

Enhancing World-Class Care

MedStar Heart & Vascular Institute Expands Alliance with Cleveland Clinic



The MedStar Heart & Vascular Institute team at MedStar Union Memorial Hospital includes (L to R) Eskandar Yazaji, MD, Internal Medicine; Momina Mastoor, MD, Cardiology; Luis Dibos, MD, Cardiovascular Surgery; John Wang, MD, chief, Cardiac Catheterization Lab; Philip Buescher, MD, Critical Care; Jeffrey Quartner, MD, chief, Cardiology; Michael Fiocco, MD, chief, Cardiovascular Surgery; Dana Frank, MD, chairman, Medicine, MedStar Union Memorial Hospital and MedStar Good Samaritan Hospital; Dipin Gupta, MD, Cardiovascular Surgery; Stuart Bell, MD, vice president, Medical Affairs; Rohit Gulati, MD, MBA, assistant vice president, Medical Affairs; Marc Mugmon, MD, director, Medical Telemetry.

MedStar Heart & Vascular Institute's alliance with Cleveland Clinic is now stronger, with the addition of MedStar Union Memorial Hospital in Baltimore, which was announced on Nov. 18, 2014.

The addition of MedStar Union Memorial furthers the already established collaboration between the Heart & Vascular Institute and the world-renowned Cleveland Clinic Sydell and Arnold Miller Family Heart & Vascular Institute. Under the alliance, originally announced in January 2013, the organizations share best practices related to patient care, outcomes measurement, quality reporting and clinical research. This first-of-its-kind exchange means patients throughout the mid-Atlantic region will see enhanced benefits from an exceptional and unmatched level of heart and vascular care.

"The alliance of two of the nation's top heart programs speaks to the superior quality and enormous potential of the heart and vascular programs throughout MedStar Health," says Stuart F. Seides, MD, physician executive director of MedStar Heart & Vascular Institute. "Patients can be assured that once they walk under the maize and blue awning of MedStar Health, they will receive world-class cardiovascular care."

"This alliance is a great honor and a great opportunity," adds Jeffrey Quartner, MD, chief of cardiology at MedStar Union Memorial and MedStar Good Samaritan Hospital, and associate medical director for MedStar Heart & Vascular Institute. "This alliance will help make MedStar Health's exceptional cardiovascular care even better."

continued on page 2

MedStar Heart & Vascular Institute Expands Alliance with Cleveland Clinic *continued from page 1*

DISTRIBUTED CARE DELIVERY NETWORK

Today, MedStar Heart & Vascular Institute serves people across the greater Washington, D.C. and Baltimore regions, offering thousands of patients a uniform level of expertise and exceptional level of care, regardless of where a patient lives or where the first point of entry is within MedStar Health.

“We have intentionally grouped all our resources under MHVI,” explains Dr. Seides. “This allows us to be the most efficient, while offering the highest quality of cardiovascular care to a broad and diverse population. We are committed to a uniform level of expertise and availability.”

It means that should a patient see his or her MedStar cardiologist in a local community, he or she can rest assured that should more complex interventions be needed, cardiovascular care will be seamlessly transferred within the MedStar system, and all collective expertise will be applied, to ensure the patient receives the best possible treatment options.



John Martin, MD

John Martin, MD, president of MedStar Cardiology Associates, understands the importance of this synergistic approach. “There is great value in leveraging all our expertise,” he notes, “and collaboration is incredibly important. We are very proud to be a part of MedStar Health, and to provide cardiology care to patients in numerous communities throughout our region.”

To further complement MedStar’s Distributed Care Delivery Network, vascular surgery officially became an integrated part of then-MedStar Heart Institute last year, culminating in the updated name of MedStar Heart & Vascular Institute in August 2014.



Edward Woo, MD

“So much of what we do in cardiology, cardiac surgery and vascular surgery overlaps,” says Edward Woo, MD, director, MedStar Regional Vascular Program for Washington. “Fully integrating these programs offers complete care to our patients. It doesn’t matter what a patient presents with, we can take care of it.”

That care also includes cardiac surgery. Paul Corso, MD, chairman of Cardiac Surgery at MedStar Washington Hospital Center, remembers when patients specifically went to a cardiologist if they needed a stent, and only to a cardiac surgeon if they needed surgery. Now, he points to ongoing collaboration among physicians across the cardiovascular disciplines, not only in the operating room, but also in ongoing research endeavors, data collection and best practices.

