Interdisciplinary Approach to Complex Aorta Pathology
See page 4

Approaching 100th WATCHMAN™
See page 3
The Body Politic of Cardiovascular Care

The heart is fundamental to dozens of familiar English idioms. It has been used to describe our innermost feelings and spirit, as well as a vital center of thought—the core and circuit of ideas.

During the last decade, MedStar Heart & Vascular Institute (MHVI) has built upon its strong core of cardiovascular services at MedStar Washington Hospital Center—the "heart" of our network of care; the critical mass of talent, technology and innovation from which the entire network draws strength. In this issue of Cardiovascular Physician, we've highlighted a wide spectrum of clinical services, research and expertise that characterized both the "heart" and the "circulation" that constitute the extended scope of MHVI.

These stories demonstrate how we're building strength through care collaboration and integration. We've created a diverse and interconnected system of cardiovascular services from disease risk modification to rehabilitation. And we assembled teams of vascular and cardiac specialists and subspecialists who work hand-in-hand to produce the best results for our patients.

CONSTRUCTING THE CORE

Our systemic approach recognizes the inextricable link between diseases of the heart and vascular systems and understands that today's quality patient care depends on the streamlined delivery of services from multiple disciplines.

On the pages of this newsletter, you will read about the Aortic Center's multidisciplinary approach to diagnosis and treatment of thoracic and abdominal aortic diseases, which provides patients with significant benefits. Co-directed by Vascular Surgeon Edward Woo, MD, and Cardiac Surgeon Christian Shults, MD, the center allows multiple specialists to consult with one another during a single appointment—saving patients precious time and giving them the benefit of expertise-intense services.

You will also read about the newly consolidated Department of Critical Care, structured to encourage professional collaboration across individual subspecialties when caring for our sickest and most challenging patients. The state-of-the-art Cardiovascular ICU responds to the need of patients who often depend on complex technology and comprehensive services to thousands of area residents who live and work in and around the city center.

VITAL CONNECTIONS

Of course, we know it is to be truly viable, the heart must work in concert with a system of vascular pathways—the conduits through which our resources move in and out. We've been busy building these, as well.

We're leveraging the breadth of the MedStar Health system by tapping into its growing network of ambulatory care centers. In September, cardiology and vascular specialists began providing services at the new MedStar Lafayette Centre in downtown D.C. This state-of-the-art, 97,500 square foot facility is a bringing together a diverse and interconnected system of cardiovascular services.

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This issue of the newsletter also highlights our sophisticated and efficient providing access to these resources and expertise-intensive services.

All of these initiatives—and more—boost our belief that a strong center and robust internal and external connections foster innovation, spur discovery and increase access to highly specialized care in our larger community. The MHVI networks' "heart" and the lifelines through which its services flow have been thoughtfully designed to serve us well now and to sustain us in the future.

The results are in: MedStar Heart & Vascular Institute (MHVI) has implanted to date more of the stroke-reducing WATCHMAN devices than any other institution in the Mid-Atlantic region.

That's actually no surprise, given MHVI's history. MedStar Washington Hospital Center participated in several clinical trials in the spring of 2013 that contributed to the device's FDA approval for commercial use. Within three months of WATCHMAN getting the green light, Saffraz A. Durrani, MD, a Hospital Center cardiac electrophysiologist, performed the region's first implant; three months later, John C. Wang, MD, chief of the Cardiovascular Catheterization Lab at MedStar Union Memorial Hospital, followed suit in Baltimore. Since then, the two sites have performed 92 procedures.

WATCHMAN is designed for certain patients with non-valvular atrial fibrillation who are also at high risk for both stroke and bleeding from long-term use of anti-coagulants. Essentially a mesh filter, it is placed in the opening of the left atrial appendage (LAA), the small sub-chamber responsible for the majority of A-fib-related strokes. Within three to six months, scar tissue completely seals off the LAA, making WATCHMAN a viable alternative to indefinitely blood-thinner therapy. However, potential candidates must be able to tolerate warfarin for at least 45 days post-procedure.

Now a new WATCHMAN clinical trial called ASAP TOO may change the blood-thinner requirement. Both hospitals are participating in the trial.

"A previous trial suggested that a combination of aspirin and Plavix® could replace warfarin for patients who cannot tolerate it," says cardiac electrophysiologist Manish Shah, MD, director of the Hospital Center's Clinical Cardiac Electrophysiology Fellowship Training Program and principal investigator for the new trial.

