BUILDING BETTER ORTHOPAEDIC CARE

David Gold, MD, leads the transformation at MedStar Franklin Square Medical Center. Exciting changes are also forthcoming to MedStar Union Memorial Hospital. SEE PAGE 6

Recovering from Cardiac Catheterization in Style
Radial Lounge Transforms Patient Experience pg. 4

Getting Better Day by Day Through Inpatient Rehabilitation
Helping Patients Regain Independence pg. 9

New Focus on Urologic Oncology
Advances in Treatments pg. 10
Dear Readers,

A large part of my job, and that of every other physician, involves addressing patients along two very different points in the health continuum.

On one hand, we work with patients to maximize wellness: being as healthy as they can be given their potential, which varies from patient to patient. That involves helping patients to reach the pinnacle of their physical, mental, and emotional health, balancing each to help them become their healthiest selves despite any obstacles. On the other hand, we also help patients manage chronic diseases, such as diabetes, high blood pressure, or arthritis. The best outcomes in maintaining wellness and managing chronic conditions come when patients are cared for by multidisciplinary teams. Working together, we aim to treat patients as whole persons—not just as their diseases, but as complex people seeking health care at our institution.

This concept stands behind the Center for Successful Aging at MedStar Good Samaritan Hospital. While normal aging is healthy aging, chronic diseases do tend to arise more frequently as patients grow older. The center strives to help patients and their caregivers manage these conditions in the most comprehensive and coordinated way while also maximizing wellness.

Rather than having patients go from provider to provider in different locations, we bring the providers to the patients— assembling expert teams customized to patient needs, including nurse practitioners, pharmacists, physical therapists, and others, all led by a board-certified geriatrician. We also partner with other specialties, including urology, oncology, neurology, and psychiatry, to offer onsite care for common geriatric conditions including incontinence, osteoporosis, movement disorders, depression, and dementia.

MedStar Good Samaritan Hospital also is home to the MedStar Franklin Square Cancer Center at Loch Raven Campus, where we offer the best acute and long-term treatments for cancer. As therapies have improved and patients live longer, this disease is treated more and more like a chronic condition—and patients also must maintain their overall wellness as much as possible to best tolerate the rigor of cancer therapies. Our coordinated team of specialists work together to make sure every patient is treated as an individual and not just an illness. Our hospital has also recently begun construction on a brand new, state-of-the-art facility to house our Comprehensive Integrated Inpatient Rehabilitation Program. As we continue to align our services with MedStar National Rehabilitation Network, this facility will better help patients reach their goals of improving their wellness and managing their chronic conditions under the guidance of our experts and through their own hard work.

We are proud of the work of each of our providers to care for patients across the health continuum.

Sincerely,

Martin L. Binstock, MD
Vice President, Medical Affairs
MedStar Good Samaritan Hospital

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**NEW CONNECTIONS**

**MEDSTAR HEART & VASCULAR INSTITUTE**

Avinash Ganti, MD  
Vascular Surgeon  
MedStar Good Samaritan  
410-554-2950

Suzanne Kool, MD  
Vascular Surgeon  
MedStar Union Memorial  
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410-554-2950

Rupa Patil, MD  
Cardiologist  
MedStar Union Memorial  
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410-366-5600

Ankit Shah, MD  
Director, Sports & Performance Cardiology  
MedStar Union Memorial  
410-261-8500

Raymond Young, MD  
Cardiologist  
MedStar Union Memorial  
MedStar Good Samaritan  
443-444-5613

**MEDSTAR HEALTH CANCER NETWORK**

Ryan C. Cleary, MD  
Urologic Surgeon  
MedStar Franklin Square  
410-391-6161

Gabriel Del Corral, MD  
Plastic and Reconstructive Surgeon  
MedStar Franklin Square  
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443-777-7631

Kamila Nowak Choi, MD  
Radiation Oncologist  
MedStar Franklin Square  
MedStar Health Bel Air  
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Geoffrey N. Sklar, MD  
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MedStar Franklin Square  
443-738-8180

**MEDSTAR ORTHOPAEDIC INSTITUTE**

Aviram Giladi, MD, MS  
Hand Surgeon  
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410-554-6877

Christopher Looze, MD  
Sports Medicine Surgeon  
MedStar Health Bel Air  
MedStar Health at Timonium  
MedStar Franklin Square  
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**ON THE COVER:** David Gold, MD, Chief of Orthopaedic Surgery, MedStar Franklin Square Medical Center, was a catalyst in opening the new Orthopaedic and Sports Medicine Center, part of MedStar Orthopaedic Institute, at MedStar Franklin Square. Photographed by John Coyle, Coyle Studios LLC.
ANNOUNCEMENTS

