Randy Hemingway knew the benefits of proton therapy, so when diagnosed with cancer, he went to the experts at MedStar Georgetown University Hospital.

A proactive patient travels 400 miles for proton beam therapy.

By Susan Walker

When it comes to radiation therapy, Randy Hemingway knows a lot more than most people. A former administrative director and dosimetrist in radiation oncology at MedStar Health, he was a proponent of bringing proton beam therapy to the system. Before and after that, he held a variety of positions in the field of radiation oncology, which provided him with a strong background and knowledge of all the innovations in the field.

So, when he was diagnosed with stage 2 colorectal cancer in March 2022, he traveled 400 miles to receive proton beam therapy at MedStar Georgetown University Hospital.

Seeking out a second opinion for his devastating gastrointestinal disease led Chris Vass of Edgewater, Maryland, to MedStar Georgetown University Hospital and access to a life-changing clinical trial.

Photo by Hilary Schwab

Chris Vass of Edgewater, Maryland, suffered from moderate to severe ulcerative pancolitis, an inflammatory bowel disease (IBD) that causes ulcers in the colon. After all known treatments failed, Chris’ only option seemed to be a total colectomy—surgical removal of the colon. But even with this, Chris might still need a temporary colostomy bag and have frequent bowel movements. At the young age of 27, it was a devastating prospect.

“I couldn’t go through with it,” Chris recalls. “There had to be another way.” Fortunately, there was—thanks to a clinical trial that his care team at MedStar Georgetown University Hospital guided him through.

Chris’ journey began several years earlier when he started losing weight and experiencing frequent bloody stools, diarrhea, and abdominal pain. At the peak of his illness, he had lost an alarming 70 pounds. Chris had

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When her best friend needed a kidney, she said, “I got you.”

By Susan Walker

Sharing more than smiles: Rebecca Warlow (left) received a life-changing kidney donation from her best friend Jean Bunker (right). Photo by C King Media

Rebecca Warlow knew how tough it was to live with kidney disease. Her father had kidney disease in the late ‘70s, and her brother was diagnosed with end-stage kidney disease in his 30s and needed dialysis. So, when she became very ill eight years ago, was diagnosed with kidney failure, and found out she needed to start dialysis, she knew the toll that the disease and treatment would take on her health. Dialysis three times a week left her exhausted and made it difficult to work or do the things she enjoyed.

When her doctors recommended she undergo a kidney transplant, she shared the news with her best friend of more than a decade, Jean Bunker. “The minute I heard Rebecca needed a kidney, I said ‘I got you,’” says Jean. “I told Rebecca if I can’t donate directly to you, I’ll become part of a paired kidney exchange [where a kidney that isn’t appropriate for the initial donor is swapped for one that is, allowing multiple people to get a transplant] so you can get the kidney you need from another donor.”

Jean suggested that they reach out to the Transplant Institute for an evaluation. The Transplant Institute is a regional leader in living donor kidney transplantation. Over the last four years, transplant surgeons at MedStar Georgetown have performed 401 total living donor kidney transplants, more than any other area hospital. The Transplant Institute is also one of the largest paired kidney exchange (PKE) programs in the National Kidney Registry (NKR).

Fortunately, after Rebecca and Jean underwent their evaluations, they learned that Jean could donate directly to her friend. Their surgeries went smoothly, and Jean was out of the hospital the next day.

“I’ve given birth to twins. My kidney donation surgery recovery was nothing compared to that! I mostly just felt fatigued,” Jean says. “The team at MedStar Georgetown did a wonderful job. We chose them because they’re the best and we knew they’d take good care of us. And they did!”

“There are more than 92,000 people in the U.S. on the waiting list for a kidney transplant, and each day, 13 people die waiting,” says Dr. Verbesey. “Donors like Jean save and change thousands of lives for the better each year in the U.S. And by sharing their donation stories, they inspire others to become kidney donors and save a life.”

With her new kidney, Rebecca is now able to live her life to the fullest. “I’m doing great,” she says. “I’m working full time and in the process of becoming an Episcopal deacon. Jean truly changed and saved my life by donating her kidney.”

Jean adds, “I feel truly blessed to have been able to donate. There’s a saying, ‘In giving we receive.’ By becoming a kidney donor, you will receive the greatest gift of your life.”

Give the gift of life. Be a living kidney donor.
Learn more about living donation at MedStarHealth.org/LivingDonorKidney, or call 202-444-3700.
It’s summertime and most of us are headed for the great outdoors. But that extra time outside makes us more susceptible to tick bites that can spread Lyme disease—a bacterial infection affecting about 300,000 Americans each year. It is commonly seen in the mid-Atlantic region, and Maryland and Virginia are among 14 states that, altogether, account for close to 95% of all cases.