"With ASAP TOO, we're evaluating whether aspirin plus Plavix works as well as warfarin." The Hospital Center is also the site for two trials of novel devices sponsored by different manufacturers. "Amulet" may provide an option for some patients whose LAA anatomy is not conducive to WATCHMAN. Another new device, "WaveCrest," may allow patients to avoid the 45-day anti-coagulation regimen altogether.

"Competition to be a clinical trial site is fierce," says Dr. Shah, who notes he and his associates are recruiting trial candidates now. "The fact that we'll have three LAA closure studies running concurrently is a testament to MHVI's great research infrastructure and safety record." If the trials are successful, the new devices could fill a unique niche, and expand the number of patients who may be eligible for implant. Neither would be available commercially, however, for at least three to four years.

Meanwhile, MHVI's volume and expertise with WATCHMAN continue to grow. And with experienced sites in Baltimore and Washington, access to the sophisticated procedure is growing as well, to the delight of patients and physicians alike.

"Nothing is more gratifying than telling patients they can come off warfarin for good," says Dr. Wang. "They're so incredibly grateful."
The Aortic Program at MHVI combines the expertise of a cardiac surgeon and a vascular surgeon to thoroughly evaluate patients with complex aortic disease. During one visit, both specialists evaluate patients together to determine the least invasive, most effective surgical solution.

The surgeons review images and use three-dimensional reconstruction to obtain the high level of detail needed for precise evaluation. “We see each patient together, we operate together, and we take care of patients afterwards together,” says Edward Woo, MD, director, MedStar Vascular Program and co-director of the Aortic Program.

Patients with aortic pathology—dissections, thoracic aneurysms, penetrating ulcers and connective tissue disorders, among other conditions—benefit from this interdisciplinary approach. “Each patient is unique,” says Christian Shults, MD, a cardiac surgeon and co-director of the Aortic Program. “Aortic pathology can be very tricky.”

The results are durable and effective surgical solutions, using an endovascular approach whenever possible—about 70 percent of the time. Surgery is performed in a hybrid operating room, with sophisticated imaging and perfusionists employed as needed, so surgeons can perform both open and endovascular procedures.

“We see each patient together, we operate together, and we take care of patients afterwards together.”

—Edward Woo, MD

“Only high-volume centers like ours can have excellent outcomes,” Dr. Shults notes, “especially when it comes to acute emergencies. We have a very sophisticated treatment algorithm that includes lumbar drains and neuromonitoring.”

In addition to interdisciplinary surgical expertise, the Aortic Program offers the full resources of MHVI. Services also can include genetic screening of selected patients to identify genetically based connective tissue disorders. “This changes the treatment paradigm,” Dr. Shults notes.

The team sees three or four patients each week. “For example, we just saw several patients with type B (descending aortic) dissections,” Dr. Shults notes. “These patients traditionally have been treated medically, but we have found that early intervention with stent-grafts improves long-term survival.”

In another example, Dr. Woo recalls a recent patient with an infected aortic arch aneurysm. “These are complex cases that we see on a routine basis.”

In addition to placing conventional stent-grafts, the team is participating in the Gore TAG® Thoracic Branch Endoprosthesis trial [see related article]. Plans are also in place to participate in more clinical trials of devices with multiple grafts into other branches off the aorta.

“Care of these patients is not straightforward or easy,” Dr. Woo says. “But we offer superior outcomes because we treat more patients with complex aortic pathology than any other hospital in the region.”

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The CV ICU is staffed 24/7 by a highly trained team of in-house critical care physician intensivists. Nurses are specially trained to handle cardiovascular patients with complex medical conditions or recovering from surgery. A team approach facilitates care, with nurses working close together to meet patients’ needs. The unit is configured so that one nurse can easily tend to two patients in adjoining rooms.

Christopher Barnett, MD, MPH, is co-director of the CV ICU, with fellowship training in both cardiology and critical care. He co-directs the CV ICU with Nimesh Shah, MD, a surgical critical care specialist. “The new ICU allows us to practice a multidisciplinary approach to care for patients with complex conditions,” he says. “We have the latest and greatest technology along with much larger rooms and open access to the patients,” adds Nancy Bruce, RN, MBA, assistant vice president of nursing for MHVI. “Traditional ICUs offer somewhat limited access on three sides surrounded by equipment that is hard to maneuver.”

“The new ICU allows us to practice a multidisciplinary approach to care for patients with complex conditions.”

—Christopher Barnett, MD

Large windows let in ample natural light. “This environment is more conducive to patient well-being,” Dr. Barnett says. “The ability to see natural light reduces delirium and probably improves patient outcomes.” The CV ICU has its own waiting room, staffed by a unit clerk during the day trained to answer questions and assist families.

