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CARING FOR ATHLETES’ HEARTS
Ankit Shah, MD, Director of the MedStar Sports & Performance Cardiology program, provides cardiovascular care and evaluation for athletes and active individuals—from weekend warriors to elite athletes. SEE PAGE 9

Dear Readers,

Over 50 years ago, MedStar Franklin Square Medical Center made a move from its former campus located across the street from Baltimore's Franklin Square Park—where it got its name—to its current location in eastern Baltimore County. This new location wasn’t chosen by chance; the hospital’s management decided to settle where there weren’t any nearby hospitals and residents had little access to reliable and quality medical care.

As we celebrated our half-centennial anniversary, we’re still focused on meeting the needs of our community. Medical care looks far different than it did 50 years ago with the advent of countless advances. But our providers are still striving to make sure we provide the same level of compassionate, comprehensive care that we always have.

That’s evident in our newest advertising campaign theme, “MedStar Health—It’s How We Treat People.” The ability of science and technology to conquer disease has never been greater. Our founders at MedStar Health probably never envisioned the Cyberknife, da Vinci surgical robot, or joint replacement and minimally invasive surgery programs that we have here at MedStar Franklin Square.

But good medical care isn’t just high tech—it’s rooted deeply in the human touch. We’re as likely to dispense a pill from a prescription to prevent a stressful event. Our consideration for our patients and community is also evident with the focus we place on the environment. The layout and décor were designed with patients and their families at the forefront, promoting convenience and easing what could be a stressful event.

Although health care will always be in a constant state of change as science and technology progress, we look forward to serving our community with top-notch care we’ve provided for the past 51 years.

Sincerely,

Nona “Mimi” Novello, MD, MBA, FACEP
Vice President of Medical Affairs and Chief Medical Officer
MedStar Franklin Square Medical Center

Cardio-Oncology—Cancer Care with Heart

For many cancer types, survival has increased significantly over the past decade, in large part due to advances in cancer therapies. Some examples include targeted breast cancer treatments such as Herceptin, anthracyclines used to treat leukemias, lymphomas, and other cancers, and more recently immune checkpoint inhibitors that have revolutionized the management of several malignancies. These treatments are helping thousands of patients live longer and healthier lives.

Despite these great advancements in cancer treatment, Yvonne Ottaviano, MD, chief of Medical Oncology and director of Breast Cancer Oncology at MedStar Franklin Square Medical Center, reminds us that these medications all share a potential drawback: cardiotoxicity.

“There are often ways that we can help patients avoid or minimize cardiotoxicity. That’s where cardio-oncology comes in,” Ottaviano says.

In 2011, MedStar started the first cardio-oncology program in the Greater Baltimore/Washington, D.C., metropolitan area, led by Ana Barac, MD, PhD. The program is not only designed to evaluate, diagnose, and manage heart problems for cancer patients in the midst or after treatment, but also to help determine if patients are at increased risk of developing a heart condition prior to starting treatment.

The American Society of Clinical Oncology developed a list of criteria that can serve as a guide to identify patients at increased risk of cardiac toxicity, and these criteria are utilized for identifying patients at increased risk.

Given the goal of minimizing interruptions in oncologic care, patients who are referred are typically seen within two weeks after referral, says Tolulope Agunbiade, MD, a cardiologist who specializes in cardio-oncology at MedStar Union Memorial Hospital and MedStar Good Samaritan Hospital. Specialized imaging, including echocardiograms with strain, help them detect early changes in heart muscle that could represent cardiac toxicity of the chemotherapy.

“With cardiologists and oncologists working together as a team,” Agunbiade says, “we are improving the outlook for patients with cardiac risks.”
NEW CONNECTIONS

MEDSTAR HEART & VASCULAR INSTITUTE

Tolulope Agunbiade, MD
Cardiologist, Advanced Heart Failure
MedStar Union Memorial Hospital
MedStar Good Samaritan Hospital
410-554-6550

Ebony Alston, MD
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MedStar Franklin Square Medical Center
410-574-1330

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MedStar Franklin Square Medical Center
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MedStar Good Samaritan Hospital
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MedStar Union Memorial Hospital
MedStar Good Samaritan Hospital
410-366-5600