MEDIStar FRANKLIN SQUARE CANCer CenTER AT LOCH RAVEN OPENS SOON

Work has been underway on the construction of a newly renovated cancer center on the campus of MedStar Good Samaritan Hospital, scheduled to open in April 2018. Called the MedStar Franklin Square Cancer Center at Loch Raven Campus, the new center will house the oncology programs from MedStar Union Memorial Hospital and MedStar Good Samaritan Hospital. This new 7,800-square-foot cancer center, nearly twice the size of the existing facility, will offer an Infusion Center with 22 treatment chairs providing IV therapy of all types including, but not limited to, chemotherapy, immunotherapy and iron infusion; an onsite pharmacy; radiation therapy; a clinical trials program; screening services and much more.

We are also in the planning stages to move and redesign the breast center on the campus and upgrade the radiation oncology facility and equipment with the latest state-of-the-art options available.

SPORTS CARDIOLOGY NOW AT MEDIStar UNION MEMORIAL HOSPITAL

Professional athletes and weekend warriors alike can develop heart issues or be at risk for these serious pathologies. To address cardiac problems that specifically affect athletes, sports cardiology has become an emerging subspecialty. However, experts in this area are still relatively rare. In October 2017, Ankit Shah, MD, joined MedStar’s Heart & Vascular Institute at MedStar Union Memorial Hospital as the sole sports cardiologist in the Baltimore region. Shah has dedicated expertise in imaging as well as a Masters in Public Health degree, giving him a broader view of how heart issues and exercise affect populations, says George Ruiz, MD, chief of Cardiology at MedStar Union Memorial Hospital and MedStar Good Samaritan Hospital. “Evaluating athletes for cardiac conditions can be particularly challenging because the heart changes with exercise,” Ruiz explains. “Dr. Shah’s dedicated expertise can help athletes reach their peak performance, regardless of their cardiac issues.”

FIRST IN STATE SHOULDER CERTIFICATION

MedStar Union Memorial Hospital recently became the first hospital in Maryland to earn advanced subspecialty certification in Shoulder Replacement Surgery from The Joint Commission.

NEW ORTHOPAEDIC SUITE OPENS AT MEDIStar FRANKLIN SQUARE MEDICAL CENTER

To better serve our orthopaedic, sports medicine, and physical therapy patients, MedStar Franklin Square Medical Center has relocated and expanded those services. Included in the new Orthopaedic and Sports Medicine Center are 20 exam rooms, two imaging suites, a large waiting room, including a pediatric area, and on-site physical therapy managed by MedStar NRH Rehabilitation Network. Expert physicians Drs. Andrew Abramowitz, David Cohen, Frank Dawson, Michael Dvorin, David Gold, Ira Gubernick, and Christopher Loos all will practice in one central location.

HELPING PATIENTS WITH LVADs IN THE BALTIMORE REGION

Left ventricular assist devices (LVADs)—battery operated pumps that help the left ventricle circulate blood to the rest of the body—have a long history of helping patients with advanced heart failure live longer and better. MedStar Health patients have been implanted with these devices for years at MedStar Washington Hospital Center. However, for patients in the Baltimore region, having to travel back to Washington, D.C. for follow-up visits can be time-consuming and inconvenient. To make follow-ups easier for these patients, the MedStar Heart & Vascular Institute recently opened an LVAD clinic at MedStar Union Memorial Hospital. The new clinic can follow patients longitudinally, examine them and adjust their medications if necessary, interrogate the LVAD to make sure it’s working well, and make any adjustments necessary to the device. “Between Washington, D.C., and Baltimore, we’re one team in two cities with a single mission: connecting patients with solutions to help if they have advanced heart failure,” says George Ruiz, MD, chief of Cardiology at MedStar Union Memorial Hospital and MedStar Good Samaritan Hospital.

FAST TRACK – CANCER CALL LINE

Physicians can now call the new regional referral cancer line at 443-444-CARE (2273). Call this number to schedule an appointment with the appropriate cancer specialist in our region. We offer flexible scheduling and second opinions within two days.
Recovering from Cardiac Catheterization in Style

For decades, at nearly every hospital in the nation, cardiac catheterization for diagnostic or interventional procedures took place in a singular way: by threading the catheter through the femoral artery to the heart.