“The integration of vascular surgery, cardiac surgery and cardiology gives us the capability of dealing with anything a patient needs—from small interventions to major cardiac surgery,” Dr. Corso says.

“We all have expertise in specific aspects of cardiovascular medicine,” Dr. Corso adds. “Now we can use that experience collectively to come together and decide what is best for the patient—not only within MedStar, but with our alliance with Cleveland Clinic as well.”



Paul Corso MD



Stuart Seides, MD, physician executive director, MedStar Heart & Vascular Institute, answers questions during the news conference.



Heart valve patient Amy Dean presents an engraved crystal heart to Michael Fiocco, MD, chief, Cardiovascular Surgery, MedStar Union Memorial Hospital.



Joseph Cacchione, MD, chair, Operations and Strategy, Cleveland Clinic Sydell and Arnold Miller Family Heart & Vascular Institute, speaks about the alliance during the news conference.

MedStar Heart & Vascular Institute



through the years



1958 WASHINGTON HOSPITAL CENTER OPENS ITS DOORS.



1964 FIRST CORONARY CARE ICU IN THE D.C. METRO AREA .



1965 CODE BLUE FOR HEART ATTACKS ESTABLISHED— THE FIRST IN WASHINGTON, D.C.



1968 CATH LAB OPENS.



1972 FIRST OPEN-HEART SURGERY IN D.C. PERFORMED BY HOSPITAL CENTER PHYSICIANS.



1981 FIRST CORONARY ANGIOPLASTY PERFORMED.

1985 FIRST CARDIAC ARRHYTHMIA CENTER OPENED AND FIRST INTRA-CARDIAC DEVICE IMPLANTED IN THE WASHINGTON AREA.

1987 D.C.'S FIRST HEART TRANSPLANT PERFORMED.

1988 FIRST LVAD IN THE MID-ATLANTIC REGION IMPLANTED.



2010 MEDSTAR HEART INSTITUTE ANNOUNCED.



2013 UNIQUE ALLIANCE WITH MEDSTAR WASHINGTON HOSPITAL CENTER AND CLEVELAND CLINIC HEART & VASCULAR INSTITUTE FORMED.



2014 VASCULAR SURGERY BECOMES PART OF MEDSTAR HEART INSTITUTE, CREATING MEDSTAR HEART & VASCULAR INSTITUTE.

Spotlight

George Ruiz, MD, MBA

Director, Pulmonary Hypertension Unit

Long before George Ruiz, MD, began treating diseased hearts, he did a pretty good job taking care of punctured tires.

During his childhood in northern New Jersey, Dr. Ruiz spent many days helping out at his father's tire shop. At first, it was simple things to keep a young child busy—sorting parts and sweeping up. By age 12, he was changing tires and doing repair work.

Today, as director of the MedStar Heart & Vascular Institute's Pulmonary Hypertension Unit and as a member of the Advanced Heart Failure Team, Dr. Ruiz focuses on caring for patients with a variety of heart problems, using advanced medications and intricate cardiac devices.

Still, the lessons learned from all those hours with his father are never far from Dr. Ruiz's mind.

"People came to see my dad not just for what he did, but the way he did things," Dr. Ruiz explains. "He did his best to make customers feel special about coming to his shop, always took a personal interest in them and found

.....
"I can help patients with their problems, by putting their condition and what needs to be done about it in terms they can relate to. When patients need you the most is when you really need to be able to connect with them on their level."
.....

solutions to problems—all the things that we as doctors have to do as well."

Having always dreamed of becoming a physician, Dr. Ruiz discovered his passion for cardiology at New York City's Albert Einstein College of Medicine.

"The greatest teachers I had were cardiologists," he recalls. "They were smart, engaged and understood complex



George Ruiz, MD, MBA, uses communication skills he learned while helping his immigrant parents adapt to this country.

issues. Plus, they were dealing with the heart—the coolest organ there is—and they could help fix it. I decided then and there that I wanted to be just like them."

Dr. Ruiz's fascination with his chosen discipline has only intensified during his career, particularly since it allows him to be more than just an observer.

"If a patient is having a heart attack, you can abort it," he says. "If they have leaking valves, you can repair them; if the heart is not working right, you can implant a pump. The opportunity to intervene immediately is wonderful for patients, and immensely satisfying to us as professionals."

Though Dr. Ruiz considers medicine "easier to understand than it is to explain," he recognizes that many patients find cardiovascular disease and its treatments overwhelming, and even a bit frightening. That's why he strives to be a medical "ambassador" of sorts to his patients, a role he played growing up, as his immigrant parents adapted not only to a new language, but also a new culture.