Years of planning went into the ICU’s design. Stakeholders visited other CV ICUs and talked to intensivists about what technology would help them do their jobs best. Extensive training and preparation prefaced the unit’s opening in July. Clinical staff members participated in a simulation day of training to make sure the transition would be flawless. “This is a dream come true for all the people who want to take care of heart patients,” Dr. Corso concludes. “We can do very complex surgeries in the OR and be sure that patients will be well taken care of after in the ICU.”

Imagine an Intensive Care Unit (ICU) designed so that each room is a theater in the round. The stage/bed occupies the central space, with the patient in a starring role. The audience/clinical staff views the patient from all directions.

This is how MedStar Heart & Vascular Institute’s (MHVI) new cardiovascular ICU (CV ICU) at MedStar Washington Hospital Center is designed to provide 360-degree access to the patient for maximum efficiency. A boom is suspended from each room’s ceiling, housing the patient to see natural light reduces delirium and probably improves patient outcomes.” The CV ICU has its own waiting room, staffed by a unit clerk during the day trained to answer questions and assist families.

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Patients with advanced illnesses face a variety of indignities—the specter of their own mortality, dramatically reduced physical abilities, constant pain. But little thought may be given to that most mortal of concerns—compromised physical intimacy.

That’s why palliative care specialists at MedStar Washington Hospital Center decided to explore the matter further. Hunter Groninger, MD, director, Palliative Care, and Anne Kelemen, LICSW, Palliative Care social worker, designed a simple tool to assess sexuality and intimacy concerns among patients hospitalized with advanced conditions.

During the pilot study, 57 patients at MedStar Washington Hospital Center and MedStar Harbor Hospital were asked these questions during a palliative care consult:

♥ How much has your illness affected intimacy?
♥ How has your illness affected your relationships?
♥ Has this been discussed before or during your hospital stay?
♥ Is this helpful to talk about?

The researchers presented their findings to a recent meeting of the International Society for Heart and Lung Transplantation 2016 Scientific Sessions. The presentation focused on a key subset of these patients—18 patients receiving advanced heart failure (AHF) surgical therapies. Six had undergone heart transplantation and had their new hearts for an average of 62 months, and 12 had a left ventricular assist device (LVAD) with an average of 7.6 months since implantation.

Some 72 percent said that their condition had significantly or moderately impacted intimacy. For those facing the end of life, 83 percent reported the same feelings. All said that they had never been asked these questions before. Further, they wanted more conversation on the subject with their health care providers.

Intimacy was defined broadly, including physical and emotional closeness, affectionate contact, sexual interactions and the communication of thoughts and feelings.

“Intimacy is bigger than just sexual intercourse. It can include cuddling, holding hands or playing with children or grandchildren,” Kelemen says.

Patients’ concerns included low libido, erectile dysfunction, lack of privacy and fear. They also cited difficulties in finding and maintaining relationships overall.

George Ruiz, MD, MedStar Heart & Vascular Institute’s chief of Cardiology at MedStar Union Memorial Hospital and MedStar Good Samaritan Hospital, wholeheartedly supports the work of the Palliative Care team. “By getting people with different points of view to focus on the same problem, we get to see more facets of care. This has made our focus even crisper.”

“We had talked about the issues around intimacy, and knew they were overlooked,” Dr. Groninger says. “Then a family member brought up the issue, and we realized that it should be part of all routine palliative care consults. Patients do want to talk about intimacy, however they define it for themselves.”

But patients may not know how to bring up the subject. Kelemen describes such a case.

“I had a patient who had been hospitalized a very long time, and was nearing the end of his life. His wife wanted to talk to me; she wanted to have some ‘alone time’ with her husband, but didn’t know how to ask his doctors about that.”

Both researchers noted that important issues often exist. First, clinicians often assume that intimacy only means physical sexuality or sexual health. Second, clinicians often assume that patients with advanced conditions were too sick to be concerned with intimacy and sexuality.

“But we found that even patients at the end of life wanted to talk about these issues,” Dr. Groninger says.

“Heart failure systematically steals people’s humanity, taking away their ability to engage in living a full life,” Dr. Ruiz says. “This includes walking around the house, climbing stairs and sharing intimacy. As physicians, we are so focused on the day-to-day challenges of caring for very sick patients, that we can overlook important quality-of-life issues these patients face.”

Kelemen stresses that addressing the issue is the whole point. “This is not just about addressing their concerns with VIAGRA®, it’s about having the conversation and encouraging conversations with their partners.”

Samer Najjar, MD, medical director of Advanced Heart Failure for MedStar Heart & Vascular Institute at MedStar Washington Hospital Center, supports the effort. “We recognize that intimacy is important to patients at every stage of life,” he says.