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Ricardo Quarrie, MD
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Aditya Saini, MD
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MedStar Union Memorial Hospital
MedStar Harbor Hospital
410-554-6727

Stephen Stanziale, MD
Vascular Surgeon
MedStar Franklin Square Medical Center
443-777-1900

Weining David Xu, MD
Cardiologist,
Advanced Heart Failure
MedStar Union Memorial Hospital
410-554-6550

NEW COPD TREATMENT AT ANGELOS LUNG CENTER

MedStar Franklin Square Medical Center is the first in Maryland to offer a new lung valve treatment for patients with severe emphysema or Chronic Obstructive Pulmonary Disease (COPD). Recently approved by the FDA under their “Breakthrough Devices” designation, the Zephyr® Endobronchial Valve treatment represents a major advancement for emphysema treatment because it is the first minimally invasive procedure (no surgery required) to help patients breathe easier.

The Angelos Lung Center at MedStar Franklin Square has begun offering this new treatment option as part of a comprehensive approach to helping patients who suffer from advanced COPD, including severe emphysema, and is now accepting referrals for evaluation.

Call 443-777-1161 to refer your patient, or learn more.
Case Study: Transtracoid Artery Revascularization (TCAR)

A MINIMALLY INVASIVE APPROACH TO TREATING CAROTID ARTERY STENOSIS

A minimally invasive transtracoid artery revascularization (TCAR) procedure was considered a more suitable option for the patient's condition than a typical transfemoral approach. TCAR also offered the advantage of reversing blood flow away from the brain, thereby protecting it from embolic debris that might be created during the procedure.

DIAGNOSIS
A CT scan confirmed that the patient was a good candidate for the TCAR stent procedure.

TREATMENT
The TCAR was performed during a short procedure under general anesthetic through a 2cm incision above the patient's clavicle.

OUTCOME
A follow-up scan verified that the stent is performing as expected, with no recurrence of stenosis. The patient will continue to undergo routine monitoring.

CONCLUSION
Transcarotid Artery Revascularization (TCAR) is an attractive option for treating carotid artery stenosis in patients instead of carotid endarterectomy or the transfemoral approach.

ABOUT DR. VALLABHANENI
Raghveer Vallabhaneni, MD, is the director of Vascular Surgery–Baltimore Region for the MedStar Heart & Vascular Institute. He has been performing the TCAR procedure longer than any surgeon in Maryland.

Now Open: The MedStar Health Musculoskeletal Research Center

After several years away from MedStar Health, where he’d previously served as director of Spinal Research for 18 years, Bryan Cunningham, PhD, received an offer to design a state-of-the-art musculoskeletal research center. Following a year of planning, renovating, and acquiring and placing equipment, the new MedStar Health Musculoskeletal Research Center (MMRC) is open for business, with Dr. Cunningham at its helm.

“It is our fundamental belief that steadfast, concerted research efforts by clinicians, research staff, and fellows will build upon the scientific and clinical knowledge base of musculoskeletal disorders,” he says. “This will improve the surgical care and quality of life for patients with musculoskeletal pathology.”

MMRC is a MedStar-wide initiative to expand and enhance existing research efforts in the areas of degenerative, deformity, traumatic, and congenital pathologies of the musculoskeletal system. The multidisciplinary research center includes a broad spectrum of scientific disciplines, including biomechanical testing, histology, radiography, in-vivo biological modeling, and clinical research.

The laboratory is equipped with a variety of high-tech equipment, with many pieces unique to the region and even to the world. For example, MMRC has a custom-designed musculoskeletal simulator. It is designed to apply controlled multidirectional motions in flexion/extension, lateral bending, and axial rotation to musculoskeletal structures, to better understand how orthopaedic surgical destabilization and reconstruction affects joint motion.

“IT IS OUR FUNDAMENTAL BELIEF THAT STEADFAST, CONCERTED RESEARCH EFFORTS BY CLINICIANS, RESEARCH STAFF, AND FELLOWS WILL BUILD UPON THE SCIENTIFIC AND CLINICAL KNOWLEDGE BASE OF MUSCULOSKELETAL DISORDERS.”