“Such transfemoral catheterization is so ingrained in our specialty that many doctors can practically do it in their sleep,” says interventional cardiologist John Wang, MD, chief of the Cardiac Catheterization Laboratory at MedStar Union Memorial Hospital and scientific director for Baltimore Cardiovascular Research.

But transfemoral catheterization has some definite drawbacks, Wang explains. For starters, about one percent of patients who undergo this procedure have serious vascular complications. To lower this risk, patients must lay flat for hours afterwards—a position that can be uncomfortable for some. Additionally, patients who undergo an interventional procedure, such as angioplasty or stent placement, typically must stay at the hospital overnight.

But there’s a better way: Accessing the heart through the radial artery instead is significantly safer and more comfortable for patients (see sidebar). However, Wang says, most interventional cardiologists never received training in this alternative approach.

Seven years ago, Wang and his colleagues decided to make a shift in the way cardiac catheterization takes place at MedStar Union Memorial Hospital. If patients’ health and anatomy allow transradial catheterization, that’s what they’d have—and the cardiac catheterization team would all receive additional training to make that possible.

And, with no need for patients to undergo the cumbersome and uncomfortable recovery protocol necessary after transfemoral catheterization, patients could recover in a new way. That’s how the concept of the Radial Recovery Lounge was born.

Unlike cardiac catheterization recovery areas in most hospitals, which are typically dedicated bays in mixed surgical recovery areas, MedStar Union Memorial’s new Radial Recovery Lounge is more like the “preferred flyers” clubs at the airport.

After patients finish their transradial procedures, they sit upright in comfortable chairs in a quiet recovery area for one hour. Then, they’re able to explore the lounge’s 3,400 square feet with several different stations. In the main lounge, patients can relax and watch a large-screen television. The cafe is stocked with fresh fruit, sandwiches, coffee, and cold drinks. Patients can also rest or read in a quiet area, or they can meet with their doctor in the resource room in the lounge to view images from their procedure on monitors and discuss any next steps in their care and recovery process. There’s Wi-Fi throughout the lounge and designated charging stations for cell phones.

It changes the whole experience. This lounge is just another way that we’re improving care for our patients.”

JOHN WANG, MD
CHIEF OF THE CARDIAC CATHETERIZATION LABORATORY, MEDSTAR UNION MEMORIAL HOSPITAL

A few hours afterward, Wang says, patients can leave and sleep in their own beds at home.

Currently, more than 80 percent of cardiac angioplasty or stent procedures take place transradially at MedStar Union Memorial. After the lounge opened in early September 2017, more than 100 patients have recovered in the lounge, with over 1,000 expected over the course of its first year.

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OPPOSITE PAGE FROM TOP: Interventional cardiologists Nauman Siddiqi, MD, John Wang, MD, and Antony Kaliyadan, MD in the Radial Lounge. Sid Siddiqi, MD, John Wang, MD, and Antony Kaliyadan, MD in the Radial Lounge. Radial catheterization patients enjoy the cafe in the new Radial Recovery Lounge.

OPPOSITE PAGE: Sid Siddiqi, MD, John Wang, MD, and Antony Kaliyadan, MD in the Radial Lounge. Radial catheterization patients enjoy the cafe in the new Radial Recovery Lounge.

RECOVERING FROM CARDIAC CATHETERIZATION IN STYLE

A NEW LOUNGE PROVIDES VIP AMENITIES TO PATIENTS RECOVERING FROM TRANSRADIAL CATHETERIZATION

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TRANSRADIAL CATHETERIZATION’S MULTIPLE BENEFITS

Bleeding from transfemoral catheterization can be difficult to control. In contrast transradial catheterization comes with a near-zero risk of serious bleeding, and any blood loss is easily controlled with pressure. There’s no need for the four to six hours of lying flat that’s required after transfemoral catheterization, nor do patients need to stay overnight. They’re able to sit up immediately and walk around within an hour after their procedures.

These multiple benefits made interventional cardiologist John Wang, MD, chief of the Cardiac Catheterization Laboratory at MedStar Union Memorial Hospital and scientific director for Baltimore Cardiovascular Research, and his colleagues at MedStar Union Memorial Hospital champions of the transradial procedure. “Now, more than 80 percent of our cardiac angioplasty or stent procedures are done transradially,” Wang says. “That’s about twice the average at other hospitals nationally.”

ABOVE: A radial cath patient relaxes in the rec room before exploring the lounge.
Over the past few decades, the musculoskeletal program at MedStar Orthopaedic Institute has grown to become one of the most active in Maryland. Its group of more than 70 physicians treat tens of thousands of patients each year while also training the next generation of orthopaedic surgeons through one of only three accredited programs in the state.

