

MyGeorgetownMD

A MedStar Georgetown University Hospital Publication



Photo courtesy of Ron Simmons

Ron and his wife, Assiya, are thankful for MedStar Georgetown's innovative prostate therapy and the expertise of Dr. Spies and his team. Ron feels like a new man following treatment with PAE.

Arterial Embolization for Enlarged Prostate: New Treatment Studied for Long-Term Safety, Effectiveness

BY LESLIE A. WHITLINGER

Four years ago, a new approach to urinary obstruction from an enlarged prostate debuted in Portugal with encouraging results. Called Prostate Arterial Embolization (PAE), the minimally invasive therapy promises men an appealing alternative to the risks and side effects posed by existing treatments. The physicians and scientists at MedStar Georgetown University Hospital set out to study the procedure. And Ron Simmons of Woodstock, Va., was quick to opt into the study.

In 2014, the hospital, in conjunction with Georgetown University Medical Center, became the first in the U.S. to launch an FDA-authorized clinical trial of the new procedure. Through the study, investigators want to verify that PAE causes no injury to the nearby bladder or rectum, as well as

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Preventing Esophageal Cancer: Area Experts Treat Barrett's Esophagus

BY LESLIE A. WHITLINGER

Ever since a potentially fatal bleeding ulcer blindsided John Freshman a decade ago, the government relations specialist has kept a wary eye on his health.

An endoscopy became an integral part of John's annual checkups, giving his gastroenterologist a close look at his patient's upper digestive tract and reassuring John that he wouldn't again become the unwitting victim of his family's history of digestive disease.

That precaution was especially important since John already had Barrett's esophagus, also known as

Barrett's disease, an uncommon, precancerous condition in which some of the cells lining the esophagus—the tube that connects the mouth to the stomach—morph into cells normally found only in the intestine.

Physicians aren't exactly sure what triggers the transformation, but constant irritation from gastroesophageal reflux disease (GERD) tops the list of suspects. Up to 15 percent of people with GERD will develop Barrett's disease but, without an endoscopy, most will

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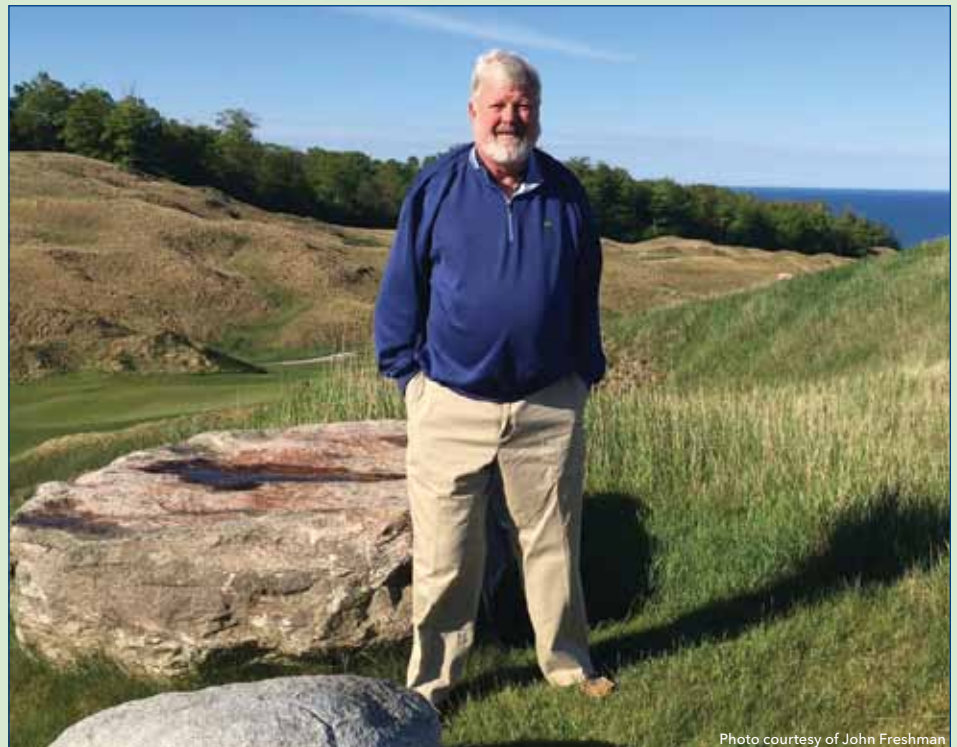