BRYAN CUNNINGHAM, PHD

The lab is also uniquely equipped with 3D printing technology and a micro-computed tomography (MicroCT) system, which allows for radiographic examination of orthopaedic implants with sectioning planes as thin as 25 microns.

The laboratory is available to all MedStar-based researchers and serves as a contract research organization for private industry and other academic institutions. According to Dr. Cunningham, “Our fundamental goal is to provide the best possible learning environment for both established researchers and our surgeons in training. Our collective effort in research and innovation is a competitive differentiator.”

For research inquiries, please contact Bryan.W.Cunningham@MedStar.net
CONCUSSION TREATMENT HAS CHANGED

AMERICAN MEDICAL SOCIETY FOR SPORTS MEDICINE RELEASES NEW POSITION STATEMENT FOR 2019

As research has recently evolved on concussion, the way it is treated has evolved too, says Melita Moore, MD, a MedStar Health physiatrist who specializes in concussion.

Potential to restart exercise significantly earlier after a concussion

Traditionally, physicians have encouraged complete brain and physical rest after a concussion, with limited physical movement for days or even weeks after injury. Based on recent research suggesting that aerobic exercise early after concussion can reduce symptoms and speed recovery, the new statement encourages sub symptom aerobic exercise after a minimum 48-hour period of post-injury rest.

Focus on developing “return-to-learn” protocols

While guidelines have long focused on the optimum time for athletes to return to play, Moore notes, there has been comparatively little attention on the best way for students to re-enter the classroom. Existing protocols can help physicians use variables such as how long patients have experienced symptoms and how long they’ve been out of class to determine the best way to return to learning, whether it’s attending class for limited time per day, attending with limited participation, or receiving extra time for homework or exams.

Therapy for patients with persistent post-concussion syndrome

Vestibular therapy, vision therapy, and physical therapy can be useful for these patients. “If an older adolescent or adult has symptoms that last beyond two weeks, or a younger adolescent or child has symptoms that last beyond four,” Moore says, “they should be referred to a sports medicine physician specializing in concussion who can prescribe these useful therapy modalities.”

Robotic Spine Surgery Begins at MedStar Health

Over his 31 years in practice, Paul Asdourian, MD, regional director of MedStar Orthopaedic Institute’s Spine Program, has seen a subtle shift in his patients. Throughout his operating career at MedStar Union Memorial Hospital, he’s performed thousands of procedures on a diverse population. But nowadays, a rising proportion of his patients are older, often with complex spinal problems that have previously been treated with surgery—factors that significantly increase the challenges of implementing his own surgical interventions.

At the same time, a strong impetus for cost-effective care has risen across all areas of medicine, placing an even stronger priority to increase efficiency while decreasing potential risks and complications.

“One way to tackle both of these issues is by investing in new technology,” says Asdourian. That’s why MedStar recently began performing selected spine surgeries with an ExcelsiusGPS™ robot. This system combines image-guided surgery with a stiff robotic arm that places pedicle screws in an ideal trajectory for each patient’s anatomy. The robot is ideal for more complex cases, such as multilevel fusions in which surgeons need to place many screws or where a patient’s anatomy is severely distorted by scoliosis or kyphosis, explains Asdourian’s colleague Bradley Moatz, MD, who also has extensive robotic surgical experience. “If a patient has a very difficult, complicated pathology, this robot can help us place screws more accurately,” he says. “Having this tool in our toolbox provides us even more reassurance of a positive outcome.”

Before patients arrive in the operating room, Moatz explains, they receive a CT scan that’s inputted into the robot’s software, images that help surgeons preplan screw placement. During the surgery itself, he and his colleagues can merge these images with fluoroscopy data generated during the procedure, providing a precise trajectory for the robot’s arm to place the screws. In some cases, surgery using the robot can be performed in a less invasive manner, potentially causing less trauma to the muscles of the spine, smaller incisions, shorter hospital stays, and less risk of tissue damage and nerve injury. Even with open robotic procedures, more accurate screw placement means a lower chance of nerve irritation and other consequences that could trigger subsequent revision surgeries.

In addition, the more efficient nature of robotic surgeries means less time in the operating room and significantly less exposure to radiation from fluoroscopy during the procedure. Together, Asdourian says, all these factors both help improve safety and lower healthcare costs.