"They relied on me to help them understand the little things of life in America, from what I did in school to filling out forms," Dr. Ruiz says.

Physicians, too, sometimes need help with understanding issues outside the realm of medicine, which is why Dr. Ruiz applied for and received a prestigious White House Fellowship in 2006.

"Everything I had done in medical school prepared me for complex patients, but not for managing complex organizations," he explains. "I realized that if I wanted to help make an impact in how health care was delivered, I needed mentors outside of medicine."

"Today, in addition to being a good husband and a good father, this is what I want to do," he says. "Where else can my team and I can sit down at the end of each day, and say, 'we saved a life today.'"

Stuart F. Seides, MD, Physician Executive Director
MedStar Heart & Vascular Institute



Value: *Health Care's Holy Grail*

The quest for real value is driving the transformation of health care in this country. Value is defined as outcomes relative to costs—a simple equation that will take significant change and time to achieve completely.

Those facilities and physicians who are part of a health care system have a clear head start. The shift from volume-based to value-based care requires the infrastructure, economies of scale and a continuum of services that are inherent in a system.

Fortunately at MedStar Health, we had the foresight to begin preparation for the future more than five years ago. While the process may sometimes prove difficult, most health care professionals welcome the change. Who would argue against making our patients' positive outcomes our top priority; and who would defend needless expenditures and financial excess?

STRONG STRUCTURE AND SYSTEMS

When MedStar Heart & Vascular Institute (MHVI) began developing a geographically diverse network of services in 2011, we followed the template for MedStar Health's multi-facility Distributed Care Delivery Network organized by service lines. Together we've made real progress—but there is still much left to do.

Trimming waste, reducing medical errors and coordinating care across settings requires a strong organizational structure and leadership with the will to make change. We have that. It takes integrated information systems that are accessible, easy to use, and a staff trained to use them. We are implementing this, as well.

To better ensure that we are utilizing best practices for the optimal result, we've implemented consistent care protocols across settings, and established a new data collection system that measures outcomes in meaningful ways. And we have named Jonathan Patrick, MD, our first quality and safety officer to create a quality culture with performance standards, transparency and accountability at every level.

We're eliminating redundancy in care within the network, in particularly very complex—and expensive—cardiovascular services. And we're fostering an environment that marries research and education to promote innovation.

Perhaps the most critical component of value-based care is putting population health care management to work. It's certainly no secret that disease prevention and early diagnosis is less expensive than hospital care. That's why MHVI has been developing relationships with community-based physicians who are the front lines in cardiovascular care, and why we have developed initiatives, such as the Women's Heart Program, which put an emphasis on prevention education and wellness.

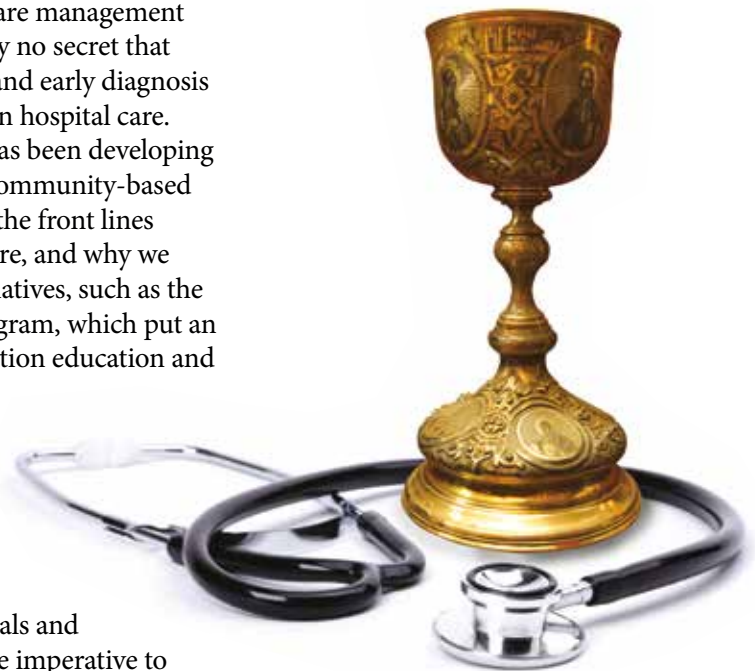
ONGOING HURDLES

Incentives that promote wellness and strive to keep people out of hospitals and avoid procedures are imperative to the delivery of value-based care. We need payment systems that reward this kind of performance, and that has yet

to happen. Right now, all of us in health care are living in the "transition zone" in which wellness is more talk than action, and reimbursement remains primarily oriented toward the care of those who are already sick.