Several new physicians joined the practice in the last several months (see New Connections on pages 1 and 2), expanding the level of access and subspecialty services available to patients. These include a new adult fracture service, and hip and knee replacements with MedStar’s Orthopaedic Institute’s new MAKO® robot, which provides customized and precise placement of implants through a less invasive approach. MedStar Union Memorial Hospital, Baltimore’s orthopaedic inpatient surgical hub, now performs more of these MAKO surgeries each month than any other hospital in the state of Maryland.

But while all this growth was taking place, the physical infrastructure at the hospitals has aged, says Les Matthews, MD, Medical Director, Orthopaedics, Central Maryland Region. At MedStar Union Memorial, most operating rooms were too small to handle advanced surgical technology, such as surgical robots or state-of-the-art audiovisual equipment. The waiting room was uncomfortable, with few amenities for families passing the time while their loved ones were in surgery. The clinical area was homogenized for all orthopaedic services, leaving no room for customization for each subspecialty.

“Our improvements to our facilities and physical plant haven’t kept pace with our successful program,” Matthews says.

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Through Inpatient Rehabilitation

MEDSTAR GOOD SAMARITAN HOSPITAL’S COMPREHENSIVE INPATIENT REHABILITATION PROGRAM OFFERS LONG-TERM COMPASSIONATE, EVIDENCE-BASED, AND MULTIDISCIPLINARY CARE

Sept. 15, 2016, started out normally for 67-year-old Deborah Neal Wall. She woke up, took a walk, did some sewing, and then had a neighbor over for lunch. But suddenly, her day took a terrifying turn: after being rushed to the Emergency Department at MedStar Union Memorial Hospital, imaging revealed a stroke in her right thalamus, causing significant mobility deficits in her left side.

To help recover her lost functionality, Wall was admitted to the Comprehensive Inpatient Rehabilitation Program at MedStar Good Samaritan Hospital. There, patients who have experienced a life-changing illness or event, such as a stroke, can receive the expert, specialized attention they need in a nurturing environment. She was cared for by Scott Lepre, MD, chair of Physical Medicine and Rehabilitation at MedStar Good Samaritan and associate medical director of Regional Physiatry for the Baltimore Region of MedStar Health, along with a dedicated team of specialists including rehabilitation physicians, nurses, physical and occupational therapists, speech-language pathologists, case managers, and other clinical providers.

“Most hospitals offer a wide range of care to stabilize patients by treating apparent conditions and addressing primary needs on a short-term basis. But not every patient recovers in five days or even two weeks,” Lepre says. “Through our inpatient rehabilitation program, a partnership between MedStar Good Samaritan and the MedStar National Rehabilitation Network, we are able to provide patients with acute care and rehabilitation services all under one roof, right within our hospital building.”

MedStar Good Samaritan’s inpatient rehabilitation program has provided compassionate, evidence-based, multidisciplinary rehabilitation for an estimated 40,000 patients whose lives have been altered by stroke, amputations, spinal cord injuries, and more. The program, established in 1971, is accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) and has earned a specialty designation from CARF for the care it provides to stroke patients.

Wall spent two months receiving inpatient rehabilitation through the program. Today, she has only slight paralysis and is continuing her rehabilitation at home. She still gets to MedStar Good Samaritan regularly to see her primary care physician and to visit Lepre. MedStar Visiting Nurse Association also checks up on her weekly.

“I have a lot of caring people that I would like to thank,” Wall says.
New Focus on Urologic Oncology

THE MEDSTAR HEALTH CANCER NETWORK RECENTLY LAUNCHED THE DIVISION OF UROLOGIC ONCOLOGY, OFFERING PATIENTS A NEW COLLECTION OF LEADING-EDGE TREATMENTS

Urologic cancers—including prostate, bladder, renal cell, and other kidney cancers—are among the most common in the United States. Hundreds of thousands of new cases are diagnosed each year, leading to the deaths of tens of thousands of patients annually.

But advances in treatments are offering new hope, helping patients with these cancers survive longer than ever and achieve unprecedented cure rates.

In July 2017, the MedStar Health Cancer Network launched the Division of Urologic Oncology, partnering with Geoffrey Sklar, MD, chief medical officer for Chesapeake Urology Associates (CUA), as the new division’s chief. CUA is the largest urology practice in Maryland and the mid-Atlantic region.