“For MedStar to make this investment shows a commitment to maintaining state-of-the-art technology that improves outcomes while reducing expense,” he adds. “We are constantly striving to provide the very best care we can for our patients.”

Above: Paul Asdourian, MD, operates Orthopaedic Institute’s first spine surgery using robotic-assisted navigation.

To refer a patient for a spine evaluation, please call 877-34-ORTHO.
In the past two decades, the face of athletics has changed significantly, says Ankit Shah, MD, MPH, FACC, Director of Sports & Performance Cardiology at MedStar Heart & Vascular Institute. Traditionally, endurance athletes were dedicated lifelong competitors, but an increasing number of recreational athletes are now running marathons, doing triathlons, or cycling “centuries.”

A subset of professional, amateur, and recreational athletes have risk factors for cardiovascular disease, such as high cholesterol or high blood pressure, a family history of cardiovascular disease, or a prior heart attack. But few specialists have the training to care for these patients effectively, Shah says.

“There are specific cardiac adaptations in active people and athletes who exercise regularly, and what is deemed normal in an athlete can differ significantly from their sedentary counterparts,” he says. “There are differences in how we interpret an athlete’s ECG as well as echocardiogram. Athletes with cardiovascular disease may present with different or more subtle symptoms, and the protocols for diagnostic exercise testing should be different for athletes.

That’s why sports and performance cardiology has become a growing field, he adds. When Shah began practicing at MedStar Union Memorial Hospital in the fall of 2017, MedStar became one of just a few health systems in the country offering this specialty and the only one in the region.”

A lifelong competitive athlete himself who completed his fellowship in sports cardiology at Massachusetts General
To refer a patient to Performance Cardiology, please call 410-554-2330.

Ankit Shah, MD, sees professional, amateur, and recreational athletes as part of the program. On a patient’s first visit, Shah and his colleagues conduct a comprehensive exam and collect a detailed history, allowing patients to exercise more easily while using these devices, Shah explains.

Once the care team reaches a diagnosis, interventions must also take into account a patient’s athletic status, he says. For example, beta blockers, diuretics, and other measures to control blood pressure can affect performance, requiring more careful attention to prescribing medications in athletes. Surgical interventions or therapeutic ablations for non-life-threatening conditions may require medical management with close monitoring if an athlete is midseason, and then coordinating procedures during an athlete’s off-season. After surgery, athletic patients’ activity restrictions and “return to play” protocol may differ from those of sedentary patients, Shah adds.

“Those who like to exercise do so for a myriad of reasons, and I try to understand each person’s passion and drive to exercise and compete,” he says. “My goal is to get people back to doing what they love, making sure they’re safe from a cardiac perspective.”

As the number of new cancer cases continues to increase, it’s an important goal to efficiently and precisely deliver radiation therapy while reducing toxicity and improving the patient experience. To accomplish this objective, MedStar Good Samaritan Hospital became Maryland’s first user of the new Halcyon™ Linear Accelerator. This new technology uniquely delivers radiation therapy by imaging the tumor prior to each treatment in a fraction of the time required by a conventional accelerator. “This new technology will allow us to treat more patients effectively, comfortably, and quickly, factors that are becoming increasingly important as cancer cases continue to grow,” says Paul Fowler, MD, board-certified radiation oncologist and chief of Radiation Oncology at MedStar Good Samaritan.

NATION’S SIXTH-LARGEST SHOULDER REPLACEMENT PROGRAM

In 2017, MedStar Union Memorial Hospital performed 214 Medicare shoulder replacements, the sixth highest volume in the United States. This is the third consecutive year that MedStar ranked nationally in the “Top Ten.” Because most shoulder replacements are for arthritis or trauma conditions, the number of Medicare procedures is a proxy to identify the largest shoulder replacement programs.

“Anand Murthi, MD, shoulder and elbow division chief at MedStar Union Memorial. “I’m proud to have built a nationally recognized program that continues to expand.”

According to Orthopedic Network News, shoulder replacements are the fastest growing segment of the reconstructive devices segment of orthopedics.

