



MedStar Health

# Connections

News for the medical and dental staff, residents, and fellows at MedStar Washington Hospital Center.

## New leadership, new direction for Cardiac Surgery team



The Cardiac Surgery team includes (L to R, standing) Jeffrey Cohen, MD; Ammar Bafi, MD; Christian Shults, MD; Brian Bethea, MD; Ricardo Quarrie, MD; Hiroto Kitahara, MD; (seated) Michael Fiocco, MD; Abeel Mangi, MD; Ezequiel Molina, MD. Photo editing techniques were used to create this group photo.

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# Connections

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## CE conferences

# Upcoming continuing professional education conferences.

## MEDSTAR CONFERENCE HIGHLIGHT SPRING

### THE 8TH ANNUAL GASTRIC AND SOFT TISSUE NEOPLASMS

**September 25**

*Course Directors: Waddah B. Al-Refaie, MD, FACS; Nadim Haddad, MD; Dennis A. Priebat, MD, FACP; Mark A. Steves, MD, FACS*

This annual educational symposium is proud to update our medical community on the state-of-the-art care of gastric cancer, soft tissue sarcomas and peritoneal surface malignancies, while focusing on the importance of a multidisciplinary approach to the diagnosis and treatment of these rare and complicated disease entities. National and international renowned guest speakers and distinguished faculty, including those from MedStar Health and MedStar Georgetown Cancer Institute will discuss the significant roles of evolving new diagnostic modalities, immune, regional, and molecular targeted therapies, and the use of state-of-the-art radiotherapeutics in these rare and complex cancers. This symposium will also highlight evolving role of surgery for advanced gastric cancer and peritoneal surface cancers.

## UPCOMING FALL CONFERENCES

### MedStar Georgetown Transplant Institute Symposium

**September 18, 2021**

**A Virtual Conference**

*Course Directors: Thomas M. Fishbein, MD; Matthew Cooper, MD; Alexander J. Gilbert, MD; Basit Javaid, MD, MS; Stuart S. Kaufman, MD; Rohit S. Satoskar, MD*

### The 4th Annual MedStar Heart Failure Summit

**October 23**

**A Virtual Conference**

*Course Directors: Samer S. Najjar, MD; Mark R. Hofmeyer, MD*

### 13th Biennial Thyroid Update: New Concepts in the Diagnosis and Treatment of Thyroid Disease

**December 3**

**A Virtual Meeting**

*Course Directors: Kenneth D. Burman, MD; Jason A. Wexler, MD*

For more information regarding MedStar Health conferences, please visit **[MedStar.Cloud-CME.com](http://MedStar.Cloud-CME.com)**.

# GME Graduates: Thank You, **for a Job Well Done**



**Jeffrey S. Dubin, MD, MBA**

June 2021

To the MedStar Washington Hospital Center graduating residents and fellows:

I think you'll agree that the past year and a half has been a time you'll always remember, both professionally and personally.

- None of you could have predicted your training would include the coronavirus pandemic, and subsequent shutdown of day-to-day life in the Washington, D.C. region.
- None of you could have expected that your life as a resident or fellow would include treating patients with a new disease, a disease that couldn't be researched with certainty, a disease that your attendings couldn't teach you about, a disease that would keep you from attending professional society meetings, a disease that continually changed the PPE guidelines.
- None of you could have anticipated that your social life outside your training would be put on hold, and that for many of you, it would be more than a year before you could hug family members and friends, without fear that you could make them sick, or that you could become sick.
- None of you could have imagined that you wouldn't be able to travel, to meet up with old friends and make new ones, to enjoy dining in a restaurant, to play team sports, or do any of the myriad things that occupy time for residents and fellows when they're not at work.

But here's something that ALL of you did, during the most challenging healthcare crisis of our lifetimes: you came to work, where you provided the highest quality, safest care to our patients. You continued to fulfill your educational responsibilities, and continued to think about how this year will impact the rest of your training and your career.

The dedication, determination, and focus you demonstrated this year will serve you well for the future. I know you'll be successful, whether you stay on with MedStar as an attending, join another group somewhere else in the country, continue with additional training, or even take a gap year. To all of you: thank you, for a job well done.

A note for those residents and fellows who are continuing with us for fiscal year 2022: as the new clinical year gets underway, please remember to focus on your own well-being. With or without COVID-19, we know that medicine is full of the stresses of practice. We all need to ensure that we remain physically, intellectually, and emotionally on point. Your good health means better care for our patients, and we hope it allows you to be in a better condition to truly appreciate the joy in medicine.

