MedStar Health | MEDSTAR GEORGETOWN UNIVERSITY HOSPITAL

Summer 2026

MedStarGeorgetownMD

The Comeback.

A Return to Competitive Weightlifting After Spine Surgery.

Page 4

Inside:

Specialized care for gynecologic cancers.

In This Issue

MedStarGeorgetownMD is published as a community service for friends and patrons of MedStar Georgetown University Hospital.

Lisa M. Boyle, MD, FACS
President,
MedStar Georgetown University Hospital
Senior Vice President,
MedStar Health

Emma Endler
Claire Hunter
Editors

Ronna Borenstein
Karen Hansen
Justine Hudock
Katie Paradis
Writers

Tessellati
Graphic Designer

Hilary Schwab
Photography

When something feels "off" in your body or you're experiencing a symptom that just doesn't match your normal, it can be hard to know what to dismiss and what to discuss with your doctor. Most symptoms do not mean cancer, but some deserve timely evaluation. If testing does point to a gynecologic cancer or a concerning finding, gynecologic oncology brings specialized expertise to the next step: confirming the diagnosis, explaining treatment options, and building a plan that's medically precise and personally realistic.

Jeffrey Yen Lin, MD, a board-certified gynecologic oncologist with more than 30 years of experience, recently joined our team at MedStar Georgetown University Hospital to care for patients facing gynecologic cancers and complex gynecologic conditions of the female reproductive system.

"Patients often come in knowing something isn't right, but not knowing what it means yet," says Dr. Lin. "I have deep empathy for that uncertainty, and I use my experience to help them find a path forward that fits their goals."

A specialty built for complex, high-stakes decisions

Gynecologic oncology includes care for cancers such as ovarian and fallopian tube, uterine (endometrial), cervical, vulvar, and vaginal cancers—conditions that often require highly specialized evaluation and coordinated treatment.

That coordination begins with careful diagnosis and staging. "That may include imaging, biopsies, or laboratory testing," says Dr. Lin. "Our team reviews cases in multidisciplinary meetings such as tumor boards, bringing together surgical, medical, and radiation oncology, plus radiology, pathology, nursing, rehabilitation, and research, so we can make thoughtful decisions and refine each plan."

Treatment options for every case, and support that lasts

Dr. Lin emphasizes the importance of the patient voice. "I take pride in listening carefully to each patient's needs and concerns," he says. "The best care happens when patients feel informed, heard, and supported every step of the way.

"We're fortunate to offer a wide range of treatment options," continues Dr. Lin. "But what matters most is choosing the right approach at the right time for that individual patient—and making sure patients feel supported through every phase of care."

Call **202-295-0560** or visit **MedStarHealth.org/GynOnc** to learn more about gynecologic oncology.

Visit **MedStarHealth.org/Lin** to view **Dr. Lin's** full profile.

New expertise and new hope for epilepsy patients.

If you're among the 30% of epilepsy patients whose seizures haven't responded to medication, you may think there's no hope for relief. Neurologist **Sara Inati, MD,** and neurosurgeon **Kareem Zaghloul, MD,** would ask you to think again.

Drs. Inati and Zaghloul are nationally recognized epilepsy specialists, and the newest providers at our Comprehensive Epilepsy Center at MedStar Georgetown University Hospital, a level 4 epilepsy center as designated by the National Association of Epilepsy Centers. With their combined expertise in advanced neurosurgery and clinical neurophysiology, they treat the full spectrum of epilepsy syndromes—including treatment-resistant cases.

Epilepsy affects 3.4 million Americans, including 470,000 children.

It is the fourth most common neurological disorder, affecting 1 in 26 people during their lifetime.

Epilepsy is not a mental illness. It is a physical condition resulting from abnormal electrical brain activity that causes seizures.

New pathways to care

New technologies and less invasive procedures are opening new possibilities for people living with seizures. At our epilepsy center, patients can undergo comprehensive reassessments to develop customized care plans that leverage these expanded options.

"Due to recent advances, particularly in neuromodulation, many patients may now be good candidates for epilepsy surgery, even if they were told 10 years ago that they weren't," says Dr. Inati. Neuromodulation is a reversible, minimally invasive approach that implants a "smart" device to deliver electrical impulses to specific parts of the brain, disrupting or preventing seizures.

Dr. Zaghloul encourages patients who previously ruled out surgery or were deemed ineligible for it, to get reassessed. "There's a huge number of patients with epilepsy that are underserved because they're not getting the proper evaluation." With the precision offered by advanced diagnostics, many patients may now benefit from an array of sophisticated, highly targeted surgical techniques. For those who haven't responded to medication, Dr. Zaghloul estimates that with the proper surgery, "about 80% of people have significant improvement in their seizures if we can define what area of the brain is causing the problem."