“In addition to our high surgical volume, we advance the latest techniques,” says Jason Stein, MD, shoulder and elbow surgeon. “We were an early national leader in reverse shoulder arthroplasty. Now, I perform more than half of my arthroplasties as outpatient.”

Stemless shoulder replacements, computer-guided navigation, and opioid-sparing shoulder replacements are also available, furthering MedStar Union Memorial’s reputation as Maryland’s most comprehensive shoulder replacement program.

ANNOUNCEMENTS CONTINUED ON PAGE 15
A Better Way to Treat Breast Cancer Patients

NEW BREAST CENTER AT MEDSTAR GOOD SAMARITAN HOSPITAL OFFERS COMPREHENSIVE CARE AT A SINGLE LOCATION

Beyond the enormous stress of a breast cancer diagnosis are a host of compounding issues: numerous doctor appointments that take travel and time, different providers who may give conflicting recommendations, and even smaller but nagging problems such as parking fees.

The new Breast Center at MedStar Good Samaritan Hospital aims to tackle all these issues head on, says breast surgeon Maen Farha, MD, the center’s medical director. “We’re changing how we deliver breast cancer care,” he says, “and feedback from our patients has been outstanding.”

The center, which opened in October 2018, offers most diagnostic, treatment, and follow-up services on the same floor. Doctors meet with patients right next to the breast imaging suite, with these areas separated by a single door, says Michelle Townsend-Watts, MD, chief of breast imaging for MedStar Union Memorial and MedStar Good Samaritan hospitals. Patients who need same-day imaging—or even imaging on the spot—based on their doctors’ recommendations can simply head next door to receive it, she says.

“There’s no reviewing films days later,” Townsend-Watts says. “We sit down with other members of the care team and review images in real time.”

Because most members of the care team are also co-located—including radiation and medical oncologists, surgeons, radiologists, and others—they schedule patients’ appointments on the same day to minimize their travel and visit times. The team also works together to develop a comprehensive treatment plan while a patient is in the clinic so that all members of the team are on the same page. Many hospitals offer a multidisciplinary conference, but our Breast Center also offers a weekly Multi D Clinic to all of our patients. Rather than having patients rotate to each physician’s office, physicians rotate to patient exam rooms to present the plan, having a live discussion that brings different specialists together with patients and their families.

“Patients leave knowing what the next steps are, which helps immensely with anxiety about the future,” Townsend-Watts says.

New, state-of-the-art equipment is available for treatment at the center, including the Varian Halcyon™ system, a technology that simplifies and enhances virtually every aspect of image-guided volumetric intensity modulated radiation, helping to better target diseased tissues while sparing healthy ones. For patients who need chemotherapy, a new infusion suite has 22 private treatment chairs. During surgery, patients have access to intraoperative radiation therapy that targets the tumor bed. “Many patients with localized early breast cancer can complete their radiation in less than 15 minutes while under anesthesia,” says Farha.

“Every aspect of this center has been designed with the patient in mind,” says Farha, “to improve their journey from diagnosis through treatment to survivorship.”

To refer a patient, or request a second opinion, call 443-444-5930.

MORE BENEFITS OF THE NEW BREAST CENTER AT MEDSTAR GOOD SAMARITAN HOSPITAL INCLUDE:

• Same-day mammograms, including 3-D technology
• An infusion center with 22 treatment chairs providing IV therapy of all types, including, but not limited to, chemotherapy, immunotherapy, and iron infusion
• Multidisciplinary teams of oncologists, breast surgeons, breast reconstruction microvascular surgeon, radiation oncologists, and diagnostic radiologists
• Weekly multidisciplinary breast conference and clinic
• Comprehensive breast surgical services, including intraoperative radiation therapy, oncoplastic, and reconstructive surgery
• The Komen Maryland Breast Health Navigator who is onsite to assist low-income and minority breast cancer patients
• Awarded Maryland’s Breast and Cervical Cancer Screening Program to provide free mammograms, breast exams and Pap test screenings for women who qualify
• Second opinion fast-track program
Square Medical Center. “It’s simply from experienced interventional for Lung Diseases at MedStar Franklin thoracic surgery at the Angelos Center who then ultimately refers them to a thoracic surgeon.