Thank you all for being part of our One Team.

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*Jeffrey S. Dubin, MD, MBA, is the sr. vice president, Medical Affairs, and Chief Medical Officer at MedStar Washington Hospital Center. He can be reached at 202-877-6038 or via email, [jeffrey.s.dubin@medstar.net](mailto:jeffrey.s.dubin@medstar.net).*



**Abeel A. Mangi, MD**

## New Cardiac Surgery chair eager to piece together the big picture

**Abeel A. Mangi, MD**, MedStar Health's new Cardiac Surgeon in Chief, and Chair of Cardiac Surgery for MedStar Heart & Vascular Institute, has a simple, straightforward vision for his new organization—to be the best cardiac surgical team in the world.

It's an ambitious goal, but one that Dr. Mangi believes is already well within MHVI's reach. He likens his year-long interview and familiarization process to examining pieces of a jigsaw puzzle spread across a tabletop.

"We're very fortunate to have absolutely extraordinary, world-class surgeons—leaders in so many areas—who I'd put head-to-head against any other group in the country," says Dr. Mangi. He previously served as Professor of Surgery at the Yale University School of Medicine and director of the structural heart and cardiac valve program at the Yale New Haven Heart and Vascular Center, and managing director of its cardiac surgery network.

Supporting the surgeons, he adds, are "fantastic groups" of Advanced Practice Providers, intensive care physicians, operating room nurses and technicians, perfusionists and surgical assistants. In MedStar Health, he says, "we have an administration that is very closely attuned to the needs of a cardiac surgical program."

To get MHVI to that aspirational next level, Dr. Mangi says, "it's my job to put these pieces together in an organized manner."

### Practical problem-solving

Puzzles of all kinds have fascinated Dr. Mangi since his childhood in the United Kingdom. He also enjoyed working with his hands, particularly when it came to building model ships and airplanes. With both of his parents as physicians, medicine was always a strong influence in the household. He recalls, at age 14, randomly opening a copy of his parents' *New England Journal of Medicine*, and finding himself immersed in a feature story about a clinical pathological conference.

"It combined everything I loved—detective stories, solving problems, hands-on work," he says, adding that while he'd always considered becoming a surgeon himself, "that article hooked me."

After graduating from the Warren Alpert Medical School of Brown University, Dr. Mangi began his residency at Massachusetts General Hospital and Harvard Medical School, intending to become a cancer surgeon. That changed after his first rotation in cardiac surgery. Dr. Mangi says he became fascinated with everything the field offered—the range of technical expertise needed for everything from coronary procedures to heart transplants, opportunities to work closely with physicians in other specialties, and regularly having to draw on his knowledge of physiology.

Most importantly, he adds, was the ability to forge a strong, unique bond with each patient—something he considers unique to cardiac care.

"In many of my transplant and LVAD cases, the patient saw me as his or her primary care physician," he says. "That's how close our bond was."

It's why Dr. Mangi sees bringing an uncompromising rigor and fortitude to patient care as a fundamental component of MHVI's mission and values. Other elements include living and working as a single team, creating new knowledge, demanding excellence in all things, and broadening and deepening MedStar Health's roots within the community. "These things are critical in order for us to evolve, grow and expand our regional, national and international footprints."

To carry out that multi-faceted mission, Dr. Mangi hopes to form a more unified, collaborative organization, by refining internal operations and lines of communication, and



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capitalize on what he calls MHVI's "fantastic clinical enterprise," to develop a world-class research programs and strengthen existing local and regional ties.

Education will also play a key role in broadening MHVI's profile. Dr. Mangi plans to institute training programs that include inviting outside experts to share their knowledge, and help inform MHVI's practices and procedures.

"We all need to continually learn how to rely on one another across the system, where a lot of us have different abilities and needs, and better understand the role of leadership in a field like cardiovascular medicine," Dr. Mangi explains. "Giving our location in one of the world's most important and prominent regions, we're looking at other areas in which we can exert influence, in terms of achieving high-quality outcomes, and influencing policy to take care of the most patients in the most effective manner."

Having also served as Professor of Surgery at the Yale University School of Medicine, Dr. Mangi looks forward to sharing his own knowledge through recently launched fellowship programs. One will be focused in advanced heart failure, left ventricular assist devices, and heart transplantation, while the other will concentrate on aortic disease and transcatheter therapy for valvular heart disease.