Now that the results are in, Dr. Groninger and Kelemen want to study the issue further. They are planning a larger study, to include other MedStar locations and medical conditions using more specific questions.

The goal: “We hope to educate providers about how to initiate this conversation,” Dr. Groninger says.

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PILOT STUDY QUESTIONS

1. How much has your illness affected intimacy?
2. How has your illness affected your relationships?
3. Has this been discussed before or during your hospital stay?
4. Is this helpful to talk about?
TAVR Approved For Intermediate Risk Patients
MHVI Research Contributed to FDA Decision

On Aug. 18, the FDA expanded the use of transcatheter aortic valve replacement (TAVR) to include patients at intermediate risk of death from aortic valve surgery. Previously, the less invasive alternative (TAVR) was restricted to high-surgical-risk patients and those too frail, ill or elderly to withstand the rigors of open-heart surgery altogether.

The decision follows the conclusion of PARTNER II, a large, randomized clinical trial, conducted at MedStar Heart & Vascular Institute (MHVI) and other sites nationwide, comparing outcomes from surgery and TAVR among 2,000 intermediate-risk patients with severe aortic stenosis.

“The results of PARTNER II demonstrated that TAVR is safer, simpler and equal to or better than open-heart surgery for this expanded cohort,” says Augusto Pichard, MD, the trial’s principal investigator at MedStar Washington Hospital Center. An internationally known interventional cardiologist, Dr. Pichard directed the PARTNER I trial that led to TAVR’s initial approval for high-risk and inoperable patients.

Clinical researchers are now turning to studying outcomes in low-risk surgical patients.

Earlier this year, MHVI became the first in the nation to launch a FDA trial evaluating TAVR in low-risk patients 65 years and older. Led by Ron Wakam, MD, director of Cardiovascular Research and Advanced Education at MHVI, the Hospital Center study expects to enroll up to 200 patients nationwide. A separate, international study of low-risk patients is in place at MedStar Union Memorial Hospital with John C. Wang, MD, chief of the Cardiovascular Catheterization Lab, leading the effort.

As the graphic on the left illustrates, as more TAVRs are performed, the better the results. Length of stay is reduced, as is the cost. Should results from current trials mirror findings for the high- and intermediate-risk groups, TAVR could challenge surgery’s position as the procedure of choice.

But not quite yet, cautions Dr. Pichard. “We already know TAVR produces results comparable to surgery at the five-year mark,” he says. “But until we have a full decade’s worth of data, TAVR cannot replace surgery in younger, lower-risk patients.”

The benchmark is based on a comparison with the durability of surgical bovine and porcine valves. While the biologic replacements generally last 15 to 20 years, many fall short. With the 10-year anniversary of TAVR’s first clinical trial approaching, results from the earlier, high-risk patient cohort should be available soon.

While researchers continue to test the technology, one thing is certain: TAVR is transforming the field.

“TAVR is shifting the care delivery model as valve replacement continues its migration from surgical to percutaneous procedures,” Dr. Pichard says.

Regionalization of Cardiac Imaging Benefits Patients and Physicians

Cardiac imaging plays a vital role in diagnosing, assessing and treatment planning for patients. These non-invasive, high-resolution studies help physicians detect coronary and structural heart disease earlier and with greater accuracy, and make complex decisions about the options for intervention that will most benefit each patient.

That’s why MedStar’s cardiology and radiology specialists are leveraging their expertise to regionalize cardiac imaging and reporting system-wide. According to cardiologist Gaby Weissman, MD, director of the Cardiovascular Magnetic Resonance Imaging (MRI) Core Laboratory at MedStar Washington Hospital Center, this regionalization involves engagement, collaboration and outreach between cardiac CT and MRI experts at high-volume sites with MedStar physicians and radiology technologists across the system.

Previously, cardiac CT and MRI acquisitions and reporting were performed at the Hospital Center and MedStar Georgetown University Hospital. “Now when patients choose to have their imaging done at a Medstar hospital in Baltimore, technicians and physicians from those facilities have opportunities to collaborate with the most experienced cardiac imaging experts and physicians,” says Dr. Weissman.

These collaborations are happening in several ways, Dr. Weissman continues. Physicians with greater experience in interpreting specialized studies are available to act as consultants, reviewing studies, discussing patients’ results and helping to develop treatment plans. And high-volume cardiac imaging specialists are arranging to spend time on site with their colleagues at facilities where fewer studies are done, sharing ways to maximize imaging quality and enhance collaboration.