Photo courtesy of John Freshman

MedStar Georgetown's approach to treating Barrett's esophagus has dramatically reduced John's risk of developing life-threatening esophageal cancer.

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Two-Decade-Old Broken Bone Healed BY EMILY TURK

Twenty years ago, a 20-something Anne Pfrimmer took to the road for her very first grown-up vacation. But on a highway in South Carolina, her fun trip took a dangerous turn when she was hit head-on by another car that had crossed the median.

Anne was rushed to a local hospital with an open fracture of her tibia. To stabilize the bone and repair the

Ankle Do Overs, Do Rights

Francis X. McGuigan, MD, and his colleague Paul Cooper, MD, are often called the “fixers.” They are the orthopaedic team of the MedStar Georgetown University Hospital Foot and Ankle Center, with special fellowship training in the repair of ankles—one of the most complex joints in the human body.

“Not every case we treat is complex. Often the injuries are more subtle, like an ankle fracture,” explains Dr. McGuigan. “In some cases, the fracture may have been repaired, yet the original procedure didn’t address damage to the articular cartilage, the super smooth joint surface that allows the ankle to move easily and painlessly.”

Dr. McGuigan often performs arthroscopic “revision surgery”—a minimally invasive procedure that results in less bleeding and a faster recovery. Using an arthroscope—a thin, flexible tube with a small camera—real-time images are captured on a video screen. He removes scar tissue and repairs the damage, which is often a joint surface that has been left rough following the first surgery.

“Right now, ankle arthroscopy is only done by a few surgeons, but in the future it will be the gold standard,” Dr. McGuigan adds. “We should do everything possible to get it right the first time to avoid unnecessary pain, a second surgery and possibly permanent limitations.”

break, surgeons inserted a titanium rod the length of her lower leg.

But the break wasn’t healing properly and examination by a local orthopaedic surgeon revealed an infection. Many additional procedures followed over several years—and Anne tried hard to return to her active life despite constant discomfort. But she now knows, “I walked around for 19 years on a broken leg and had accepted that it was as good as it would ever get.”

A Snowy Fall Becomes a Good Break

Fast forward to a snowy day in February 2014. Forty-three-year-old Anne, now a Washington, D.C., resident, took her beloved Labrador retriever, The Colonel, for a walk. She fell and knew instantly that the bone was severely reinjured. Luckily for Anne, a neighbor heard her cries for help. An ambulance took her straight to MedStar Georgetown University Hospital.

In the hospital’s Emergency Department, physicians found the impact of the fall had bent the metal rod to a 30-degree angle. The tibia had never healed. Anne would need surgery. “That’s when they called in the big guns,” says Anne.

She was sent home with an appointment to see MedStar Georgetown orthopaedist Francis X. McGuigan, MD.

“I was terrified I might lose my leg,” says Anne. “But Dr. McGuigan was so impressive. He explained every option. He had a plan for every possibility.”

Hope Comes in a Metal Frame

For Anne’s type of injury, Dr. McGuigan used a procedure that combines an advanced external fixation device, called the Taylor



Photo Courtesy of Anne Pfrimmer

With her broken tibia finally healed, Anne can now enjoy daily walks with her beloved Lab, The Colonel.

Spatial Frame, and computer-assisted surgery (Spatial CAD). “He was so confident this would work that I believed it, too,” Anne says.