Once diagnostic radiology spots a thoracic ultrasound to assess lung abnormalities, providing information that’s critical for the treatment team. These specialists can also manage symptoms during the course of treatment with interventions such as debulking tumors, using balloons or stents to open airways, or placing indwelling pleural catheters to drain pleural effusions.

“We’re committed,” Sarkar says, “to helping our lung cancer patients from diagnosis to treatment and beyond.”

After the specific diagnosis is obtained, that is where the team approach is crucial to the prompt treatment of lung cancer patients. The Multidisciplinary Thoracic Oncology Clinics at MedStar Franklin Square and Good Samaritan upend this model, Gamliel explains, bringing all three major cancer care disciplines together to care for patients as a unit.

Patients can be referred directly to these clinics, but Gamliel and any other providers that participate in the clinic can serve as portals of entry, he says. There, patients who need multidisciplinary care will receive a comprehensive evaluation from all necessary providers. Medical oncologists, surgeons, and radiologists then work together to develop a unified plan that they can deliver to patients on the same day.

Combining the most sophisticated diagnostic experts and tools with the multidisciplinary program affords MedStar the ability to treat more lung cancers, Gamliel says, helping them live longer and healthier lives.

“By working as a team,” says Gamliel, “we can care for our patients as a cohesive unit on every step of this journey together.”

To refer a patient for our lung services, call our lung cancer nurse navigator Clara Yoder, BSN, OCN, at 443-777-2447.

LUNG CANCER CLINICAL TRIALS

The MedStar Health Cancer Network currently has several ongoing clinical trials focused on lung cancer. These include:

- MK7339-008, a phase 3 study of Pembrolizumab in combination with Carboplatin/Taxane followed by Pembrolizumab with or without maintenance Olaparib in the first-line treatment of metastatic squamous non-small-cell lung cancer at MedStar Franklin Square.
- ALCHEMIST, an adjuvant lung cancer enrichment marker identification and sequencing trial with three sub studies – A081105, E4512, EAS142 (ANVIL), at MedStar Franklin Square and MedStar Good Samaritan.
- COAST, a phase 2, open label, multicenter, randomized, multdrug platform study of duralvulumab alone or in combination with novel agents in subjects with locally advanced, unreseactable, stage III non-small-cell lung cancer at MedStar Franklin Square Medical Center and MedStar Good Samaritan.
- PACIFIC 4, a phase 3, randomized, placebo-controlled, double-blind study of Durvalumab following SBRT for patients with stage I/II, lymph node negative NSCLC at MedStar Franklin Square.
- MK7339-006, a phase 3 study of Pembrolizumab in combination with Pemetrexed/Platinum (Carboplatin or Cisplatin) followed by Pembrolizumab and maintenance Olaparib vs maintenance Pemetrexed in the first-line treatment of participants with metastatic nonsquamous non-small-cell lung cancer at MedStar Good Samaritan.
- NRG-CC003, a randomized, phase II/III trial of prophylactic cranial irradiation with or without hippocampal avoidance for small-cell lung cancer at MedStar Franklin Square and MedStar Good Samaritan.

To meet or exceed the organization’s quality care standards and maintain excellence in patient-centered care, the cancer program is reevaluated every three years.

The MedStar Health Cancer Network exceeded standard requirements in six areas: clinical research accrual, cancer registry education, public reporting of outcomes, oncology nursing care, accuracy of data, and Rapid Quality Reporting System. The Rapid Quality Reporting System is a reporting and quality improvement tool from CoC that helps hospitals track their quality of cancer care. The program is at four Baltimore-area hospitals: MedStar Franklin Square Medical Center, MedStar Union Memorial Hospital, MedStar Good Samaritan Hospital and MedStar Harbor Hospital.

Contact Jean Flack, BSN, OCN, at 443-777-7346 for more information.
To schedule a patient consultation with Dr. Hembree, please call 877-34-ORTHO.