There are other roadblocks, as well. Practicing physicians may feel that the future of health care means losing autonomy—too great a price to pay. Some feel that the creation of large networks of services smacks of health care monopolies that will have the inverse effect of reducing competition and decreasing quality.

These are the challenges in moving forward. But I'm optimistic and believe that maximizing the value of care we deliver to each patient is well worth the growing pains.



CRT 2015

Impacting the Future of Heart Care

MedStar Heart & Vascular Institute's 18th annual Cardiovascular Research Technologies (CRT) meeting will be held in Washington, D.C., February 21 to 24. The meeting, which each year attracts an international audience of clinicians and researchers, will once again feature the latest in treatment protocols and technology to help attendees advance their cardiovascular medicine practices.

CRT 2015, to be held at the Omni Shoreham Hotel, is expected to attract its largest audience to date. "We anticipate an attendance of more than 2,000, which will surpass our 2014 total of 1,800 attendees," says Ron Waksman, MD, course chairman and director of MedStar Heart Cardiovascular Research. "We're the only major cardiovascular educational meeting scheduled for 2015 on the East coast—and remain one of the leading cardiology conferences in the world."

BIGGER AND BETTER

The 2015 meeting features a faculty of more than 360 world-renowned experts, and live cases from six sites across the globe. The CRT faculty includes many of our "homegrown" MedStar Heart & Vascular experts, along with distinguished invited faculty from all over the world.

The meeting continues its successful formula of running six concurrent educational tracks, to allow attendees to select what most interests them and have a rich educational experience in a single day.

- Coronary
- CRT Valve & Structural
- CRT Endovascular
- Atherosclerosis & Research
- Technology & Innovation
- Nurses & Technologists

"In response to last year's audience feedback, CRT2015 offers an expanded, day-long symposium on the emerging technology of bioresorbable scaffolds (BRS)," says Dr. Waksman. "We are also featuring an extended program on innovations in Valve and Endovascular technology, in which there has been exciting recent progress."

A course reviewing techniques in radial access in angiography and angioplasty has been added to the mix. In addition, two Town Halls held in conjunction with the FDA will cover contemporary regulatory pathways to device approval and first-in-man studies. "During the Town Halls, we are also highlighting growing international influences in the development of new technology and drugs, in particular the very active relationship between the U.S. and Japan," Dr. Waksman adds.

GENERAL POWELL TO KEYNOTE

General Colin Powell, who has served two Presidents of the United States and was the first African-American chairman of the Joint Chiefs of Staff and Secretary of State, is this year's keynote speaker for Monday evening's reception.



Course Chairman Ron Waksman, MD, moderates a panel discussion at CRT 2014.

General Powell will focus on today's global instability—and provide his perspective on what it will take to transform the world's hotspots into flourishing societies.

CRT2015 once again features a special luncheon event in collaboration with the Association of Black Cardiologists. At the Monday event, the invited speaker, political analyst Juan Williams, will present his take on the state of implementation of the Affordable Care Act—and what influence health care reform may have on disparities in cardiology care in the U.S.

Nutritionist Zonya Foco, RD, CHFI, CSP, serves as headliner for the 7th annual Women Annual Women & Heart Disease Luncheon Symposium on Sunday. Foco has gained a national following with her "The Power of One Good Habit" campaign, which is helping get Americans exercising and eating right to fight obesity, cancer, diabetes and heart disease.



CRT15

CRT 2015 LEARNING OBJECTIVES

- Compare the results from important clinical trials and evidence-based medicine to guide management of patients with atherosclerosis and structural heart disease.
- Incorporate new interventional technologies, drugs and procedures into the care of patients with complex coronary and endovascular disease.
- Integrate advances in diagnostic evaluation and therapeutics to treat patients with carotid and peripheral arterial disease.
- Appraise percutaneous devices from concept through preclinical and clinical investigation, regulatory approval and clinical application for the treatment of structural heart and valve disease.
- Describe appropriate pharmacologic management in the care of patients undergoing diagnostic arteriography and interventional therapies before, during, and after cardiac catheterization.
- Evaluate and develop an effective clinical research program.

WHO SHOULD ATTEND?

