and found a genetic mutation that primarily impacts Emily’s intestines,” Dr. Subramanian explains. “With that knowledge, we were able to proceed confidently with a recommendation for transplant and reassurance that transplant would cure her disease.”

Although at first she was hesitant, Emily eventually decided to meet with MedStar Georgetown small bowel transplant surgeon Cal Matsumoto, MD, director, Intestinal Care and Transplant, and explore transplantation. “I connected with other transplant patients on social media and found very strong reviews of Dr. Matsumoto and his team,” Emily says. “That sealed the deal for me.”

“Emily’s surgery was complicated, but went very well,” adds Dr. Matsumoto. “She is now a year and a half post-transplant and is thriving. Her bowel is working as it should, she no longer needs TPN, and has no ileostomy.”

“Since my transplant, I have a lot more freedom and comfort in my life,” Emily explains. “I’m eating and I can do things I’ve always wanted to do, like travel to Europe and take up ballroom dancing. It’s also changed how I think about myself and made it easier for me to connect with people. I’m not always thinking about my illness. I feel more sure of myself and more comfortable in my own body.

“I’m so grateful to the doctors and staff at MedStar Georgetown,” she adds. “Dr. Subramanian is brilliant, and she brings a level of compassion and empathy to my care. Dr. Matsumoto is an excellent surgeon. The whole transplant team is phenomenal and dedicated to providing each person with patient-centered care. And that takes a lot of weight off your shoulders as a patient.”

Ballroom dancing, a new passion, is now available to Emily Parks after a successful small bowel transplant. Photo by Silver Ridge Productions

To learn more about small bowel transplant, visit MedStarHealth.org/SmallBowel, or to schedule an appointment, call 202-444-3700.
The American Society of Clinical Oncology estimates that 20% to 50% of breast, colon, and lung cancers are diagnosed in an emergency department (ER) globally. When cancer is diagnosed in the ER, patients have lower short-term survival rates. It is critical that you catch cancer before you have symptoms that send you to the ER. That is why early cancer detection is so important.

Cancer screenings have a long, proven record of saving lives and improving outcomes. These screenings can find cancer before it spreads, and more treatment options are available with early detection.

Different cancers have different screening recommendations (see sidebar at right).

**Breast cancer.**
Breast cancer is the most common cancer overall and the second-leading cause of death from cancer among American women. Mammograms are the most common breast cancer screening test; doctors recommend women have these annually.

**Colon cancer.**
A colonoscopy is the most effective way to identify colon cancer. It enables the doctor to evaluate the entire length of the lower intestine. Your doctor can help you determine how frequently you should have a colonoscopy. Typically, doctors will recommend a colonoscopy every three to five years starting at age 45.

**Lung cancer screening.**
Lung cancer is the leading cause of cancer deaths in both men and women. It can take years to develop and is difficult to detect in its early stages.

A low-dose computed tomography (CT) scan detects lung cancer early when there are more treatment options, increasing chances of survival. Doctors use specific criteria to determine whether you should seek lung cancer screening.

**Prostate cancer.**
Prostate cancer is the second-most common cancer overall and the second-leading cause of cancer death in men in the U.S. African American men have a one in seven chance of getting prostate cancer in their lifetime.

The PSA test is the gold standard in prostate cancer screening. This simple blood test measures your PSA levels. Doctors typically recommend that men with average risk have their PSA levels checked every year starting at age 50.

These screening recommendations may vary based on your personal or family health history. It is important that you talk to your doctor to determine your risk and screening plan. Cancer screenings save lives. Make getting screened a priority!
Like many 6-year-olds, Stella Jordan loves to climb—monkey bars, trees, gymnastics equipment, you name it. Unfortunately, that’s how she ended up with a complex fracture of her forearm and a dislocated elbow, known as a Monteggia injury.

“As I was jumping off the equipment at recess, my foot got stuck. I fell and slammed into the ground. It was really scary,” explains Stella.