What causes Lyme disease?
Lyme disease is transmitted to humans through the bite of infected black-legged ticks, sometimes called deer ticks. The risk of exposure is greatest in the woods and in the edge area between lawns and woods. However, ticks can also be carried by animals onto lawns and gardens and into houses by pets.

What are the symptoms?
The infection usually results in symptoms within the first 30 days of a tick bite. Signs and symptoms of early Lyme disease can include:
• A characteristic “bull’s-eye” skin rash, usually reddish or purple in color
• Fatigue
• Chills and fever
• Headache
• Muscle and joint pain
• Swollen lymph nodes

Some signs and symptoms of Lyme disease may not appear until months after a bite. These include:
• Brief bouts of pain and swelling in the joints (arthritis), especially the knees
• Numbness, pain
• Paralysis of facial muscles (Bell’s palsy)
• Fever, stiff neck, and severe headache (meningitis)
• Palpitations and other heart rhythm abnormalities
• Problems with memory and concentration
• Sleep disturbances

When to seek medical attention:
• Untreated Lyme disease can be very serious. If you notice a red rash or other symptoms mentioned, call your doctor, who will likely want to examine you and do a blood test. If the test is positive, antibiotics usually work well, especially when treatment begins early.

Steps to prevent Lyme disease:
Fortunately, in most cases ticks must be attached to humans for 36 to 48 hours before they can transmit Lyme disease. So, if you do get a tick bite, it’s not too late to stop the infection. If you’re going camping or hiking in grassy or wooded areas, follow these tips:
• Wear long clothing: Even in the summer, choose long-sleeved shirts and pants to prevent ticks from latching on to your skin.
• Use insect repellents that contain DEET.
• Shower as soon as possible: Wash with soap and water if you think you’ve been in a tick-infested area.
• Check your body for ticks: Ticks prefer warm, moist areas of the body, such as the armpits, groin, and hair. Also, look behind your knees and ears. Remember to check your children and even your pets! Dogs are particularly susceptible, which is why they should be vaccinated against Lyme disease.
• Remove the tick immediately: Use fine-tipped tweezers to grasp the tick firmly and as close to the skin as possible. Clean the area with soap and water or rubbing alcohol.
• Ways to dispose of a live tick: Drop it in a container of alcohol; place it in a sealed bag/container; wrap it tightly in tape; or flush it down the toilet.

Avoid Lyme disease by taking simple steps to protect your family this summer and fall when you’re enjoying more time outside.
After tendon transfer surgery, Kim is back on her feet. By Susan Walker

Most days, you’ll find Rockville, Maryland, native Kim Razick mixing finger paints, teaching letters and numbers, and helping her 3- and 4-year-old students learn and grow. As a preschool teacher for 40 years, her days are active, with lots of bending, lifting, and running around the playground. When she’s not at work, she enjoys spending time outdoors and going for walks.

“I feel blessed to have the MedStar Georgetown team on my side.”
—Kim Razick

So, when she got out of bed one Sunday morning and couldn’t put any weight on her right foot, she immediately knew something was wrong. She hadn’t injured her foot and had been fine while running errands the previous day.

“I wasn’t sure what to do,” says Kim. “My foot wasn’t swollen and there was nothing obvious wrong, so I ordered a knee scooter and an orthopaedic boot and went to work as usual on Tuesday.”

But when her foot didn’t improve after a few days, she worried it was something serious. Evan Argintar, MD, an orthopaedic surgeon at MedStar Washington Hospital Center, part of the MedStar Orthopaedic Institute—and also the parent of one of Kim’s students—recommended she make an appointment with Nick Casscells, MD, a fellowship-trained orthopaedic foot and ankle surgeon within the Institute at MedStar Georgetown University Hospital.

Dr. Casscells examined Kim and ordered blood tests and imaging, which uncovered an infection in a tendon in her leg. After an initial surgery found that the infection was extensive, he referred her to the Wound Healing Institute at MedStar Georgetown, where she underwent additional treatment.

“Even though I was dealing with a serious problem, I felt calm because I trusted Dr. Casscells,” says Kim. “He explained everything clearly and was honest with me, so I knew I was in good hands.”

Because the infection had caused serious damage that made her tendon unreparable, Kim had a foot drop (trouble pulling your ankle upward, which can cause your foot to drag). To correct this, Dr. Casscells performed a procedure called posterior tibial tendon transfer.

“The surgery requires four small incisions,” explains Dr. Casscells. “I moved a tendon from the front of her leg and rerouted and reattached it so it took the place of her damaged tendon in the back of her leg. Because the transferred tendon normally helps the foot point, not flex, Kim had to undergo physical therapy to train the brain to use the tendon to lift the foot. We also arranged for Kim to get an orthotic insert to provide extra support for her arch. She’s doing very well and has good strength in her foot and no foot drop.”