"It's been some time since the Nation's Capital had a formal program to train cardiac surgeons, and we're excited to be bringing it back," he says.

### **Broadening perspectives and influence**

Complementing his medical training, Dr. Mangi is a graduate of the MBA program at the Massachusetts Institute of Technology's Sloan School of Management. That experience, he says, helped him better understand that science and technical excellence alone aren't enough to help organizations such as MHVI realize their vast potential.

"If no one outside the area knows about us and what we can do, we're limiting our impact and scope," he says. "As surgeons, we should be thinking about how to broaden our influence, thinking not simply locally and regionally, but nationally and globally as well."

One of the pandemic's positive lessons, he adds, has been refining the ability to communicate and collaborate virtually anywhere, without the need to travel.

"These are things we're hoping to leverage on a macro level," Dr. Mangi says, "not just to benefit our staff and patients, but also do things like give patients outside our immediate area the opportunity to consult with our surgeons virtually."

Dr. Mangi is married to Basmah Safdar, MD, a Professor of Emergency Medicine and an attending physician in Yale University's Department of Emergency Medicine, and Director of the Yale New Haven Hospital Chest Pain Center. Dr. Safdar has a special interest in women's access to health care, both as patients and as physicians, and is one of the world's leaders on sex and gender issues as it pertains to cardiovascular health. The couple has four children, ranging in age from 18 to 5.

Dr. Mangi has combined his personal interest in strength training with a research study at Yale evaluating the benefits of that exercise on cardiovascular surgery outcomes. One of his true passions is lifting in his garage gym, where he is proud of a 1,500 pound deadlift, squat and bench total. "Lifting is a lot like cardiac surgery," he says, "It demands mental and physical discipline and commitment." Another love, is his Harley-Davidson Heritage® Softail Classic motorcycle, which, he says with a tinge of wistfulness, remains garaged in Connecticut.

"I need to get myself established here first," he says, "but I can't wait to bring it down and start exploring the area."

# Flurry of drug approvals target treatment for neurological conditions



**While the race** to develop safe and effective COVID-19 vaccines understandably has been the focus of attention for more than a year, a sizeable number of new medications designed to treat a variety of neurological conditions have successfully completed the U.S. Food and Drug Administration's approval process.

"The fact that so many drugs have received federal approval in a relatively short time reflects a concerted effort to improve on medications that have been in use for many years," says MedStar Washington Hospital Center Neurologist Brian Barry, MD.

One example is relapsing forms of multiple sclerosis, in which patients experience periodic, unpredictable bouts of symptoms such as muscle weakness, blurred vision, and difficulty walking. Dr. Barry says interferon medications introduced in the 1990s to prevent relapses and associated disabilities have gradually improved in effectiveness over the years, while also reducing side effects.

"The challenge is to safely modify the immune system against relapse while limiting the risk of infection," Dr. Barry says.

KESIMPTA® (ofatumumab), approved for relapse multiple sclerosis in 2020, is an injectable medication that shuts down antigen-activated B-cells. Taken every four weeks, the drug has been found to significantly reduce new brain lesions and reduce disability. Patients also have the advantage of administering the medication themselves, rather than receiving treatment at an infusion center.

Convenience also complements the effectiveness of recently approved oral medications for relapsing multiple sclerosis,

including VUMERITY® (diroximel fumarate), BAFIERTAM™ (monomethyl fumarate), ZEPOSIA® (ozanimod), MAYZENT® (siponimod), and PONVORY™ (ponesimod).

Dr. Barry notes that MAYZENT® (siponimod) may also be also effective for secondary-progressive multiple sclerosis, and OCREVUS® (ocrelizumab) can help with treatment the disease's primary-progressive form by reducing the number of cells that spur immune system attacks on nerve cells' protective myelin sheathing.

"We can expect to see more multiple sclerosis drug development in the next few years as researchers find even more effective ways to shut down relapses and disease progression," Dr. Barry adds.

## Narcolepsy

The past year has also seen approval for new and modified drugs to treat narcolepsy, a condition in which the absence of a brain polypeptide, orexin, disrupts patients' sleep patterns.

"The underlying cause is unknown, although there is speculation that an autoimmune process may target orexin," explains MedStar Washington Neurologist Marc Schlosberg,



**Brian Barry, MD**



**Marc Schlosberg, MD**

MD. “There’s also a connection to cataplexy, where a strong emotional trigger like laughter or grief causes a person to go limp, yet remain conscious.”