Having new expertise within MedStar allows the MedStar Health Cancer Network to offer a variety of leading-edge urologic cancer treatments. For example, MedStar Health’s bladder cancer patients can now receive blue light cystoscopy, an innovative complement to surgery that helps Sklar and other surgeons on the team more completely rectify bladder tumors. In this technique, an imaging solution taken up by cancerous tissues glows red under a blue light, allowing surgeons to readily see tumor margins in a way that’s not possible with traditional white light.

“For localized bladder cancer,” Sklar says, “that better visibility can lead to a higher cure rate.”

More advanced bladder cancers might require a cystectomy (removal of the bladder). Here, some patients may benefit from robotic cystectomies performed by Sklar’s urological surgery colleague Ryan Cleary, MD. Compared to traditional open cystectomies, patients who undergo robotic procedures tend to have less blood loss and faster recoveries. Some cystectomy patients are also candidates for continent urinary diversion, a technique in which surgeons remove a section of the small bowel, convert it into a spherical shape, and attach it to the urethra, creating a neo-bladder. This procedure allows patients to maintain urinary function without the need for a urostomy.

For advanced kidney cancers, open radical surgery is often the best option, explains Sklar, an expert in removing large renal masses. For smaller tumors, robotic surgery to remove part of the kidney or percutaneous cryosurgery can be viable options. This latter technique, performed in conjunction with interventional radiology, involves placing needles directly into tumors to deliver a mixture of cold argon and helium gas to freeze them away.

Using concurrent chemotherapy and radiation can also be an option to help patients keep their bladders, explains David Perry, MD, chief of radiation oncology at MedStar Franklin Square Medical Center. “Not all patients are candidates for bladder resection,” he says. “Concurrent chemotherapy and radiation can have a similar cure rate as resection while allowing patients to keep their bladders.”

Patients have a variety of surgical, medical, and radiation therapy options to treat prostate cancer at MedStar Franklin Square Medical Center. Besides traditional open surgery, robotic surgery is now available for select patients.

For those who aren’t candidates for surgery or prefer to avoid it, precision radiation with the CyberKnife® radiosurgery system can treat prostate cancer in five sessions over one week, as opposed to the 40 to 45 visits typical for other radiation therapy regimens. “There’s no cutting, no anesthesia is required, and it’s all performed in an outpatient setting,” Perry says.

New chemotherapy regimens are also benefiting advanced prostate cancer patients, says MedStar Health’s medical oncologist Kevin Chen, MD. While chemotherapy has traditionally been reserved for later in the disease course, new research suggests delivering it earlier can have a greater benefit.

“MedStar Health is also widely taking advantage of a wave of new immunotherapies—treatments that harness the power of a patient’s own immune system to fight many different cancers, including urologic ones. Drugs known as checkpoint inhibitors are making headway in creating a durable response in patients who have failed other treatment modalities, Chen explains. Checkpoint inhibitors are already FDA-approved for use in bladder and kidney cancers and are in trials for prostate cancer, with other trials testing ways to optimize their use in combination with other modalities.

Together, Sklar says, the newly assembled expert team and wide variety of treatment options help patients achieve the best possible outcomes.

“Our comprehensive, team-based approach,” he says, “is taking urologic oncology to a new level.”

OPPOSITE PAGE: Top: Geoffrey Sklar, MD, chief of Urologic Oncology at MedStar Franklin Square Medical Center. Bottom: Ryan Cleary, MD, urologic surgeons; Kevin Chen, MD, medical oncology; Pallavi Kumar, MD, medical oncology; Patrick Barnes, MD, director of Interventional Oncology; David Perry, MD, chief of Radiation Oncology.

To refer a patient, call our new regional referral cancer line at 443-444-CARE (2273).
Dr. Kumar, a National Cancer Institute fellowship-trained oncologist who is board certified in both oncology and internal medicine, was recently appointed as MedStar Health Cancer Network’s director of Immuno-Oncology. Kumar, a Baltimore magazine 2017 Top Doc, is leading the charge at MedStar in this relatively new field. She spoke with CONNECT about the past, present, and future of cancer immunotherapies.

**HOW IS IMMUNOTHERAPY CHANGING THE FACE OF ONCOLOGY?**

Many types of cancers have long had poor prognoses for patients, particularly when they become advanced. For example, I treat a lot of patients with advanced melanoma. Median survival has been between six and 12 months with traditional treatments. However, melanoma was one of the first cancers to be treated with immunotherapies due to the close interaction between these tumors and the immune system. Immunotherapies have significantly lengthened survival for these cancers. In recent clinical trials, some patients with advanced melanoma survived five years or more on immunotherapy drugs. One of my melanoma patients who took part in an early immunotherapy clinical trial is now 10 years past his diagnosis.