- Interventional cardiologists
- Clinical cardiologists
- Cardiac surgeons
- Vascular surgeons
- Fellows
- Emergency medicine specialists
- Primary care physicians
- Basic scientists
- Radiologists
- Interventional radiologists
- Nurses
- Technologists
- Industry professionals

HIGHLIGHTS

- Six live case sites from around the world
- Simulators and hands-on workshops
- Expanded valve and structural heart revolution program
- Updated atherosclerosis, plaque imaging and lipid therapy course
- Bioresorbable scaffold and DCB technologies symposia
- Renal denervation for resistant hypertension course
- iMPACT trials
- Abstracts to be published in JACC: Cardiovascular Interventions
- FDA town hall meeting
- CRT access course
- BRS one-day symposium
- Keynote address by General Colin Powell

CONTINUING EDUCATION CREDITS

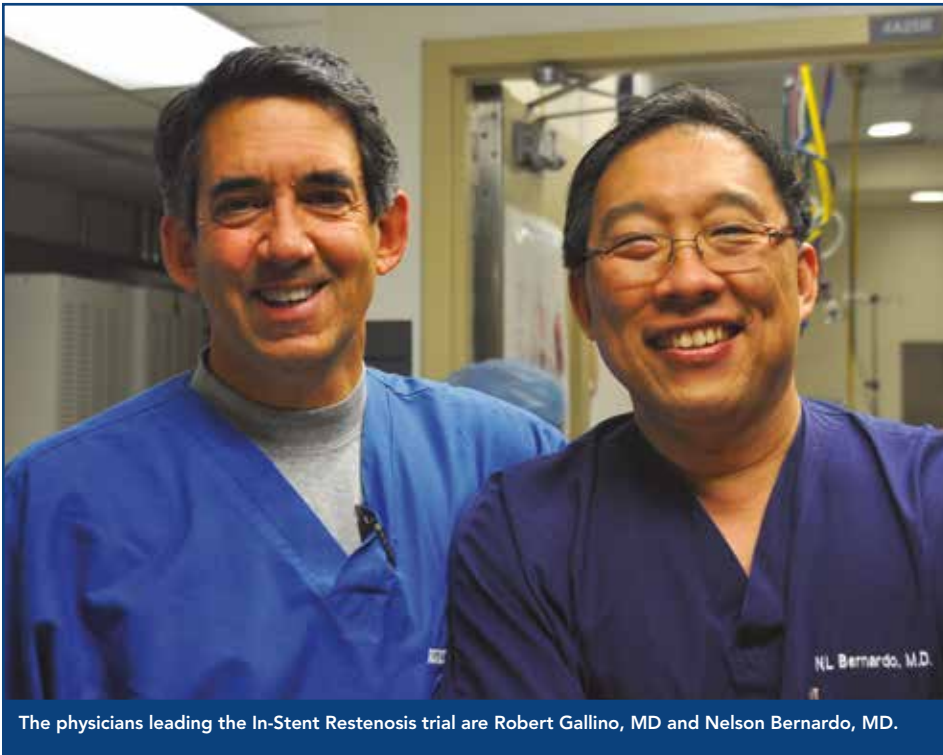
The Academy for Continued Healthcare Learning designates this live activity for a maximum of 32 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

For the purpose of recertification, the American Nurses Credentialing Center accepts AMA PRA Category 1 Credits™ issued by organizations accredited by the ACCME. Nurses who attend an activity certified for Category 1 credit can complete the continuing education hours section of the ANCC Professional Development Record in order to document the courses attended and the hours obtained.

Category A Continuing Education credit is pending approval by the American Society of Radiologic Technologists.

TO REGISTER: For the most current program information, and to register to attend CRT2015, visit CRTMeeting.org.

Study Offers New Standard of Care for Lower Extremity In-Stent Restenosis



The physicians leading the In-Stent Restenosis trial are Robert Gallino, MD and Nelson Bernardo, MD.

A laser atherectomy catheter that helps dissolve scar tissue, combined with balloon angioplasty could become the new standard of care for treatment of in-stent restenosis (ISR) of the lower extremities, thanks to a two-year study completed in February 2014.

The randomized trial examined the safety and efficacy of using a combined laser atherectomy device and balloon angioplasty approach, versus balloon angioplasty only. Patients from both MedStar Washington Hospital Center and MedStar Montgomery Medical Center were enrolled in the study under the care of Nelson Bernardo, MD, medical director, Peripheral Vascular Intervention at MedStar Heart & Vascular Institute, and Interventional Cardiologist Robert Gallino, MD. In total, 250 patients at 40 different clinical sites across the United States were involved in the study.