It was scary for Stella’s mom, Amy, too. “When I got to school to take her to the emergency room, there was a big bump in her arm. It was clearly broken, and Stella was in a lot of pain.”

Amy rushed Stella to the MedStar Montgomery Medical Center emergency department, just five minutes from school. The staff took X-rays that showed a bad break in Stella’s forearm and set it with a splint. Because of the severity of the break, the on-call physician recommended that Stella see pediatric orthopaedic surgeon and sports medicine specialist Ryan Murray, MD, chief of Pediatric Orthopaedic Surgery at MedStar Georgetown University Hospital.

“In addition to the broken bones in her forearm, Stella had a dislocated radial head—a complex and difficult to diagnose fracture pattern,” explains Dr. Murray, a fellowship-trained orthopaedic surgeon who specializes in pediatric orthopaedic surgery and sports medicine. “To repair this type of injury, we perform a surgical procedure called an open reduction and internal fixation of the ulna and a closed reduction and pinning of the radius. Basically, I realign the broken bones and return the radial head to the proper position. The bones are then held in place with pins while they heal. These procedures require special expertise that many orthopaedic surgeons may not have, so it was fortunate that Stella was seen in the MedStar Health system and could be quickly referred to MedStar Georgetown for subspecialty pediatric orthopaedic care.”

“We were worried when we heard Stella would need surgery, but the more we spoke with Dr. Murray, the more confident and at ease my husband and I felt,” says Amy. “He’s not only a skilled surgeon, he also took the time to answer our questions and Stella’s, and he treated her with respect. The whole MedStar Georgetown team was great. The nurses brought Stella games while we were waiting to go to the operating room and made sure she was comfortable.”

Stella spent the night in the hospital, then went home. “MedStar Georgetown made the process of scheduling follow-up care easy and helped make sure she didn’t miss too much school, which I appreciated,” says Amy.

Stella was diligent about doing the exercises Dr. Murray prescribed. When her cast came off and the pins were removed as an outpatient procedure, the family was happy to hear that Stella’s arm had healed well and her mobility was good.

“She was even able to be on swim team this summer,” adds Amy. “She’s back to normal, climbing trees and getting ready for gymnastics classes this fall.”

“My arm feels like it was never broken,” says Stella.

To learn more about our orthopaedic specialists at MedStar Georgetown, visit MedStarHealth.org/GeorgetownOrtho, or to make an appointment with one of our orthopaedic specialists, call 202-444-8766.
As a young girl, Elizabeth Freed always enjoyed the outdoors. Now, as an adult, she knows being in nature not only feels good, but can also have a powerful emotional and physical healing effect. Research shows that being in nature can reduce blood pressure, stabilize heart rate, and decrease stress hormones.

So, when Elizabeth, president of the Freed Foundation, was looking for a way to support MedStar Georgetown University Hospital, our Medical/Surgical Pavilion green space was a natural fit. “I have helped develop a number of healing gardens, so this vision of green space for the Pavilion really resonated with me,” Elizabeth explains. “It is so important for patients and staff to have a place to go to feel calm and at peace.”

The Freed Foundation honored MedStar Georgetown with a philanthropic gift of $500,000 to support the creation of a beautiful outdoor plaza near the main entrance to the new Pavilion. With nearly seven acres of dedicated green space, the plaza will include seating areas and a water station to provide a restorative space supporting healing after medical care.

This gift will enhance the overall green space that was initiated by a leadership philanthropic gift from the Gerard B. Lambert Foundation, in honor of Bunny Mellon.

The Freed Foundation and Elizabeth’s family have a long history of supporting MedStar Georgetown. Elizabeth’s half-brother, Bobby Ourisman, has been involved with MedStar Health for 34 years, first as a board member at MedStar National Rehabilitation Hospital and now on the board of MedStar Health. In 1998, the Ourisman family established the Betty Lou Ourisman Breast Health Center in honor of Bobby’s mother.