Dr. McGuigan developed experience using the device and its computer applications while serving as a surgeon at the National Naval Hospital in Bethesda. He was one of only a handful of orthopaedic surgeons who used the procedure extensively to treat Marines who suffered severe lower-leg blast injuries in Iraq and Afghanistan. Now he is adapting it for patients with a number of complex orthopaedic problems.

“I thought Anne would be a good candidate for this surgery,” says Dr. McGuigan. “She had a chronic non-union—a compound break. Normally, the metal rod that was used in her leg would have compressed the bone, allowing it to heal. But Anne’s tibia never healed,” he explains.

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Tips for Making the Swimming Season Safe and Fun

BY BRENDAN FURLONG, MD, CHIEF OF SERVICE, EMERGENCY DEPARTMENT, MEDSTAR GEORGETOWN UNIVERSITY HOSPITAL

With summer just around the corner, most of us will be making plans for a poolside or oceanfront vacation. But before you dive into the aquatic-sports season, make sure you know the basics when it comes to swimming and water safety.

According to the Centers for Disease Control and Prevention, more than 3,400 people in the U.S. die from unintentional drowning each year, and drowning is the sixth-leading cause of accidental deaths for persons of all ages.

Unsafe swimming can also lead to numerous nonfatal injuries, such as concussions and head trauma, spinal cord damage, broken bones, muscle strains and sprains, exhaustion and hypothermia.

Here are some tips for making the swimming season safe and fun:

General Swim Safety

- Take swimming lessons, or wear a U.S. Coast Guard-approved life jacket if inexperienced.
- Never swim alone.



Photo by Laura Brickley

Brendan Furlong, MD, discusses aquatic safety.

- Have a phone near the water, and learn how to perform basic life-saving actions, such as CPR, in case of emergency.
- Check local weather conditions—never swim during a thunderstorm.

Pool Safety

- Walk in or jump—don't dive—when entering the water for the first time, especially if you can't see the bottom.
- Maintain chlorine at recommended levels to protect against *E. coli* and other dangerous microorganisms that can cause gastrointestinal, skin, ear, respiratory, eye, neurological and wound infections.

- Check pool chemical levels regularly. Overuse of chemicals can be harmful, irritating the skin or causing indoor air quality problems.
- Keep a first aid kit and rescue equipment, such as a life-ring and rope, nearby.

Beach Safety

- At the shore, watch for dangerous waves and signs of strong currents. If you are caught in a rip current, swim parallel to shore. Once free of the current, swim diagonally toward shore.
- Swim in designated areas supervised by lifeguards, if possible.

Boating Safety

- Do not swim or operate a boat if you have been drinking alcohol or if you have taken medication that alters your mental capabilities.
- If you go boating, wear a life jacket. Most boating fatalities occur from drowning.

If you are injured while swimming, remain calm and signal a lifeguard for help. Call 911 or head straight to the hospital if you experience dizziness or confusion, faintness, breathing problems (often characterized by wheezing or shortness of breath), heart palpitations, a drop in blood pressure or difficulty swallowing.

Spending a day on the water—at a pool, on a boat or at the beach—can be a great source of fun and fitness. But it's important to make safety a priority to protect yourself and others in and around the water.



U.S. Coast Guard-approved life jackets can make swimming safe and fun for inexperienced swimmers.

For more information about emergency, urgent and trauma care, visit MedStarGeorgetown.org/Emergency or call 855-546-0863.

Boosting the Body's Immune System to Stem the Spread of Deadly Skin Cancer

BY EMILY TURK

A small spot of blood on his pillow proved an ominous sign for Gary McLaughlin of Rockville, Md. The blood was coming from a mole close to his ear that was about the size of a pencil eraser. His wife, Susan, persuaded Gary to visit his doctor. The mole was removed and the tissue examined. The result? Gary had melanoma, an often virulent form of skin cancer.