“The premise is you use the laser to clear the tissue and blockage, and then you follow with a balloon or stent,” explains Dr. Gallino, who notes he has treated patients using a laser atherectomy catheter for several years for other occurrences of peripheral artery disease.

“The balloon alone has a high failure rate,” he adds. “Often, we will see failure with the patient still on the table. The laser really gives us a chance to remove the blockage.”

FDA APPROVAL GRANTED

While many physicians who believe in laser technology—including Dr. Gallino and Dr. Bernardo—have been using lasers for years to treat lower extremity native blockages and/or blockages in other vessels in the body, this study helped achieve FDA approval specifically for ISR in the lower extremities. That approval was granted in July 2014.

“We have known for years that the long-term outcome is very poor with balloon angioplasty only,” explains Dr. Bernardo. “In-stent restenosis has always been a challenge. We know that at least one-third of the arteries we treat will relog. We could basically predict that within nine months the patient would be back with a subsequent occlusion.”

“This gives us an option to treat ISR that is better than just using balloon angioplasty,” he continues. “And, the results of the study were better than what we expected.”

According to the findings of the study, using the combined Excimer Laser Atherectomy (ELA) device with PTA (also known as balloon angioplasty) yielded a 93.5 percent success rate, compared to an 82.7 percent success rate with PTA alone. Major adverse effect rates at 30 days were also significantly reduced using the combined approach, 5.8 percent versus 20.5 percent with PTA only. Lastly, freedom from target lesion revascularization, a common occurrence with peripheral artery disease, was superior using the laser plus PTA, yielding a 73.5 percent success rate at six months versus 51.8 percent with PTA alone.

The conclusion from both physicians: ELA with PTA should be considered the standard care for femoropopliteal in-stent restenosis.

SCOPE OF THE PROBLEM

According to Ron Waksman, MD, director of Cardiovascular Research at MedStar Heart & Vascular, there are more than 200,000 stents implanted annually in the United States, with that volume increasing six to seven percent every year. Of those, the incidence of first-time ISR ranges from 30 to 40 percent.

Worldwide, there are more than 200 million people living with peripheral



New TAVR Study Seeks to Reduce Stroke Risk

artery disease, and some 400,000 femoropopliteal stents are placed every year. That results in 250,000 cases of ISR, 115,000 of them in the United States.

Dr. Bernardo notes that ISR is particularly challenging in the legs. “Anything below the inguinal crease has always been our Achilles heel,” he says. “The arteries in our legs are subjected to a lot of forces, from walking and stretching to random twisting movements. We believe these mechanical forces play a big role in stents fracturing and failing.”

STUDY OPENS DOORS

While the study doesn’t provide a 100 percent success rate, Dr. Bernardo and Dr. Gallino believe the results demonstrate that the technology works, and that it offers patients better outcomes and therefore, better long-term results. They also continue to be involved in other ongoing studies for treatment of ISR, including one currently underway testing a drug-coated balloon.

“This study opens up the door for physicians who were not believers in the laser technology,” says Dr. Gallino.

“In medicine, we always do what we think is best for the patient and for long-term outcomes,” adds Dr. Bernardo. “This is an option we hope improves the long-term outcomes.”

“We are always on the quest for the Holy Grail,” he continues. “Now, we are hopefully closer to finding a solution for ISR.”

A three percent risk of a stroke following a Transcatheter Aortic Valve Replacement (TAVR) might seem like a low number to a patient suffering from severe aortic valve stenosis, but for Ron Waksman, MD, an interventional cardiologist and director of Cardiovascular Research at MedStar Heart & Vascular Institute at MedStar Washington Hospital Center, that number is still too high.

That’s why Dr. Waksman and his team will soon be launching an investigative study to determine whether a protective device deployed during a TAVR procedure can reduce the risk of stroke. The device is a filter-based system that captures and removes embolic debris released during

TAVR procedures that might otherwise travel to the brain, resulting in a peri-procedural stroke.

TAVR research is nothing new to MedStar Heart & Vascular. “We are by far the largest TAVR center in the region and among the top five in the country,” says Dr. Waksman. “During the past eight years, we have performed nearly 1,000 TAVR procedures. We have a fully dedicated center and team of people; we do not sit idly by.”