As James Jelinek, MD, chairman of Radiology at the Hospital Center, explains, “Our specialists in coronary imaging and cardiac imaging who read high volume cases can easily recognize infrequently seen anomalies that can prove to be significant. If you rarely come across anomalies or do not even know these anomalies exist, it’s impossible to correctly interpret them—but if you read as many studies as some of our cardiac imagers do, you dream about these things.”

In addition, technicians may need to adjust how a study is conducted based on the condition of the patient. “For instance, if a patient’s heart rate is over 80 bpm, we need to slow down the heart rate to optimize the imaging.” Dr. Jelinek continues. “These are nuances that physicians can teach the remote CT and MRI technologists.”

Imaging resolution and level of detail has transformed in recent years, Dr. Jelinek points out. “Where we might have used 14 images in a study, we now have thousands of them taken in milliseconds. To process these requires specific equipment at a few MedStar locations, as well as a special portal for transmission. But once they are processed, physicians at all of our hospitals can exchange and view the imaging easily.”

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Michael Spinelli, a healthy, busy Catholic University junior focused on his studies.

In October 2015, high school track star and marathon runner Michael Spinelli was a healthy, busy Catholic University student. On Halloween, the then-20-year-old awoke from a sound sleep with piercing pain in his chest, a tight jaw and left arm. Minutes later an ambulance was transporting him to a nearby hospital. He was released hours later armed with pain medication and anti-inflammatories.

Dr. Molina realized he had a dangerous and deadly aortic dissection that had ruptured.

Days later and in pain again, Michael returned to the hospital. A CT scan was performed, and an alarmed ED physician had him transported immediately to MedStar Washington Hospital Center.

There, Ezequiel Molina, MD, the cardiac surgeon on call, took one look at the CT images and realized Michael had a dangerous and deadly aortic dissection that had ruptured.

"If he hadn’t arrived when he did, his condition would surely have been fatal," says Dr. Molina. "With every hour past the onset of chest pain, the risk of death increases by 1 percent. In cases like Michael’s, 80 percent of patients die without emergency surgery."

Michael had the more common and very dangerous Type A aortic dissection. Blood had surged through a tear in the ascending aorta and aortic root, causing the two layers of the vessel to separate—the result of pressure on a long-undiagnosed aortic aneurysm.

When we opened his chest and the pericardium, we could see blood from the leaking dissected aorta had started to accumulate around his heart. A deadly full aortic rupture was imminent," Dr. Molina adds.

Michael’s body temperature was cooled to 28 degrees Celsius to protect the brain, heart and visceral organs, and the heart-lung machine was stopped. “We replaced the portion of aorta closest to the aortic arch with a permanent fabric graft,” Dr. Molina explains. “This was performed in just 14 minutes to reduce risk of stroke.”

The medical team restarted the heart-lung machine support, and Michael rewarmed, while his aortic root was replaced with a mechanical valve attached to a fabric graft, his coronary arteries were re-implanted and the two grafts connected together. “In essence, Michael has a new aorta that hopefully will last forever,” Dr. Molina says.

Michael was out the hospital in just five days. “And while he will have to be monitored routinely and take a blood thinner daily, he should lead a full life,” Dr. Molina says.

"The Absorb scaffold is a major advancement in treating coronary artery disease that has the potential to affect quality of life and address patients’ desire to leave no metallic stent behind," says Ron Waksman, MD, director of Cardiovascular Research at MedStar Heart & Vascular Institute. Unlike metal stents, this bioresorbable scaffold will be completely hydrolyzed and absorbed within three years, so the vessel can restore its functionality and vasoreactivity properties and eliminate late complications from metallic stents.

The ABSORB III study confirms the efficacy and safety profile of this scaffold are similar to the best-in-class metallic drug-eluting stent.

Many patients don’t realize six-to-nine months after a stent has been placed in a blood vessel, it is no longer needed to prop open the vessel," says John Wang, MD, chief of the Cardiac Catheterization Laboratory at Union Memorial and scientific director for Baltimore Cardiovascular Research. “The body has remodeled the vessel, and the stent is no longer needed. This is the first FDA-approved stent that gets absorbed by the body and disappears over two-to-three years. Now, even if we stent very distal in the blood vessel, it leaves open the possibility of performing bypass surgery as an option in the future. Once the stent is absorbed, the blood vessel regains its normal biologic function and can once again constrict and relax.

Dr. Wang anticipates if we fast forward 10 years, the vast majority of stents used to treat coronary artery disease will be absorbable.

As a first generation device, the new treatment is not an option for everyone. There is limited size matrix, and it is not appropriate for use in very small blood vessels. The new stents are also bulkier than metallic ones, making delivery somewhat more complicated. As with metal stents, a small number of patients will form clots. Patients receiving absorbable stents must adhere to a regimen of Plavix and aspirin for a minimum of one year, as opposed to the six months for those receiving the metal stents.