**HOW DO IMMUNOTHERAPIES WORK? WHAT ADVANTAGES DO THEY OFFER TO TRADITIONAL CANCER THERAPIES?**

All cancer immunotherapies work by enhancing a patient’s own immune system to rally against cancer. The immune system’s natural capacity to detect and destroy abnormalities may prevent the development of many cancers. However, cancer cells are sometimes able to avoid detection and destruction by the immune system. To overcome this, checkpoint inhibitors help the immune system recognize cancer cells and strengthen its response so that it will destroy them.

Here at MedStar Franklin Square Medical Center we utilize vaccines, immunotherapies, and clinical trials to provide the best care to our patients.

**WHAT ADVANCES DO YOU SEE ON THE HORIZON?**

Currently, each type of immunotherapy helps only a fraction of patients. To determine which patients might benefit, researchers are working on identifying biomarkers that can help predict response. Additionally, some clinical trials currently taking place are testing new combinations of therapies involving immunotherapy and surgery, chemotherapy, and radiation. Each of these treatment strategies is offering hope to patients that their cancers might become chronic diseases, or even be cured.

**RESEARCH TODAY: CLINICAL TRIALS**

The clinical trials program at MedStar Health Cancer Network is one of the largest in the state. Our physicians conduct a variety of trials, ranging from treatment of cancer using surgery, chemotherapy, immunotherapy, and/or radiation therapy, to supportive care and symptom-management studies.

Currently, MedStar Health Cancer Network has more than 35 active clinical trials. Most trials are open at multiple MedStar Health oncology sites. Our physicians, working closely with our clinical research nurses, provide excellent care for patients undergoing treatment and registry trials.

Our target for Commission on Cancer Integrated Network accreditation was to enroll six percent of analytic cases for a goal of 124 patients. Our expected accrual for calendar year 2017 is 240 patients or 11.5 percent based on the 2,069 analytic cases for 2016. This will reflect commendation status for this standard.

Other highlights for 2017:

- First site in the world to be activated for MK3475-654—a clinical trial for patients with stage IV lung cancer who are PD-L1+.
- New ovarian cancer trial looking at the addition of immunotherapy—YO39523 (GOG-3015): A Phase III multicenter, randomized study of atezolizumab versus placebo administered in combination with paclitaxel, carboplatin, and bevacizumab to patients with newly diagnosed Stage III or Stage IV ovarian, fallopian tube, or primary peritoneal cancer.
- Enrolled 94 patients in the XOFT study for IORT treatment in early stage breast cancer.
- Opened the COMET study—looking at surgery vs. no surgery for low risk DCIS.
- Enrolled six patients to the PALLAS study looking at the addition of palbociclib to anti-hormone therapy as adjuvant treatment for breast cancer.

**LOCATIONS HIGHLIGHT: MEDSTAR HEALTH AT TIMONIUM**

MedStar Health at Timonium opened in August, consolidating three orthopaedic and sports medicine practices on a two-mile span of York Road, into one convenient location. As the region’s signature musculoskeletal center, this new facility—hosting 26 exam rooms in more than 46,000 sq. ft.—provides care from expert physicians, along with physical therapy, a 3T MRI, and a surgery center. Patients benefit from the ability of specialists to easily consult with each other on treatment. With many services under one roof, patients can consolidate visits, saving time.

**COMMUNITY FOCUS: IN-OFFICE VASCULAR LABS IMPROVE EFFICIENCY**

Until recently at many MedStar Health hospitals, laboratories that perform vascular ultrasound were only found within the main hospital buildings. That placement required patients to check in with registration before their studies and necessitated separate appointments for imaging and office visits. Now, new vascular labs are opening within vascular surgery offices at MedStar Union Memorial Hospital, MedStar Good Samaritan Hospital, and MedStar Harbor Hospital. The new labs will allow vascular technologists to perform studies including venous duplex, arterial duplex, carotid duplex, renal duplex, mesenteric duplex, and venous sufficiency studies. Vascular surgeons will be able to perform on-the-spot imaging if necessary during appointments and will eventually be able to perform in-office radioablation procedures using ultrasound to assist. “These ambulatory vascular labs will improve our ability to provide superior care to our patients,” says Raghuvir Vallabhaneni, MD, FACS, director of Vascular Surgery for the Baltimore Region.
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MedStarHealth.org/Connect