Kim’s tendon transfer surgery was a resounding success. After six months of physical therapy at the MedStar National Rehabilitation Network clinic near her home, she’s happy to be back out on the playground and able to keep up with her students.

“My whole experience with MedStar Georgetown, the doctors and staff while I was in the hospital, and the outpatient physical therapists was very positive,” Kim adds. “I feel blessed to have the MedStar Georgetown team on my side.”

MedStar Georgetown University Hospital is part of the MedStar Orthopaedic Institute, with 50 orthopaedic surgeons at 19 locations throughout Washington, D.C., Maryland, and Virginia. Visit MedStarOrthopaedicInstitute.org for a complete listing of physicians and locations.

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.
Gift will enable a brighter future for COPD patients. By Ronna Borenstein

Twenty-two years ago, Grace Anne Dorney Koppel received a devastating diagnosis of end-stage chronic obstructive pulmonary disease (COPD) and was advised to make end-of-life preparations. There is no cure for COPD. Instead of giving up, she educated herself about treatment options and learned firsthand the tremendous benefits of pulmonary rehabilitation.

Today, Grace Anne is very much alive and active—a testament to determination, education, and the extraordinary benefits of pulmonary rehabilitation. Her personal experience motivated her to become a national patient advocate for COPD.

Recently, Grace Anne Dorney Koppel and her husband Ted Koppel made a significant lead gift for the Grace Anne Dorney Pulmonary Rehabilitation Clinic at MedStar Georgetown University Hospital—the first of its kind in Washington, D.C.

About COPD.

16 million people in the United States have been diagnosed with COPD; 14 million more have the disease but don’t know it.

COPD is a group of lung diseases, including chronic bronchitis and emphysema, that make it difficult to breathe because of inflammation in the airways or destruction of the smallest cells in the lungs. The standard of care for treatment is pulmonary rehabilitation. Benefits include decreased symptoms, increased ability to participate in daily activities, and improved physical, mental, and emotional well-being.

Among chronic diseases, COPD is the third-leading cause of death in the United States after heart disease and cancer.

While cigarette smoke is the primary cause, 1 in 4 people with COPD have never smoked. Additional causes include exposure to work-related irritants, secondhand smoke, and air pollutants.

Recently, the Dorney-Koppel Foundation, established by Grace Anne and her husband, former ABC News Nightline anchor Ted Koppel, made a significant lead gift for the Grace Anne Dorney Pulmonary Rehabilitation Clinic at MedStar Georgetown University Hospital—the first of its kind in Washington, D.C. To date, the Foundation, with its partners, has funded 11 pulmonary rehabilitation clinics in five states.

“Our pulmonary physicians are very excited about this gift because it so closely aligns with the needs of our COPD patients and those with other chronic lung diseases,” says Anne O’Donnell, MD, division chief of Pulmonary Medicine, Critical Care, and Sleep Medicine at MedStar Georgetown. “The new clinic will complement our strong commitment to research and compassionate care.”

“Our hospital is grateful for the Koppels’ generosity,” notes Mike Sachtleben, senior vice president and chief operating officer, Washington Region, MedStar Health; president, MedStar Georgetown University Hospital. “We are honored that the Koppels entrusted us to build a clinical program that is so important to them and that will positively impact so many others.”

“Pulmonary rehabilitation restored my life and gave me a new mission,” says Grace Anne. “Without this tool, medication and other interventions are inadequate. It is a transformative program that enables people to regain dignity and take control of their lives.”

To learn more about how your support can help open the doors to the Grace Anne Dorney Pulmonary Rehabilitation Clinic at MedStar Georgetown, please visit MedStarHealth.org/Support or call 202-444-0721.
Clinical trial leads to complete remission for ulcerative colitis sufferer.

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Mattar, MD, director of the IBD Center at MedStar Georgetown, treated Chris and emphasizes that “IBD doesn’t just affect the colon. It is a systemic disease that can impact the entire digestive tract, and more.” For this reason, Dr. Mattar is a strong proponent of the team model at MedStar Georgetown. “For the best outcomes, patients benefit from a multidisciplinary approach, with physician specialists, advanced care providers, infusion coordinators, dietitians, mental health experts, pharmacists, and colorectal surgeons all working together.”

“I couldn’t be more thankful to everybody at MedStar Georgetown. Having such knowledgeable and caring allies went a long way.”
—Chris Vass

After all known therapies failed, Chris was disheartened by the possibility of surgery. “But my MedStar Georgetown team never gave up. They said, ‘We’re going to figure something out.’” That “something” was a new clinical trial for the drug STELARA®. Chris learned about it during a checkup, when his doctor said, “Good news. There’s an opportunity here.”