With about one million stent procedures performed each year, Dr. Wang anticipates if we fast forward 10 years, the vast majority of stents used to treat coronary artery disease will be absorbable.
MedStar Health’s new Lafayette Centre ambulatory care center, which opened in late September, houses more than 60 physicians in 15 specialties, as well as laboratory and radiology services and a same-day surgery center.

Located on 21st St. NW just off the K Street corridor, the 97,500 square foot, six-floor center provides a convenient, Metro-accessible location for primary care physicians and specialists from MedStar Washington Hospital Center. The following MHVI physicians see patients at Lafayette Square.

Robert Lager, MD, Cardiology and Interventional Cardiology

Kenneth Lee, MD, Cardiology

Michael Lee, MD, Cardiology

Benjamin Lee, MD, Cardiology

Rajesh Malik, MD, Vascular Surgery

Jay Mazel, MD, Cardiology and EP

Joel Rosenberg, MD, Cardiology

Stuart F. Seides, MD, Cardiology

Allison Warren, MD, Cardiology and EP

Edward Woo, MD, Vascular Surgery

“With our full array of diagnostic equipment and the capability to provide full range of assessment services, many patients will have access to much of what we offer at the Hospital Center, without having to physically go there,” says Stuart F. Seides, MD, physician chief executive of MedStar Heart & Vascular Institute. What’s more, it’s a more collegial environment for physicians to share information and discuss cases."

“MedStar Health at Lafayette Centre is another piece of the puzzle in building the Distributed Care Delivery Network,” says Bob Gilbert, president of MedStar Ambulatory Services. “This center will serve as a front door to MedStar, and increase access to the top experts from across the MedStar network.”

MHVI Participates in Outreach Events

Several physicians, advanced practice clinicians, nurses and friends have reached out to the D.C. community by volunteering at SOME (So Others May Eat). In the last year, they have volunteered at three events. According to Cardiologist Ameika Bush, MD, who has helped organize the volunteer efforts, the volunteers have served breakfasts and lunches at SOME, and collected school supplies to create 50 backpacks. Allen Taylor, MD, chief of Cardiology, says, “We think it’s important for MedStar Heart & Vascular Institute to actively give back to the surrounding community as a unified group.”

Gaby Weissman, MD, and Allen Taylor, MD, were among dozens of MHVI staff volunteering at SOME (So Others May Eat).

Three Physicians Voted Faculty of the Year

Congratulations to Jonathan Patrick, MD, Itsik Ben-Dor, MD, and Jared Widell, MD, who were named Faculty of the Year at the summer Fellows Graduation. These physicians were selected by the cardiovascular disease fellows, who recognized them for their dedication to education.

Jonathan Patrick, MD

Itsik Ben-Dor, MD

Jared Widell, MD

Ana Barac, MD, Co-Directs Inaugural Cardio-Oncology Course for ACC

MedStar Heart & Vascular Institute’s Cardiac Oncologist Ana Barac, MD, PhD, FACC, along with Bonnie Ky, MD, FACC, from University of Pennsylvania, are course co-directors for the American College of Cardiology’s inaugural “Advancing Cardiovascular Care of the Oncology Patient” course scheduled for February 17-18, 2017 at the Park Hyatt in Washington, D.C. Dr. Barac is a national leader in Cardio-Oncology, an emerging field at the intersection of heart conditions in patients who have been treated for cancer. The course helps familiarize cardiologists with key principles in Cardio-Oncology to support the increasing population of their patients with cancer undergoing treatment or requiring survivorship care. For more information, go to acc.org/education-and-meetings.

MHVI Cardiac Surgeon Featured in Documentary

Jennifer Ellis, MD, Cardiac Surgery, is featured in the documentary “Black Women In Medicine,” which premiered in New York and Los Angeles in September and aired on WHUT/Howard University Television at the end of September. The film chronicles Dr. Ellis and the journeys of other black female doctors who are leaders in their fields. More information about the film can be found here:

http://www.changingthefaceofmedicine.org/

Zuyue Wang, MD, Succeeds Steven Goldstein, MD, as Echo Lab Director

MedStar Heart & Vascular Institute (MHVI) is pleased to announce that Zuyue Wang, MD, has been named Section Leader for the Echocardiography Lab at MedStar Washington Hospital Center, succeeding the long and successful tenure of Steven Goldstein, MD. “Steve Goldstein is one of the lions of echocardiography,” says Stuart Seides, physician executive director, MHVI. “A nationally known echocardiologist, he spearheaded the evolution of the field at the Hospital Center from its earliest days to the current high-tech era. And he worked alongside all of us as we developed new tools and approaches as the rapidly evolving era of structural cardiac intervention. Congratulations to both Drs. Goldstein and Wang.”