Elizabeth was born and raised in Washington, D.C. She says the timing felt right for her to return to her roots. “The Foundation gives to areas where there is a real need, and the medical field has experienced incredible challenges during these past years. We wanted to give to a top-rated institution that is making a difference. I immediately thought of MedStar Georgetown,” she explains.

“IT IS SO IMPORTANT FOR PATIENTS AND STAFF TO HAVE A PLACE TO GO TO FEEL CALM AND AT PEACE.”
—ELIZABETH FREED

Elizabeth was especially excited about the impact the Pavilion will have on the community. This facility will provide a once-in-a-lifetime opportunity to improve the quality of health care for generations to come and advance groundbreaking research. Learning of the opportunity to extend medical care beyond treatment and promote healing in a beautiful natural space, Elizabeth knew she’d found the perfect way to support the community where she grew up.

The Foundation’s philanthropic partnership is also a testament to Elizabeth’s grandfather, Allie S. Freed, and his legacy of service to his community. In the 1930s, Allie, then chairman of the Committee for Economic Recovery, saw the U.S. Housing Act as an opportunity to furnish badly needed shelter to low-income families. He got in touch with President Roosevelt and visited the White House to discuss plans for a new development. The result was the Buckingham community in Arlington, Virginia.

“We are so grateful to the Freed Foundation for this support,” says Mike Sachtleben, senior vice president and COO, Washington Region, MedStar Health, and president of MedStar Georgetown. “This philanthropic gift will help us realize our vision to significantly increase the dedicated green space on campus for all to enjoy while also promoting a healing environment for our patients and families.”

To learn more about the Medical/Surgical Pavilion and how your support can make a significant impact, please visit MedStarHealth.org/Support or call 202-444-0721.
Groundbreaking treatment offers patients pioneering same-day lung cancer biopsy, diagnosis, and treatment. continued from page 1

“We’re moving the ball from several weeks down to as little as a single five-hour surgery,” says Eric Anderson, MD, director of Interventional Pulmonology at MedStar Georgetown. Using Combined Robotic Assisted Thoracic Surgery (CRATS), cancerous lung lesions can be detected, biopsied, diagnosed, staged, and surgically removed—all in one minimally invasive, single-anesthesia session.

Wayne Norris of Avenue, Maryland, benefited from the CRATS procedure. In September 2021, the 67-year-old had a slight cough but thought nothing of it until he coughed blood. It was the first sign that something was wrong. “This was a blessing,” says Wayne’s wife, Eleanor. “Otherwise, we wouldn’t have known.” Their local oncologist referred them to MedStar Georgetown, where Drs. Margolis and Anderson recommended the CRATS procedure.

Marc Margolis, MD, chief of Robotic Thoracic Surgery at MedStar Georgetown, explains how it works: “First, if a CT scan detects a tumor, the Ion endoluminal robotic bronchoscope® biopsies it right away. An ultrasound then determines if the cancer has spread to lymph nodes. If not, the cancer is removed using the da Vinci® robotic video-assisted thoracic surgery system.”

For Dr. Anderson, the benefits of CRATS cannot be overstated. “The patient only has to undergo anesthesia once. While they are under, we can detect, biopsy, diagnose, and treat the cancer all at once. If a tumor needs removal, surgery with the da Vinci robotic system is so precise, no large incision is required. Because CRATS is minimally invasive, you can expect a rapid recovery that is virtually pain-free.”

Dr. Anderson adds that “millimeters matter when it comes to lung cancer. As days or weeks pass, tumors grow. If we find the nodule at 1 centimeter, there is a 90% chance of survival. At 2 centimeters, there’s an 80% chance, and at 3 centimeters, 70%. Combine those odds with the potential for immediate tumor removal, and the Ion robot gives patients a real chance for better outcomes.”

Dr. Margolis concurs: “The earlier we can remove the cancer, the sooner we can help patients move forward with their lives.” In some instances, this approach is curative of the cancer.