Streamlined, patient-centered care

Dr. Zaghloul says that "an important part of the team's role is making this care more routine and accessible, helping ease patients' fears and clearing up common misconceptions." To support this, we have a dedicated coordinator, **Lindsay Ray**, who guides patients through every step and keeps their primary neurologists informed. This team-based approach improves access to care and helps create a smoother, more reassuring experience.

"If you're sitting at home and still having seizures or significant side effects, reach out to us," says Dr. Inati. She, like Dr. Zaghloul, encourages patients to never give up hope, as the future looks brighter with new therapies offering the potential for better control and quality of life. Dr. Inati understands that "some people may give up and say, 'this is something I just have to deal with.' But," she adds, "that's not necessarily true."

Meet our new providers.

Sara Inati, MD
Neurology

Kareem A. Zaghloul, MD
Neurosurgery

Call **Lindsay Ray,** epilepsy surgery program coordinator, at **410-949-2206** to learn more.
Visit **MedStarHealth.org/Inati** or **MedStarHealth.org/Zaghloul** to view our providers' profiles.

The comeback: Roy returns to lifting after spine surgery.

At 68, Roy Apseloff of Alexandria, Virginia, is an 11-time world champion powerlifter. As a retired Navy officer and Department of Defense senior executive, strength and discipline have defined his life for decades. But one morning, everything changed.

"I suddenly couldn't move the tip of my index finger on my right hand," Roy says. The sudden weakness, although small, was alarming.

Roy's son, who was then serving on our MedStar Orthopaedic Institute team as orthopaedic surgery chief resident at MedStar Georgetown University Hospital, urged him to be evaluated with an MRI. Roy initially thought the issue was confined to his forearm, so imaging started there. But the care team also ordered an MRI of his neck, which uncovered a much more serious issue: severe cervical spinal stenosis, with multiple levels of disc and bone overgrowth compressing his spinal cord and surrounding nerves. His son urged Roy to see his colleague, **S. Babak (Bobby) Kalantar, MD,** a spine surgeon at MedStar Georgetown, chief of the Division of Spine Surgery, and co-director of the spine center.

Dr. Kalantar explained that the condition was progressive and could lead to worsening weakness, loss of dexterity, and even permanent damage without treatment.

"When you have compression on the spinal cord, we don't consider spinal surgery elective surgery anymore; it's necessary," Dr. Kalantar explains. "And we don't want to wait too long to perform surgery, or we may not be able reverse some of the symptoms that have already developed."

The need for surgery—and to compete

While he understood how critical the situation was, Roy had one non-negotiable before agreeing to surgery: return to competitive lifting as soon as possible.

"I've been lifting for 50 years," he says. "If I stop even for a few months, I'd lose muscle mass I may never get back. Dr. Kalantar understood completely."

"It was about understanding his goals," Dr. Kalantar says. "Roy isn't the type to give up something so important to him. If I'd said, 'You need this surgery, but you can't compete anymore,' he would have taken the risk rather than sacrifice such a satisfying part of his life."

That patient-centered approach is a hallmark of our MedStar Orthopaedic Institute team, which brings together more than 100 orthopaedic specialists who create individualized treatment plans to restore function and range of motion, helping patients return to their normal activities.

For Roy, that meant designing a surgical and recovery plan that would get him back to lifting as quickly and safely as possible.

Spine surgery provides immediate relief

In January 2023, Dr. Kalantar performed a three-level anterior cervical discectomy and fusion (ACDF surgery) to relieve pressure on Roy's spinal cord. Using a minimally invasive, front-of-the-neck approach, he removed the damaged discs and bone spurs and implanted 3-D printed titanium cages at each level. The cages act as a scaffold for new bone to grow through, fusing the spine and providing lasting stability to support Roy's heavy lifting.

Roy noticed improvement immediately after surgery, regaining movement in his finger the same day. For Dr. Kalantar, though, the procedure was just one part of the process. He approached Roy's care as a comprehensive plan that included preparation, surgery, and a recovery program tailored to his needs.

Because Roy's post-surgery goals differed from most patients', Dr. Kalantar recognized that a standard recovery protocol wouldn't fit and modified his rehabilitation accordingly.

Roy's best contest lift was a triple-body weight lift of 600.8 lbs. at age 60. Over his career, Roy has set 60 powerlifting records.

When not competing, Roy enjoys relaxing at home with one of his several cats.

"I wanted to look Dr. Kalantar in the eye and thank him. He gave me my life back."
–Roy Apseloff

Post-surgery includes modified workouts

Just ten days after surgery, Roy was back in the gym doing light lower-body exercises. By six weeks, he had resumed upper-body training. Within months, he was lifting heavy weights again. Less than a year later, he returned to competition.