After two surgeries to remove the mole and surrounding tissue, Gary thought the crisis was over. He and Susan could return to their well-earned happy retirement. But, six months later, he felt a lump on his neck under his ear. A CT scan revealed that Gary's cancer had metastasized—spreading from the original site to his neck, liver and lungs.

"It was a disappointing moment," Gary recalls. "To think how I had just retired and was now having this problem that was going to affect how we would spend the rest of our lives."

But Gary had no intention of giving up. Instead, he came to MedStar Georgetown University Hospital to consult with oncologist Michael B. Atkins, MD, a leading melanoma researcher.

"Dr. Atkins told me that half of the people using prior standard treatments for my stage of melanoma survived six to nine months. But he offered me the option of getting into a research clinical trial—and I leapt at the chance," Gary says.

Gary received an experimental therapy to boost his own immune system to fight the disease. The treatment is a combination of two drugs called immune checkpoint inhibitors.



Photo courtesy of Gary McLaughlin

Gary, right, and his family are grateful that he is on the receiving end of just one of the many cutting-edge melanoma therapies offered at MedStar Georgetown.

"We know that these immunotherapies work by restoring the function of tumor-specific immune cells inside the tumor," explains Dr. Atkins. "This enables the immune system to fight and destroy the cancer."

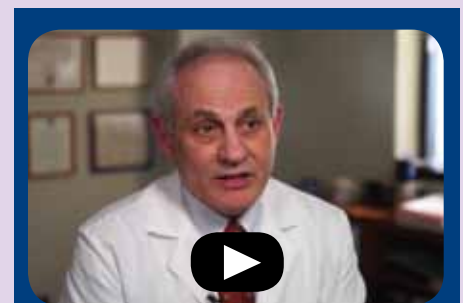
Gary was amazed at the results. "The bump on my neck began shrinking almost immediately," he says. "After six weeks, it was totally gone."

"Melanoma is now one of the most curable of the solid cancers," Dr. Atkins says. "We think as many as 50 percent of patients with advanced melanoma could be cured of their melanoma with these new treatment approaches. Although this therapy has side effects, they are unlike those typically associated with chemotherapy. And, if they occur, they can be addressed with medications that don't interfere with the effectiveness of the immunotherapy that's helping the body fight the cancer."

"It has been unbelievable to go from having very little to offer patients with

advanced melanoma, just five years ago, to a situation where we almost have an embarrassment of riches," Dr. Atkins adds.

"I've had six treatments and I feel excellent," says Gary. "I have a part-time job, and I'm planning to get out in the garden. I feel very lucky to be in an exciting area at an exciting time. My wife and I have a European trip we'd like to take. And as the soon-to-be grandfather of twins, I have lots to do."



Visit [MedStarGeorgetown.org/Atkins](https://www.MedStarGeorgetown.org/Atkins) to see a video of Dr. Atkins answering questions about melanoma and immunotherapy. To make an appointment, call **855-546-0863**.

Because You Asked: What Are Some Tips for Healthy Aging?

“Because You Asked” focuses on topics suggested by our readers. If you want to suggest topics for future issues of this newsletter, please email them to torneyd@gunet.georgetown.edu.

MyGeorgetownMD asked **Dennis Murphy, MD**, assistant professor and chief, Division of General Internal Medicine, MedStar Georgetown University Hospital, to answer some questions about living a long and healthy life.

It seems like more people are living longer than ever before. Is that really the case?

It’s true, people are living longer. An estimated 4.2 million U.S. residents now fall into the “oldest old” age group—85 years and older—with centenarians (those 100 and older) becoming the fastest-growing subpopulation of the elderly. According to census projections, by 2050, 1 million Americans will celebrate their 100th birthday.

Is it possible to stay healthy as you grow old?

Yes! Most people can live long, healthy lives if they eat a proper diet, get regular exercise and maintain involvement in their families and communities. However, some factors that affect the “normal” process of aging—such as genetics, lifestyle choices and diseases—can vary from individual to individual. In other words, most people can live long lives, but no two will age the same way.