MedStar Heart & Vascular Institute  |  Fall 2016 MedStarHeartInstitute.org

CARDIOVASCULAR Physician

CARDIOVASCULAR Physician
Raghvendra Vallabhaneni, MD, FACS, has been appointed director, Vascular Surgery—Baltimore region. As a member of the MedStar Heart & Vascular Institute, Dr. Vallabhaneni will work with Edward Y. Woo, MD, director of the MedStar Vascular Program, to direct treatment of vascular diseases without the resection.

Dr. Vallabhaneni previously was at the University of North Carolina, Chapel Hill. He is an award-winning educator and an accomplished researcher with numerous published articles.

He has served as a reviewer for national journals, written book chapters and served as principal investigator of many clinical trials. He is also sought after as a national speaker and has given numerous talks at regional and national meetings.

Dr. Vallabhaneni graduated from the University of Medicine and Dentistry of New Jersey. He completed his internship, a research fellowship and general surgery residency at the University of Pittsburgh Medical Center. Dr. Vallabhaneni then completed a fellowship in vascular surgery at Barnes-Jewish Hospital/Washington University in St. Louis. He is board certified in both general surgery and vascular surgery.

Dr. Vallabhaneni’s clinical interests include:
•  Operative and minimally invasive therapy of complex aortic disease and peripheral vascular disease
•  Carotid endarterectomy and stenting
•  Limb salvage, venous stenting and management of all vascular problems
His research interests involve:
•  Improving outcomes of procedures for complex aortic aneurysms
•  Analyzing the optimal therapy for patients with vascular disorders

Sandeep M. Jani, MD, joins MedStar Heart & Vascular Institute as attending cardiologist specializing in Advanced Heart Failure at Franklin Square Medical Center in Baltimore. Dr. Jani completed a fellowship in Advanced Heart Failure and Transplant Cardiology at MedStar Washington Hospital Center. He has numerous published journal articles to his credit and has made a number of poster presentations at national medical meetings featuring his research on end-stage heart failure and ventricular assist devices.

Dr. Jani received his medical degree from Wayne State University School of Medicine and a master’s degree in public health from the University of Michigan. He completed his residency at Emory University, and a fellowship in Cardiovascular Diseases at MedStar Washington Hospital Center/MedStar Georgetown University Hospital, where he served as chief fellow. Dr. Jani is board certified in internal medicine, cardiovascular medicine, and echocardiography and board eligible in advanced heart failure and transplant cardiology.

Dr. Jani’s clinical and research interests include:
•  Advanced heart failure
•  LVAD
•  Cardiomyopathies
•  Heart transplantation
•  Population health policy

Antony Kalyadjan, MD, has joined MedStar Heart & Vascular Institute at MedStar Union Memorial Hospital as an interventional cardiologist with special expertise treating complex cardiovascular disease. He stresses individual patient care, highlighting the most minimally invasive treatment approach including novel techniques and technologies. He has published in national medical journals, and has written book chapters, made numerous poster presentations and served as principal investigator for several research investigations.

Dr. Kalyadjan holds certifications in cardiovascular disease, echocardiography, nuclear cardiology and vascular imaging. He completed fellowships in interventional cardiology and structural and peripheral interventions at Thomas Jefferson University. His residency was at Reading Hospital and Medical Center, where he served as chief medical resident. Dr. Kalyadjan received his medical degree from Jefferson Medical College.

Dr. Kalyadjan’s special clinical interests include:
•  Transradial cardiac catheterization
•  Complex coronary intervention
•  Atherectomy
•  Coronary imaging
•  Circulatory support devices
•  TAVR, PFO closure and ASD closure
•  Mitral valvuloplasty

In February 2017, an international audience of cardiovascular professionals will assemble in Washington, D.C., for a leading cardiology meeting: CRT17. Former Vice President and environmental activist Al Gore will deliver the keynote address. The meeting will celebrate the 20th anniversary of Cardiovascular Research Technologies (CRT) as well as the many accomplishments in cardiovascular practice made during the last two decades and a look at the future of interventional cardiology.

The comprehensive four-day conference will be held Feb. 18 to 21 at the Omni Shoreham Hotel. The meeting is organized in signature boutique style, featuring concurrent educational tracks that focus on new trial data, explore evidence-based research, and demonstrate cutting-edge techniques for clinical and academic practices.