Prior to the pandemic, Dr. Schlosberg adds, neurologists treated narcolepsy with amphetamines, such as Ritalin and Vyvanse®, as well as non-amphetamines like modafinil and armodafinil. Patients diagnosed with cataplexy often were often prescribed a non-sedative anti-depressant, or could be treated with XYREM®.

Now there are additional options. WAKIX® (pitolisant), an oral medication, works as an antagonist on the brain’s H3 histamine receptor to help patients stay awake during the day. In addition to being the first drug designed to manipulate histamine to regulate sleep, Wakix has also shown high efficacy in reducing cataplexy.

Another recently approved drug, SUNOSI™ (solriamfetol), blocks uptake of dopamine and norepinephrine to help patients’ wakefulness without the side effects of amphetamine. Dr. Schlosberg cautions that unlike Wakix, Sunosi is considered a federally controlled substance and its use should be carefully monitored to prevent prescription medicine abuse.

Pharmaceutical researchers have also addressed a longstanding concern with Xyrem (sodium oxybate) a liquid narcolepsy medication that contains 1,640 mg of salt per dose—more than the American Heart Association’s recommended daily intake. Dr. Schlosberg notes that along with the risk of inducing hypertension, the medication can be inconvenient for patients to take.

“Each dose lasts about three or four hours,” he says. “To get a full night’s sleep, the patient has to have the second dose poured out and ready to take when he or she wakes up.”

A new medication, XYWAV™, offers the same benefits with only 131 mg of salt—a 92 percent reduction compared with Xyrem.

“A gelcap form is currently in development, which will be a big help to patients as well,” Dr. Schlosberg adds.

## Migraine

Another area of pharmaceutical research has focused on tailoring medications specifically to prevent or shut down migraine headaches. Up to now, Dr. Barry says, many of the most frequently prescribed medications were originally developed for other conditions. Triptans, another long-standing migraine drug class, were also inappropriate for patients with cardiovascular disease.

“These drugs are still a mainstay for patients, but side effects such as fatigue can sometimes outweigh benefits,” he says.

Recent pharmaceutical research has focused on the calcitonin gene-related peptide (CGRP) pathway, preventing the protein from activating nerve cells that cause migraine pain. New injectable preventative medications include AIMOVIG® (erenumab), AJOVY® (fremanezumab), and EMGALITY® (galcanezumab). What’s more, Dr. Barry adds, patients typically self-administer the drugs once a month—“a big change from previous medications that had to be taken daily.”

Gepants, another class of CGRP inhibitors, offer an alternative to triptans for acute migraine treatment. Taken orally, recently approved gepant medications include UBRELVY™ (ubrogepant) and NURTEC™ (rimegepant). While certain medications must be avoided when using gepant medications, they remain a viable alternative for patients with cardiovascular risk factors.

The next frontier for migraine treatment, Dr. Barry says are preventive medications that patients would take every few months such as the intravenous infusion VYEPTI™ (epitanezumab).

“Migraines and multiple sclerosis are leading causes of disability for young people,” he says. “To have options that are targeted to those conditions and have fewer side effects is really exciting.”

# Vaccine skepticism poses pandemic's latest challenge

by Glenn W. Wortmann, MD

*Section Director of Infectious Diseases at MedStar Washington Hospital Center  
Medical Director of Infection Prevention at the MedStar Institute of Quality and Safety*



**By the time you read this column,** multiple approved vaccines for COVID-19 should be widely available to most adults in the U.S., a remarkable and welcome achievement, in what has been one of the most complex and challenging health crises of our times.

Despite overwhelming evidence that the vaccines are safe and effective, a small, yet disturbingly high percentage of the population remains hesitant about getting inoculated—even those who acknowledged the disease's many risks.

Concerns about a new vaccine are hardly unusual. In the months following approval of the polio vaccine in the mid-1950s, for example, nearly a third of public opinion survey respondents said they likely would decline the shot. The reasons are similar to those we hear today—a natural reluctance to be first for something so new, concerns about potential side effects, and a sense that it's just not needed. Others are fearful of potential side effects.

Social media—the 21st century version of word-of-mouth communication—has both amplified and accelerated many vaccine myths and misperceptions, from exaggerated reports

of allergic reactions, to extremist theories regarding government-sponsored mass vaccination programs.