Can you offer some basic advice for staying healthy as you grow old?

Talk to your doctor for specific suggestions on maintaining a healthy lifestyle and about appropriate screenings and immunizations based on your health history.

Some basic recommendations for healthy living include:

- Living tobacco free
- Being physically active
- Eating a healthy diet
- Consuming alcohol only in moderation

The recommendations for medical exams, screening procedures and routine tests generally begin around age 50 and vary depending on your age, your family history, your overall

Screening and Testing Recommendations for Healthy Aging

Men	Women	Recommendations
Heart and Vascular Diseases		
Ages 50+	Ages 50+	Cholesterol screening test
With high blood pressure, ages 50+	With high blood pressure, ages 50+	Diabetes screening test
At risk* ages 50-80	At risk* ages 50-80	Take aspirin as secondary prevention after a cardiac or neurological event (heart attack, stenting, bypass, stroke, TIA, etc.)
Cancer		
Ages 50+	Ages 50+	Colorectal cancer screening (colonoscopy)
	Ages 50+	Breast exam (mammogram) every 1-2 years
	Ages 50-65	Cervical cancer screening (PAP test) at least every 3 years
	At risk* ages 50-80	Consult with a physician about breast cancer preventative medications
Bone Disease		
	Ages 65+	Osteoporosis screening (bone density scan)
	At risk* ages 60-65	Osteoporosis screening (bone density scan)
Immunizations		
Ages 50+	Ages 50+	Annual flu vaccine
Ages 50+	Ages 50+	Consider and discuss with your doctor vaccines for: <ul style="list-style-type: none"> • Whooping cough • Tetanus • Pneumonia • Pertussis • Tetanus • Shingles

**Being at risk means that you may be more likely to develop a specific disease or condition. To learn if you are at risk, talk to your doctor.*

health and your personal risk factors. (See chart above.)

Contact your physician to discuss your questions or concerns about staying healthy as you age.

For more information, or to make an appointment with a physician, please call **855-546-0863** or visit **MedStarGeorgetown.org** for more information.

Arterial Embolization for Enlarged Prostate continued from page 1

determine the treatment's long-term effectiveness.

"It's the only responsible way to assure that we're practicing medicine based upon solid, replicable evidence," says James Spies, MD, principal investigator, chair of Radiology at MedStar Georgetown, and a pioneer in a closely related and widely used procedure, uterine fibroid embolization. "This is a safe and successful approach to an enlarged prostate. It could become a viable, non-invasive alternative to more drastic treatments like TURP—partial removal of the prostate through the urethra—or open surgery."

The National Institutes of Health reports that more than half of men in their 60s, and 90 percent in their 70s and 80s, suffer from enlarged prostate, formally called benign prostatic hyperplasia or BPH. As prostate tissue overgrows, it squeezes or even blocks the urethra, resulting in difficulty urinating, a more frequent urge to urinate, increased nighttime urination and/or a weak urine flow. Neither cancerous nor life-threatening, BPH can nevertheless cause severe symptoms that substantially affect quality of life.

That was certainly the case for Ron. "I was already taking the maximum medication for my enlarged prostate but was still miserable," says the active 69-year-old. "I was concerned about the side effects and potential problems associated with surgery. Then I stumbled onto PAE while doing web research, and it seemed like a no-brainer to me. I would have traveled to Europe if that was the only way I could get it."

Fortunately for Ron, the relief he sought was only about 100 miles away. He immediately applied to be in the clinical trial, and became one of fewer than 300 men in the U.S. to date



Photo courtesy of Ron Simmons

Ron's discomfort no longer rules the road. He is back on his motorcycle, thanks to a unique clinical trial and therapy he received at MedStar Georgetown to treat his enlarged prostate.

to be treated with PAE, still labeled an "Investigational Device."