That active involvement has included studying TAVR on extreme-risk and high-risk patients who are not candidates for open surgery, comparing survival rates using TAVR versus non-valve replacement treatments. At five years, results show a 28 percent survival rate with TAVR versus five percent without. Currently, MedStar Heart & Vascular Institute physicians are enrolling patients to study the transcatheter approach on intermediate-risk patients, comparing it with outcomes against traditional open surgical aortic valve replacement.

“I think at this moment, there is a trend toward using TAVR versus an open surgical approach,” Dr. Waksman says. “It takes time to gather information and we are seeing better and better devices on the market.”

“But what makes us unique,” Dr. Waksman continues, “are the opportunities we have to offer patients, whether it is an approved procedure or an investigational study. We have devoted resources and a robust research program. We have a variety of options for our patients.”



Ron Waksman, MD, holds a CoreValve® Transcatheter Aortic Valve Platform.

TAVR — HOW DOES IT WORK?

Somewhat similar to a stent placed in an artery, the TAVR approach delivers a collapsible replacement valve to the aortic valve site through a catheter, typically inserted through the femoral

vein in the groin. Once the new valve is expanded, it pushes the old valve leaflets out of the way and the tissue in the replacement valve takes over the job of regulating blood flow.

Updates FROM MEDSTAR HEART & VASCULAR INSTITUTE

Medical Staff News



Steven D. Abramowitz, MD, RPVI, vascular surgeon, has joined the medical staff to serve patients at MedStar Washington

Hospital Center and MedStar Montgomery Medical Center.

Dr. Abramowitz completed his undergraduate and medical degrees at Yale University, and an integrated vascular surgery residency at Mount Sinai Medical Center, where he served as chief resident. He was the recipient of a number of awards during his training in recognition of his teaching, scholarship and research.

Dr. Abramowitz's special interests include:

- Venous thrombolysis for DVT/PE
- Renal and mesenteric occlusive disease
- Hemodialysis access creation and maintenance
- Critical limb ischemia and limb salvage
- Endoleak embolization by translumbar and transarterial approaches repair



Cameron Akbari, MD, MBA, is the new site director for vascular surgery at MedStar Georgetown University Hospital.

Dr. Akbari previously served as director, Vascular Laboratory and senior attending surgeon in Vascular Surgery at MedStar Washington Hospital Center. He is an assistant professor at George-

town University School of Medicine.

Dr. Akbari received his medical degree from Georgetown University School of Medicine, and has been in practice for 24 years. He completed his internship and residency in general surgery at the University of Connecticut and his fellowship at Beth Israel Deaconess Medical Center at Harvard Medical School.

Dr. Akbari is a fellow of the American College of Surgeons, has had many articles published in peer-reviewed journals, been an invited speaker at

venues across the country, and has received numerous honors in his career, including recognition as among the region's "Top Doctors" in *Washingtonian* magazine, most recently in 2014.

Dr. Akbari's clinical interests include:

- Complex open and endovascular lower extremity revascularization
- Diabetic limb salvage
- Open and endovascular aortic aneurysm surgery
- Carotid artery disease
- Hemodialysis access



Frederick Beavers, MD, FACS, is the new site director for vascular surgery and director of surgery for at MedStar Southern Maryland Hospi-

tal Center in Clinton, Md. Dr. Beavers has been a member of the medical staff at MedStar Washington Hospital Center since 2007, when he was named chief of endovascular surgery.

Dr. Beavers received his undergraduate degree from Princeton University and his medical degree at the University of Illinois-Lincoln School of Medicine, Chicago, Ill. He completed his internship and residency in general surgery at the University of Illinois, and a fellowship in trauma and critical care at Cook County Hospital. He then completed his vascular surgery fellowship at the Cleveland Clinic Foundation in Cleveland, Ohio.

Dr. Beavers has served as principal investigator for a number of clinical

research trials and has made numerous presentations, served on many educational panels and is a published author in peer-reviewed journals. He is an associate professor of vascular surgery at Georgetown University School of Medicine.

His clinical interests include:

- Open and endovascular surgery
- Abdominal aortic aneurysms
- Aortic surgery
- Peripheral vascular disease
- Vascular disorders
- Lower extremities repair



Arthur Flatau, MD, FACS, has joined the Institute's medical staff as site director of vascular surgery at MedStar St. Mary's Hospital Center in Leonardtown, Md. Prior to his recent appointment, Dr. Flatau served as vascular surgeon with Grand View

Hospital Surgical Associates in the Philadelphia, Pa., region, where he built a thriving program. He previously had been in private practice in Tampa, Fla., for more than 23 years.