The truth is that the three COVID-19 vaccines currently approved for use in the U.S. are remarkably safe. The rate of allergic reactions, which occur with all vaccines, is less than those associated with penicillin.

While messenger RNA (mRNA) vaccines (Moderna, Pfizer) represent a new approach to immunization, the technology itself has been under study for several decades. Because mRNA vaccines can be developed and produced faster than traditional methods, researchers were able to begin clinical trials in a remarkably short period of time, without compromising long-standing measures to ensure safety.

To be sure, there are still many unknowns associated with the vaccines. We don't know how long the protection will last, or their efficacy against COVID-19 variants that have yet to emerge.

It's important to realize that although there are some unknowns about the vaccines, they are the most important tool towards getting the virus under control. The virus remains highly contagious, putting still-vulnerable segments of our population at risk and possessing the ability to mutate into new, more harmful variants that could prove even more harmful.

As physicians, we can't "make" reluctant patients get a vaccine. What we can do, though, is listen to their concerns, understand their perspectives, and respond in an appropriate, trustworthy, and respectful manner. Opinions change. People see the data, their friends get the vaccine, and eventually, they decide the benefits far outweigh any concerns. Fortunately, recent reports indicate a steady increase in positive attitudes toward vaccination since the beginning of the year.

But what happens if we don't try to change patients' minds? Just walk through our wards. People are still getting sick, and despite our best efforts to treat them, some are still dying. COVID-19 will be with us for the foreseeable future. The proliferation of approved vaccines is a tremendous milestone in our battle against the pandemic, but the finish line is still far away.

# Danielle McCamey, DNP, APRN, ACNP-BC, FCCP

## Pre-Anesthesia Testing



**Search for “perpetual motion”** in the dictionary, and you might well find a picture of Danielle McCamey, DNP, APRN, ACNP-BC, FCCP. When she’s not carrying out her responsibilities as chief APP for Pre-Anesthesia Testing at MedStar Washington Hospital Center, Dr. McCamey can be often found working a shift in Surgical Critical Care, or participating in a mentoring session with APP graduate students. Even when she sits, Dr. McCamey is often still moving, as one of her favorite pastimes is joining friends for long motorcycle trips through the countryside.

The Alexandria, Va., native might well had added “MD” to her lengthy string of professional credentials, had she followed through on her childhood dream of becoming a physician, play-acting the role by carrying around a toy medical bag.

“My mother, who did home care nursing, suggested I try nursing instead,” Dr. McCamey says. Once she began her

studies at the University of Virginia’s School of Nursing, Dr. McCamey knew she’d found her calling.

“I loved nursing practice, the bedside aspects—everything about it,” she says. “This was what I wanted to do.”

Continuing her studies at Georgetown University’s School of Nursing, Dr. McCamey found she enjoyed the “adrenaline” rush of critical care nursing. After joining the Hospital Center as a Surgical Critical Care Nurse Practitioner, she earned a Doctorate in Nursing Practice, with a dissertation focused on integration of palliative care screening of neurosurgical patients on admissions.

In her current role, Dr. McCamey and her team ensure that patients are optimized before undergoing procedures.

“We collaborate with their primary care provider, surgeon, families, assess any comorbidities for risk stratification, and formulate a plan to ensure the patient is safe for surgery,” she says. “Our mantra around here is SPIRIT teamwork makes the dreamwork, words that we truly believe. During the pandemic, as with everyone, we’ve had to pivot in so many directions,” she added, and it has expanded new dimensions to her team’s work. In addition to transitioning pre-anesthesia evaluations to telehealth and quickly getting up to speed on performing COVID-19 tests, Dr. McCamey’s team also helped surgical patients cope with the added anxieties of undergoing procedures during a public health emergency.

“I consider it a testament to our team’s flexibility—to learn new skills and adapt our clinical practice, while giving patients and physicians the support they need,” she says.

Dr. McCamey recognizes her life’s journey to date may seem unique—a child from a single-parent household, who overcame numerous challenges and now excels in her profession. However, she also knows there are many other APPs with similar backgrounds, with their own stories and challenges to share.

It’s why Dr. McCamey founded and leads DNPs of Color, a 501(c) 3 non-profit organization, dedicated to creating a community for networking, mentorship, and advocacy for underrepresented minority nurses, to increase diversity in doctoral studies, clinical practice, and leadership. She’s also the co-founder and chair of the MedStar Doctoral Nurses Collaborative, which aims to expand research and mentorship opportunities, and increase visibility of nurses and APPs with doctorates.