**Dr. Hembree, a fellowship trained, board certified foot and ankle surgeon, recently joined the orthopaedic teams at MedStar Harbor Hospital and MedStar Union Memorial Hospital. He delivers exceptional care for patients who are trying to recover from foot and ankle injuries, from common to complex. He spoke with CONNECT about what he brings in terms of expertise, care philosophy, and improved patient access.**

**YOU RECEIVED PART OF YOUR TRAINING AT MEDSTAR SEVERAL YEARS AGO. HOW ARE YOU SERVING PATIENTS NOW AS A MEMBER OF MEDSTAR ORTHOPAEDIC INSTITUTE?**

Before I joined the team, MedStar had four full-time orthopaedic foot and ankle specialists with whom I trained when I was a fellow in 2011 to 2012. They are all excellent surgeons, known both nationally and internationally, which means that they are very busy. Wait times for new patient appointments have in recent years been upwards of three to four months, which is disappointing for both patients and referring physicians alike, especially if patients need more urgent care. By expanding the size of our team, I’m helping to decrease wait times. Now we can generally see new patients within a week or two.

**WHAT CONDITIONS DO YOU TREAT?**

I treat anything that is orthopaedic foot and ankle related. That includes forefoot deformities, bunions, hammertoes, arthritis, hindfoot deformities, flatfoot deformities, ankle arthritis, sports-related injuries, tendon ruptures, general ankle and foot trauma, including any type of foot or ankle fracture. One of the great things about our specialty is the wide variety of conditions that occur in the lower extremity. The variety of pathology that exists about the foot and ankle keeps our jobs interesting and fulfilling.

**WHAT IS YOUR CARE PHILOSOPHY?**

I try not to dictate to patients what they should do. I consider myself more of a guide in the decision-making process. Many patients come to their appointments already armed with a wealth of knowledge about their condition, and sometimes they even request a specific procedure. Where possible, my goal is to use scientific data and clinical evidence to assist patients with their treatment decisions. For me, surgery should only be considered after conservative treatments have failed.

**PATIENTS’ VOICE:**

**NEWLY OPENED ORTHOPAEDIC CENTERS BUILT TO STAY AHEAD OF PATIENTS’ NEEDS**

MedStar Orthopaedic Institute recently upgraded their clinics at MedStar Franklin Square Medical Center, MedStar Harbor Hospital, and MedStar Union Memorial Hospital.

At MedStar Union Memorial, the new 3,700 square foot Hip and Knee Center features nine exam rooms, telemedicine capability, and in-suite digital X-ray. The Spine Center also opened in Suite 655 of the Johnston Professional Building. The new 6,800 square foot center has 11 exam rooms, telemedicine capability, and in-suite digital X-ray.

Finally, the newly renovated Suite 400 recently opened, featuring dedicated foot and ankle imaging capability. It is also home to sports medicine, shoulder and elbow, trauma, and physical medicine and rehabilitation specialties.

At MedStar Franklin Square, a state-of-the-art orthopaedic and sports medicine center recently opened with 20 exam rooms, two imaging suites, and on-site physical therapy. Patients can now see all MedStar Franklin Square’s orthopods in one central location.

At MedStar Harbor, the newly renovated orthopaedic clinic opened in the Sollod Building. It was thoughtfully redesigned with 18 exam rooms, a variety of ergonomic seating, and a spacious, airy layout that encourages an easy transition to physical therapy. Patients will continue to receive MedStar Harbor’s top-quality orthopaedic care, now in the beautiful setting they deserve.

**PROGRAM HIGHLIGHT: NEW HYPERTROPHIC CARDIOMYOPATHY (HCM) PROGRAM**

Patients with hypertrophic cardiomyopathy (HCM) can have a range of consequences, including chest pain, dizziness, shortness of breath, fainting, and dangerous arrhythmias—or no symptoms at all. To better care for patients with this complex condition, MedStar Union Memorial Hospital recently launched a new clinic dedicated to HCM, led by Sandeep Jani, MD, MPH, the associate director of Advanced Heart Failure and Population Health at MedStar Heart & Vascular Institute in the Baltimore region. The program, in collaboration with Cleveland Clinic, will provide multidisciplinary care to address every facet of this disease, including advanced imaging, electrophysiology, and genetics, since most cases of HCM are inherited. While this new clinic thoroughly evaluates patients and provides recommendations and treatments, it also helps patients and affected family members prevent serious problems that could arise in the future.
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MedStarHealth.org/Connect