"I went to the world championships that November—and won," says Roy.

Since his surgery, Roy has added three more world titles, dead-lifting more than 500 pounds.

At a follow-up visit one year after surgery, Roy made a point to thank Dr. Kalantar and the team who helped him get back to competing.

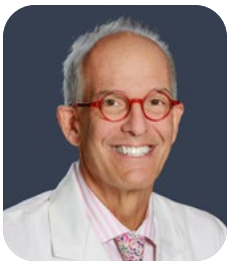
"I wanted to look him in the eye and thank him," he says. "He gave me my life back."

View **Dr. Kalantar's** profile at **MedStarHealth.org/Kalantar** or call **202-444-8766** to schedule an appointment. Visit **MedStarHealth.org/Ortho** for a complete list of our physicians and locations.

Florida woman with a progressive, complex colorectal condition finds hope—and health.

If you had a life-threatening medical condition and were told that nothing could be done to reverse it, you might travel to the ends of the earth to find a glimmer of hope. Fortunately, Diana Alba of Parrish, Florida, did not have to go that far.

After being treated for diverticulitis, an inflammation of small pouches in the colon wall, Diana's intestines became perforated. This plunged her into a harrowing, 15-month ordeal involving numerous colorectal surgeries, widespread infections, organ damage, and constant pain. Diana was devastated when her Florida surgeon said that he couldn't perform the surgery she desperately needed because she wouldn't survive it. "But there may be one man in the world who can do it," he said.



That man was **Steven Wexner, MD,** physician executive director and system chief of Colorectal Surgery for MedStar Health. "I knew I was dying," says Diana. "But nobody believed me—until I met Dr. Wexner."

Diana first met Dr. Wexner in Florida, where he led a team of physicians at Cleveland Clinic Florida to successfully repair the problem that caused Diana's intestines to internally leak. They removed her colostomy bag, replacing it with an ileostomy—which connects the end of the small intestine outside the body to remove waste; and removed or repaired pockets of infection and fistulas (abnormal connections that form between organs or tissue). That surgery took 11 hours. "I was shocked to wake up and be alive," Diana recalls. But there was still more work to be done after Diana had time to heal.

A worldwide following

Diana was preparing for ileostomy reversal and final repair of her remaining abdominal complications when she learned that Dr. Wexner would be leaving the Cleveland Clinic to practice at MedStar Georgetown University Hospital. Undeterred, she followed him there.

She was not the first patient to seek Dr. Wexner's care from afar. "In the short time I've been here, patients have come from Israel, Germany, Peru, Panama, California, North Dakota, Georgia, Alabama, both North and South Carolina, Texas, throughout Florida, and elsewhere," says Dr. Wexner. "They like it here because MedStar Health is exceptionally patient-focused."

Like Diana, many of those patients came to Dr. Wexner when all other treatments failed. "That's the most gratifying part of what I do," says Dr. Wexner. "Over the past 38 years many people have given me the privilege of helping them when others said there was no hope."

Now able to get back to her creative passions, Diana proudly displays one of her paintings in her Florida home.

A different level of care

Upon arriving at MedStar Georgetown, Diana says, "I was the most hopeful I had been in two years. The nurses were so kind. The hospital, the staff, everything was impeccable. I've never been treated so well. It's a completely different level of care." Dr. Wexner recruited others to complement what he calls "the superlative team that was already in place. Even though I'm making the decisions and doing the key technical components, it's also about the preoperative evaluation. It's having a great team during surgery to assist, and a fantastic team after surgery to be with the patient. We have recently introduced two specialized colorectal surgery floors to ensure that our patients get the best care from teams with focused expertise in their unique, challenging problems."

Back in Florida, Diana no longer requires an ileostomy or colostomy bag, is pain-free, and has resumed her vibrant lifestyle, playing piano, painting, and pursuing creative projects. "I have such a zest for life now," she says. "Dr. Wexner saved my life in Florida, and he gave it back to me at MedStar Georgetown."

Visit **MedStarHealth.org/Wexner** to learn more about **Dr. Wexner** or call **202-295-0560** to schedule an appointment.

Beating glioblastoma at 81 with comprehensive care, and family love.

Jim Vastola of Arlington, Virginia, called his mother Joan Vastola every other day. A retired teacher, Joan was a sharp 78-year-old living independently in the Waterbury, Connecticut, home where she'd raised her family. But one day in June 2023, Joan seemed confused and had trouble communicating. Jim had a friend check in, and when that friend became concerned enough to call an ambulance, Jim jumped in his car and drove to Connecticut. "I thought she was having a stroke," he recalls.