# Albana Simoni, DDS

## Oral & Maxillofacial Surgery

**It is hard for Albana Simoni, DDS,** to separate her pathway into medicine from her experience as an immigrant. As a child, Dr. Simoni, chief resident for Oral & Maxillofacial Surgery at MedStar Washington Hospital Center, emigrated to the United States from Albania. Her family resettled in St. Louis when she was seven.

"My mom would work three jobs, and my father had two," Dr. Simoni recalls. "Seeing my parents work so hard and sacrifice so much of their lives instilled in me a serious work ethic. They started over from scratch, and took a big risk, with the hope that they'd give their children a better life."

Her parents dreamed of their daughter becoming a doctor. Dr. Simoni favored studio art, and enjoyed working with her hands. Anatomy was one of her favorite classes, and opened the door toward a broader interest in science. As Dr. Simoni searched for the balance between her passions and her strengths, she eventually landed on dentistry, almost immediately realizing that, as an artist, Oral Surgery was a perfect fit.

"You have to be able to pick up on facial balance, in something like jaw surgery," she says. "It's a functional problem, but you have to consider the aesthetic outcomes on a patient's face." Even with a small incision, Dr. Simoni says she does everything possible to make it as aesthetically pleasing as she can.

"Oral Surgery allows me to immediately fix the problem, while building a rapport with my patients and other dentists," she says. Above all, she is grateful to be able to change a person's life in a single day. "To be a surgeon is such a blessing."

For Dr. Simoni, certain patients really drive home that impact. As part of the MedStar Washington residency program, she has had the opportunity to see cases at Children's National Medical Center. When the team examined a 10-year-old patient with an abnormal growth in her jaw, the girl was worried about all the things a 10-year-old might, like deformity and bullying. Dr. Simoni's team was able to immediately diagnose a congenital problem that other hospitals had failed to identify. "We were able to take her from a recurrent ICU patient, to a finish line where she looks beautiful and we had a great surgical result. It really drove home the importance of empathy and compassion as a surgeon—looking at the patient as a whole, and not just 'cutting out' the problem."

Following residency, Dr. Simoni will return to the midwest, joining a private practice in Chicago specializing in jaw surgeries and full-arch implants. It was MedStar Washington's expertise in implant training that drew her to the residency program in the first place. "Our training is top notch, one of the best in the nation," she says, crediting attendings who are also mentors. "They've taught us not just the technique, but also the business side." Her new practice will also allow her to continue working at a local Level 1 hospital, taking trauma calls.

Dr. Simoni also became a first-time mother at a moment unlike any in recent history. Her daughter was born in early March 2020. With the pandemic still unfolding, her family's daycare plans went out the window. So did the prospect of any support from her St. Louis-based parents.

"It turns out, intern year was easier than being a first-time mom during COVID," says Dr. Simoni. But the experience has, she believes, made her a better clinician. "It pushes me to be a better human, kinder, more compassionate and more understanding of other people's situations," she says.

And, it has made her incredibly grateful for having co-chiefs and a husband, all with an incredible 'team' mindset. "We've been through the trenches together," she says of her team, which typically approaches any challenge with an "us versus the problem" orientation. "I work late hours and leave very early in the morning," notes Dr. Simoni. "My husband takes our daughter to daycare, picks her up and does everything else in between. He's an amazing man."



# Samir Sur, MD

Cerebrovascular, Neuroendovascular, and Skull Base Surgery



**Neurosurgeon Samir Sur, MD**, was raised by two scientists. In fact, his father, a neuroscientist, directs the Simons Center for the Social Brain at the Massachusetts Institute of Technology. Growing up, Dr. Sur had plenty of early exposure to neuroscience. But that doesn't mean Dr. Sur and his father presently share much common language.

"One may think that neurologists and neuroscientists are very similar," he says, "but a lot of the time, if I'm trying to explain a recent case or if my dad is talking about an experiment, it's a bit like speaking a foreign language." Dr. Sur admits that, many a time, following a conversation with his father, he's had to do a Google search to learn more.

But even across different languages of approach, he and his father share a common passion: the brain, itself. "I'm fascinated by it," Dr. Sur says. "It's a privilege to operate on that organ, to intervene in really delicate and vital processes that have such a massive impact on our being." Dr. Sur was drawn to cerebrovascular and skull base neurosurgery because of the high level of skill required, combined with new technologies and innovations around microsurgery.