“We are in a real growth mode,” says Ron Walkman, MD, director of MedStar Heart & Vascular Institute’s Cardiovascular Research and Advanced Education. “We anticipate CRT17 will draw more than 2,500 people, making it the largest in its two decade history. Hundreds more will participate virtually when the meeting is posted online a week following the gathering in D.C.” He adds, “Today, we also have nearly 11,000 followers on Twitter and Facebook.”

A conference highlight is a special celebratory symposium with prominent opinion leaders who “will look at innovations introduced during the last two decades that have revolutionized cardiology.” Dr. Walkman explains. “They will also make projections about what new technology will help to shape the next 20 years.”

The annual luncheon will feature 20 prominent opinion leaders who “will look at innovations introduced during the last two decades that have revolutionized cardiology.” Dr. Walkman explains. “They will also make projections about what new technology will help to shape the next 20 years.”

The expanded educational track expands to four days with additional time spent on the use of bio-absorbable scaffolds—examining their safety and efficacy in the treatment of stenosis. Other sessions will take a look at the new market place for transcatheter aortic and mitral valves.

The roundtable will provide female interventional cardiologists an opportunity to hear from leaders in the field and network with their colleagues.

For the first time, a special session for 30 invited interventional cardiologists from the Veterans Administration will serve as a platform to share experiences and discuss the challenges they face bringing new technologies to patients. In the new Training Village, co-sponsored by the MedStar Institute for Innovation, participants will have the opportunity for hands-on simulations. The meeting will feature live demonstrations from medical centers across from the U.S. and international sites.

The successful Federal Drug Administration (FDA) Town Hall session returns with a twist. The 2017 session features all three major players in research funding, regulatory control and payment of new technology: the FDA, National Institutes of Health and the Centers for Medicare and Medicaid Services.
augusto pichard, md

GLOBE-TROTting CARDIOLOGIST FACILITATES “gorgeous” RESULTS

For 10 weeks this year, Augusto Pichard, MD, was MIA. Instead of his usual presence in the Cardiac Catheterization Lab, Dr. Pichard was in the cath labs of seven South African University Hospitals.

Dr. Pichard, senior consultant for Cardiac Innovation and Structural Disease for MedStar Heart & Vascular Institute, had a visiting professorship sponsored by the South African Society of Cardiovascular Intervention. He instructed hundreds of doctors in a variety of strategies related to cardiac catheterization, with the aim of enhancing acute and long term results, as well as choosing the optimal revascularization approach for patients with coronary and/or valvular heart disease.

Dr. Pichard was intent on guiding physicians through the steps of new technologies in the cath lab and transcatheter aortic valve replacement, or TAVR.

Dr. Pichard was impressed by the quality of the facilities and the energy of his new colleagues. “Their eagerness to do well and desire to learn was a most rewarding experience,” he says. There were also physicians in training from other African countries. Dr. Pichard was the fifth doctor to be selected for this prestigious opportunity from the South African Society of Cardiovascular Intervention, and was the only one to date who jumped in and performed procedures daily, alongside the South African physicians.

“The days were 11 to 12 hours long,” he says, “but I was happy to do it.” Dr. Pichard began each day with a morning conference, where cases were reviewed and discussed, and was quickly followed by work in the cath lab. Dr. Pichard gave a daily afternoon formal teaching conference, followed by dinner conferences, which were open to each city’s practicing and teaching cardiologists. This gave him the opportunity to meet more doctors, and explain his vision of the best approach to heart patients. He also discussed the improved outcomes of MedStar Heart & Vascular Institute’s (MHVI) quality assurance programs, including performance measures, appropriate use criteria, process improvement and implementation of practice guidelines. South African Society of Cardiovascular Intervention plans to start implementing these programs.

In a recent email to Dr. Pichard, Helmuth Weich, MD, of the Tygerberg Hospital in Cape Town wrote, “I can safely say that we have not had a visitor who had such a profound and lasting influence on the way we operate. Your legacy will last here, and more than with just the shouts of ‘gorgeous’ that I get, whenever something works out well.”

Dr. Pichard believes the value of teaching the nuances of cath lab procedures was enhanced by his time spent with these doctors.

“Through these kinds of activities,” he says, “the good name of MHVI is being spread, and even more, our good work is being shared with those who want and need it. Because South Africa is the cardiology leader, these changes will benefit many patients throughout Africa.”
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 Norma Babington, at norma.babington@medstar.net, or 202-877-0201.

Visit our website, at MedStarHeartInstitute.org.

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February 17-18, 2017
Park Hyatt, Washington, D.C.
Course Directors: Ana Barac, MD, and Bonnie Ky, MD

CRT17
February 18-21, 2017
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See details on page 17

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