At a local hospital, imaging revealed a large brain lesion with aggressive radiological features that turned out to be a glioblastoma, a fast-growing brain tumor arising from the glial cells that support the brain's nerve cells. The prognosis wasn't good: median overall survival for glioblastoma is 12–15 months. While there's no cure, treatment can slow glioblastoma's progression and improve quality of life.

After seven days, Joan's Connecticut providers still hadn't recommended a plan. Joan recalls, "At that point, I realized we'd better go someplace where maybe they could help."

Serious care for a serious case

To get Joan the care she needed, Jim brought his mother to stay with him in Virginia. There, he contacted **Joseph Clark Watson, MD,** a professor of neurosurgery who leads the Comprehensive Brain Tumor Center at MedStar Georgetown University Hospital. Here, Joan received prompt attention. "Dr. Watson met us in the ER, and my mother had surgery the next day," says Jim. "They made us feel like she mattered."

Joan's brain surgery removed most of the tumor. Her pathology workup involved cutting-edge technologies, including molecular testing and methylation-based tumor profiling.

Next, with a team led by **Edina Komlodi-Pasztor, MD, PhD,** director of Neuro-Oncology at the center, Joan underwent radiation therapy concurrent with temozolomide chemotherapy, an oral medication used to treat aggressive brain tumors. She tolerated this very well and continued improving when given steroids to reduce brain swelling and prevent seizures.

Beating the odds

Now 81, three years after diagnosis, Joan is thriving. Speculating on her remarkable success, Dr. Komlodi-Pasztor emphasizes the comprehensive care throughout Joan's cancer treatment. "Joan was immediately connected to a team, and had an excellent surgery. She did well during treatment, and her overall health was good. And definitely, she has amazing family support, and that's a really important prognostic marker." Joan sees Dr. Komlodi-Pasztor every three months for monitoring.

Today, Joan lives in a cottage her son built behind his house. Though she's beaten the odds, Joan believes, "Every day is a bonus." Jim agrees, "We've had three more Christmases and birthdays. Her grandkids play with her every day. They are going to remember her, and that matters to us."

Joan enjoys every moment spent with young grandsons.

To strengthen those memories, the Vastolas recently entered a contest challenging schoolkids to be creative with AI. They made a special keepsake: an animated storybook based on the grandsons' drawings—narrated by Joan's AI-generated voice. "Basically," said Jim, "a loved one can read you a story even if they're too tired or sick, or no longer living."

For now, Joan continues to enjoy life. She exercises and watches her diet—most of the time. "Oh, she has such a sweet tooth!" laughs Dr. Komlodi-Pasztor. "We always tell each other about new bakeries."

Joan keeps a stash of frozen treats in her kitchen for her grandsons, though she claims it's Jim who "goes right to the freezer!" Their playful ribbing is one of the small pleasures that Jim especially values now. "It's a privilege to take care of your mom."

Visit **MedStarHealth.org/Watson** and **MedStarHealth.org/Komlodi-Pasztor** to learn more about our providers. For an appointment, call **703-748-1000** to schedule with **Dr. Watson,** or **202-444-4400** to schedule with **Dr. Komlodi-Pasztor.**

MedStar Health

MEDSTAR GEORGETOWN UNIVERSITY HOSPITAL

3800 Reservoir Rd., NW
Washington, DC 20007
MedStar Georgetown University Hospital

Learn more at **MedStarHealth.org.**

Visit **MedStarHealth.org/OptOut** to be removed from future mailings.

A $10 million investment in the next era of surgery.

The Robert & Lynda Carter Altman Family Foundation has provided a $10 million transformational gift to MedStar Georgetown University Hospital to establish the Carter-Altman Surgical Education Institute. The donation honors its namesake, a longtime advocate for education and opportunity and husband of actress, singer-songwriter, and advocate Lynda Carter.

Designed to strengthen surgical care across the Washington, D.C., region, the institute will expand access to hands-on training in complex, leading-edge procedures—helping more surgeons build and refine skills that can translate to safer operations and better outcomes for patients in the community. The institute will be led by Patrick Jackson, MD, chief of the hospital's Division of General Surgery, who will also serve as the inaugural holder of the Carter-Altman Endowed Chair of Surgery, the first endowed chair designated by MedStar Health.

The program will bring together four learning pillars—technical skills, non-technical/team skills, educational research, and transdisciplinary collaboration—and will include a state-of-the-art simulation-based training facility. Training will support learners at multiple stages, including medical students, residents, fellows, and practicing physicians.

Patrick Jackson, MD, chief of the Division of General Surgery at MedStar Georgetown University Hospital, and actress, singer-songwriter, and advocate, Lynda Carter.

As Lynda Carter shared, this gift is a way of giving back locally by equipping the next generation of surgeons to deliver high-quality care "right here at home."

Visit **MedStarHealth.org/Philanthropy** to learn more about how your support can make a significant difference.

It's how we treat people.