MedStar Georgetown had just become a site in the Washington, D.C., area and Maryland selected to participate in a clinical trial for ustekinumab (STELARA) for moderate to severe ulcerative colitis. Chris qualified for the trial and began with one infusion, returning for regular injections and colonoscopies.

Within three months, Chris’ weight stabilized, he was pain-free, and he had semiformal stools. After a year, Chris was symptom-free, and his inflammation markers and colonoscopy were normal. His complete remission continues today, and now, STELARA is approved for use with ulcerative colitis.

Had Chris not sought a second opinion, he might never have been able to participate in this life-changing trial. “I couldn’t be more thankful to everybody at MedStar Georgetown,” he says. “Having such knowledgeable and caring allies went a long way.”

Chris has come a long way, too. He now administers his medication injections at home, and dreams of one day living medication-free. Considering his remarkable trajectory, no wonder Chris remains hopeful about life’s possibilities.

Chris Vass has his life back and attributes it to his medical team who “never gave up.”

Just moved to the Washington, D.C., area for a new job. But nighttime flare-ups disrupted his sleep, making it impossible for Chris to work and adding to his stress. “This disease affected every aspect of my life—physical, emotional, social, sexual,” says Chris. “Besides feeling awful, I was always worried. I was a young, single guy and I couldn’t even go out with my buddies unless I was sure there was a bathroom nearby.”

When his local gastroenterologist couldn’t help, Chris sought a second opinion. He searched for a state-of-the-art facility that specialized in IBD. “MedStar Georgetown stood out from the rest,” he says. “It was rated as having one of the best programs in the region and had national recognition.”

Chris was impressed by his MedStar Health medical team. “Everybody was so knowledgeable and kind.”

For more information, or to schedule a call, please visit MedStarHealth.org/GIServices, or call 202-295-0570.
while living in Ohio, Randy knew he wanted to receive the radiation portion of his treatment at MedStar Georgetown University Hospital, the first hospital to offer proton therapy in the region and the most experienced delivering this therapy in the Washington, D.C., area. He had worked with Keith Unger, MD, interim chief and clinical director of the Gastrointestinal Cancer Service for the Department of Radiation Medicine at MedStar Georgetown and reached out to Dr. Unger for a second opinion. “I knew the benefits that proton therapy could offer,” Randy says. “It targets and delivers the radiation dose with precision, lowering the risk of complications and damage to surrounding tissues. It also requires a lower dose of radiation than other types of radiation therapy. The major medical system where I was going to have my surgery and chemotherapy back home is a leader in the treatment of gastrointestinal cancers, but they do not have proton beam therapy. After consulting with Dr. Unger, I decided to travel to Washington, D.C., to undergo five preoperative proton beam treatments to shrink the tumor before returning home for surgery and chemotherapy.”

“When we see a patient with cancer, we discuss potential treatments as a multidisciplinary team that includes experienced medical oncologists, surgical oncologists, radiation oncologists, and other specialists,” explains Dr. Unger. “We review not only the medical benefits of different treatment options, but also the patient’s goals of care. We look at all available treatment options and recommend the approach that’s right for each individual patient. Randy had a strong interest in a shorter course of radiation, minimizing the effects of treatment, and preserving quality of life after treatment. Proton beam therapy allowed us to meet those goals and effectively treat his cancer.”

Randy and his wife traveled 400 miles to Washington, D.C., staying in a local hotel during his five days of treatment. “I was very satisfied with my experience at MedStar Georgetown,” he says. “Everyone treated me well and made sure I was well informed every step of the way. The doctors at MedStar Georgetown take a personal interest in each patient. At the other hospital, I often felt like a number waiting on a bench. That was never the case with Dr. Unger and his team.”

Randy had no complications or side effects after his proton beam therapy. When he saw his surgeon two and a half weeks later, the tumor had responded well to treatment. “My surgery and chemo were successful and I’m back to exercising and doing most things I did before my diagnosis,” says Randy. “The easiest part of my treatment was absolutely the proton beam therapy at MedStar Georgetown.”

His advice for others diagnosed with cancer: don’t just accept the first opinion you receive. “Getting a second opinion from experts who treat the type of cancer you’ve been diagnosed with will allow you to explore all your treatment options,” adds Randy. “Take the time to do your homework about all available treatment options and be willing to consider receiving care from a center of excellence that’s not local but that does have expertise and cutting-edge technology to treat your cancer.”
Meet our breast medical oncology team.

Our nationally recognized breast cancer specialists are here to diagnose and treat your cancer, offering a variety of treatment options that address your specific cancer.

Through research and our partnership with Georgetown University’s Lombardi Comprehensive Cancer Center—the area’s only NCI-designated comprehensive cancer center—we are offering tomorrow’s treatments, today.

To schedule an appointment, please call 202-444-2223.