Dr. Sur completed his seven-year general neurosurgery training at the University of Miami and Jackson Memorial Hospital in Miami, where he also recently completed a one-year fellowship in neuroendovascular, cerebrovascular,

and skull base surgery, where his training focused on the surgical management of neurovascular disorders and complex skull base tumors.

"I'm ready for this new challenge, and excited to bring the skills I've learned to MedStar," says Dr. Sur, who has been thrilled by the strong level of collaboration between specialties at MedStar Washington. "We work closely with otolaryngology colleagues, and have a group of endovascular-trained radiologists and surgeons, so we'll often operate together. It's better for the patients and better for our own optimization of techniques and leads to the best possible treatment."

Of great interest to Dr. Sur is the transradial approach to neurointerventional procedures. Traditionally, this type of intervention has been done through the femoral artery in the groin. Dr. Sur is excited to help promote a pioneering approach at MedStar Washington to access the radial artery in the patient's wrist. "It's the same treatment, but safer for patients, and with less discomfort." Dr. Sur's primary area of research is comparing outcomes between this transradial approach and the traditional transfemoral intervention.

Dr. Sur is sober about the high stakes nature of his specialty. "It's a great responsibility to be entrusted with performing surgery in the brain, the place that controls what we can do, how we feel, and ultimately, who we are," says Dr. Sur.

In a recent case, his team performed microsurgery to carefully remove an abnormal tangle of blood vessels, an arteriovenous malformation, in a 37-year-old woman. The lesion lay in the part of the brain that controlled movement of her arm and face. "It was a nice example of when things go really well," says Dr. Sur.

As he acclimates to his new city, Dr. Sur looking forward to exploring its wealth of restaurants, and engaging in recreational sports as they reopen. He also spends significant time returning to Miami, where his four-year-old daughter lives.

He still takes time to learn from—and even with—his neuroscientist father. For the past four years, that has meant guest lecturing in one of his dad's MIT courses: a clinically-oriented class, meant to bridge the gap between neuroscience and basic clinical practice.

Dr. Sur's favorite part of moonlighting as a guest lecturer? "I get to do some gentle teasing," Dr. Sur laughs. "My dad has been at MIT for a long time, so he's a good target."



MedStar Health

110 Irving St., NW  
Washington, DC 20010

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# Connections

News for the medical & dental staff, residents, and fellows at MedStar Washington Hospital Center.

## Physician's Perspective

### From the desk of Susan O'Mara, MD

Chair, Emergency Medicine



**Some 220 patients** visit the Emergency Department (ED) at MedStar Washington Hospital Center every day, with 120 to 150 patients at any one time in our 40-bay facility. As the always-open front door for the Nation's Capital's largest hospital, we see patients from our neighboring community and from around the world.

*Flexibility* is key to our success. During the height of the COVID-19 crisis, we turned half our ED into a high-acuity unit for patients with acute COVID-19 symptoms, offering BiPAP and intubation, while patients awaited an inpatient bed. Our Fast Track was converted to a moderate acuity COVID unit.

*Teamwork* is important. Every day, our physicians, APPs, and nurses work as One Team, to provide optimal care. We work closely with other EDs in the MedStar system, to ensure all patients receive the care they need.

*Collaboration* is especially important in our tertiary care hospital. We work closely with hospitalists and specialists to provide continuity of care. We are an important part of Code Heart, which sends patients quickly to the Cath Lab, and Code One, which sends patients directly to the NIH Stroke Team.

*Innovation* is necessary to continually improve patient care. We incorporate telemedicine into our triage process, to expedite patient care and reduce the chance of infection. We were first in the area to establish a section of ED/Critical Care, with four physicians who are board certified in both specialties.

*Education* is important, as each year, we welcome a new class of residents. All internal medicine residents rotate through our ED, along with medical students from area medical schools.

*Research* reflects the broad interests of our faculty. Each year, we publish more than 50 original research manuscripts, book chapters, and review articles. We recently completed a survey study on food insecurity in our ED, concluding that one third of all stable patients and almost half of those who are hyperglycemic experience food insecurity.

We do amazing work here. It's controlled constant movement, with a close-knit group working in a tight space. Our team thrives on the busy, urgent work, and we pride ourselves on working alongside our hospital colleagues, to bring high-quality emergency care to every patient who comes through our doors.