Dr. Flatau received his undergraduate degree from Georgia Institute of Technology, and his medical degree, residency in general surgery and a fellowship in vascular surgery were all at the University of South Florida, College of Medicine. He is a fellow of the

American Board of Surgery.

- Dr. Flatau's clinical focus includes:
- Endovascular aneurysm repair
 - Peripheral interventions for mesenteric, renal and lower extremity occlusion
 - Hemodialysis access
 - Endovascular and open surgery for carotid and abdominal aorta repair
 - Venous ablation
 - Wound care

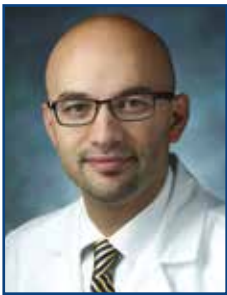


Rajesh K. Malik, MD, RPVI, joins the medical staff as a vascular surgeon at MedStar Washington Hospital Center and MedStar Southern Maryland Medical Center in Clinton, Md. Prior to joining MedStar Heart &

Vascular Institute, Dr. Malik served as assistant professor of surgery and of radiology at Mount Sinai Hospital and division chief of vascular surgery at the Metropolitan Hospital in New York. Dr. Malik received his undergraduate degree from Washington University in St. Louis. His medical degree is from New York Medical College, where he was elected to the Alpha Omega Alpha Honor Medical Society. He completed his general surgery internship and resi-

dency at New York University School of Medicine, and his vascular surgery fellowship at The Mount Sinai School of Medicine.

- Dr. Malik's special interests include:
- Thoracic and abdominal aorta stent grafts
 - Carotid artery disease
 - Peripheral arterial disease
 - Venous disease (Deep Vein Thrombosis, Varicose veins)
 - Dialysis access



Tareq M. Massimi, MD, RPVI, is a vascular surgeon serving patients at both MedStar Washington Hospital Center and MedStar Montgomery Medical Center. A medical graduate of the University

of Jordan, Dr. Massimi completed his general surgery internship at the University of Minnesota and a general surgical residency at Berkshire Medical Center at the University of Massachusetts. He then completed a fellowship in vascular surgery at Eastern Virginia Medical School. During his surgical residency, Dr. Massimi received the Ralph Zupanec Surgical Award and the Robert J. Tracy Award for Vascular Surgery.

- His clinical interests include:
- A multidisciplinary approach to screening, evaluation, diagnosis and treatment
 - Medical, endovascular and open surgical therapies
 - Carotid, peripheral arterial, thoracic and abdominal aorta repair
 - Hemodialysis access
 - Venous disease



Ali K. Salah, MD, FACC, is a new attending cardiologist at both MedStar Washington Hospital Center and MedStar Georgetown University Hospital. He completed his internship/residency at the Medical College of

Georgia, and his cardiology fellowship at Gill Heart Institute at the University of Kentucky. He did an advanced cardiac imaging fellowship in Cardiovascular MRI, Cardiovascular CT and Echocardiography at SUNY Stony Brook University and The Saint Francis Heart Hospital in New York. Before his current appointment, Dr. Salah was an attending cardiologist and director of Cardiac Imaging Program at SUNY Upstate Medical University. Dr. Salah is board

certified in Cardiology, Cardiovascular CT, Echocardiography and Vascular Ultrasound.

- Dr. Salah's clinical interests include:
- Coronary Artery Disease
 - Peripheral Vascular Disease
 - Valvular heart disease
 - Heart Failure

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Cardiovascular Physician is a publication of MedStar Heart & Vascular Institute. It is a forum to share clinical, research and teaching information in cardiology, cardiac surgery and vascular care.

Please submit editorial comments to Marge Kumaki, at marge.kumaki@medstar.net, or 202-877-8530.

Visit our website, at medstarheartinstitute.org.

U.S. News & World Report lists MedStar Washington Hospital Center as the only hospital with a nationally-ranked Cardiology & Heart Surgery program in the Washington, D.C. region.

MEDSTAR HEART & VASCULAR INSTITUTE

Stuart F. Seides, MD

Physician Executive Director
MedStar Heart & Vascular Institute

Paul Corso, MD

Chairman, Cardiac Surgery
MedStar Heart & Vascular Institute

Augusto Pichard, MD

Director, Cardiac Intervention and
Structural Heart Disease
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Bradley Kappalman

Vice President, Washington Region
MedStar Heart & Vascular Institute

Cheryl Lunnen, RN, BS

Vice President, Baltimore Region
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