“Those doctors were magnificent,” says Eleanor. When Wayne underwent the CRATS procedure, Eleanor recalls, “the surgery took seven hours. But the team gave me updates every hour or two. Afterward, Dr. Margolis told me they’d gotten it all. The tumor was almost Stage 3. Dr. Anderson tested 17 lymph nodes, but luckily, the cancer hadn’t spread there.”

Though Wayne’s upper right lung lobe was removed, he had a rapid recovery. “I felt great,” says Wayne, “and I was in the hospital for only three days.” Eleanor and Wayne appreciated the immediate surgical care. “It was a relief to get this all taken care of at one time and to get the cancer out.”

Wayne’s enjoyed a quick return to normal life. “The day after I came home, my wife said, ‘We have to go to Home Depot.’ So I jumped up and said, ‘OK, let’s rock!’”

But then, the couple has always been known for speed. As Eleanor notes, “We met in August, were married by November, and have been together for 43 years!” Sometimes, timing is everything.

Visit MedStarHealth.org/CRATSvideo to watch Drs. Margolis and Anderson discuss the CRATS procedure.
“The brain of someone with migraines is more sensitive to changes in the weather, stress, hormones, and not eating or drinking enough. Migraine not only causes throbbing or stabbing head pain, but also upset stomach, vomiting, and light and sound sensitivity that can be disabling.

“As an academic headache center, we have more experience treating migraine patients and more time to spend with each patient. One of the most important parts of what I do is listening to patients to understand their headache journey—what treatments they’ve tried, what triggers their headaches, what their goals are,” explains Dr. Ailani. “Listening is at the center of everything we do and is essential for creating an effective treatment plan tailored to each patient so they feel better and can get back to doing what they love.”

As a preventive measure, Andrea was already receiving Botox® injections for her migraines. Dr. Ailani recommended continuing the Botox and adding a calcitonin gene-related peptide (CGRP) inhibitor, a new class of medication used to prevent and treat migraines. The medication, which Andrea can take in pill form, blocks a protein that’s associated with inflammation and pain in the nervous system of people with migraines. Dr. Ailani also prescribed an antidepressant that is used to prevent migraines, and rizatriptan, a medication that Andrea can take if she feels symptoms of a migraine beginning. At Dr. Ailani’s recommendation, Andrea began working with a nutritionist because certain foods triggered her migraines.

“With Dr. Ailani’s help, I’ve decreased my headache days to five to seven a month—vastly improving my quality of life,” Andrea says. “She and her nurse practitioner, Julia Solis-Mesch, are great. Dr. Ailani is very empathetic and really listens to me and takes my suggestions and insights seriously. We’re partners in my care. Thanks to her, I’m feeling better, enjoying spending time with my husband and toddler, and spending less time suffering through migraines.”

The MedStar Georgetown University Hospital Headache Center specializes in the diagnosis and treatment of people with the full range of headache disorders. The team, which includes four neurologists and two nurse practitioners specially trained in neurology and headache medicine, partners with patients to create a safe and effective management plan.

Medication, lifestyle changes, and complementary treatments, such as biofeedback training, acupuncture, and physical therapy, can be part of the care plan tailored to each patient.

For more information, visit MedStarHealth.org/Migraine, or to schedule an appointment, call 202-295-0540.
MedStar Georgetown University Hospital nationally ranked in cancer care by U.S. News & World Report.

MedStar Georgetown University Hospital is the only nationally ranked cancer program in the Washington, D.C., region. This national ranking recognizes the outstanding clinical excellence provided by MedStar Georgetown and the Georgetown Lombardi Comprehensive Cancer Center, the only comprehensive cancer center in Washington, D.C., designated by the National Cancer Institute.

U.S. News & World Report has also recognized MedStar Georgetown as high performing in five specialty services:

- Gastroenterology and GI surgery
- Geriatrics
- Neurology and neurosurgery
- Orthopaedics
- Pulmonology and lung surgery

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