During PAE, small beads are injected through the large artery at the top of the leg into the smaller arteries leading into the prostate. The beads then block the blood supply, depriving the enlarged prostate of nourishment. As the prostate starts to shrink away from the urethra, it relieves the pressure that caused the problems.

"After PAE, I was uncomfortable for about 7 to 10 days, but within about two weeks, I was a new man," Ron says. "A year later, my prostate continues to shrink and my PSA levels have dropped to 3.4 from around 5.9 before the procedure. I couldn't be happier with my decision or the results."

As part of the study, Dr. Spies and his fellow researchers measure symptoms immediately before and after PAE, then follow participants for up to five years to determine if symptoms return.

"If we can definitely show that prostate arterial embolization is safe and effective, the impact will be substantial," Dr. Spies concludes.

To participate in the MedStar Georgetown Prostate Arterial Embolization trial, candidates must be between 50 and 90 years old, have symptoms caused by a moderately enlarged prostate and have not had previous prostate cancer or bladder disease. Other requirements apply. Contact Angela White at **202-444-6825** or **AMWD@gunet.georgetown.edu** for more information.

Welcome New Physicians

MedStar is pleased to introduce the following clinicians:

Endocrinology
Rachna Goyal, MD

Gastroenterology
Shervin Shafa, MD

Hematology/Oncology
Geoffrey Gibney, MD
Ann Gramza, MD
Filipa Lynce, MD

Neurology
Robert Shin, MD

Rheumatology and Wound Care
Carol Deane Mitnick, MD

Transplant
Thomas Faust, MD
Alexander Lalos, MD
Coleman Smith, MD

Preventing Esophageal Cancer: Area Experts Treat Barrett's Esophagus

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never know it. Barrett's esophagus itself has no symptoms.

When Barrett's esophagus is stable, it poses a relatively low risk of turning into esophageal cancer. In many cases, though, Barrett's rogue cells mutate into a more menacing state called dysplasia, greatly upping the odds. If dysplasia continues its downward path, esophageal cancer is soon only one small step away.

In 2011, John's annual endoscopy revealed distressing news: his Barrett's condition had crossed the line from harmless to threatening.

"After 15 years of living with Barrett's without a problem, all of a sudden I was at great risk of getting the worst form of cancer I know of," says 69-year-old John. "And I was damned scared. But my gastroenterologist reassured me, saying, 'I'm sending you to MedStar Georgetown University Hospital and the best, most experienced Barrett's specialist around—John Carroll, MD.'"

MedStar Georgetown is home to a highly respected Gastroenterology Department that treats the largest volume of patients with Barrett's esophagus in the region. In 2007, it became the first in the area to adopt the latest treatment for Barrett's—radiofrequency ablation (RFA)—which has been successfully used on more than 500 patients to date.

"RFA works by using heat to destroy Barrett's precancerous cells," explains Dr. Carroll, a gastroenterologist who specializes in endoscopic procedures. "It's most effective against advanced dysplasia and/or when precancerous cells cover a large portion of the esophagus. Unfortunately for John, he met both criteria, with nearly 75 percent of his esophagus affected."

DR. CARROLL AND MEDSTAR GEORGETOWN WERE JUST WONDERFUL. THEY SAVED ME FROM A BAD CANCER. I OWE THEM MY LIFE.

**JOHN FRESHMAN,
BARRETT'S ESOPHAGUS PATIENT**

A mere week after meeting Dr. Carroll, John began RFA treatment, which typically takes three sessions to burn away all aberrant cells. Performed under full anesthesia, each outpatient procedure lasts about 30 minutes, and is repeated every three months to allow the esophagus to heal between sessions.

Before RFA, doctors could do little more than watch and wait until dysplasia turned cancerous, and then they could act. But with few

effective treatments, many patients faced major surgery to remove and then reconstruct all or part of the esophagus. By targeting the earlier dysplasia, RFA actually prevents the development of cancer.

That was certainly John's experience.

"I can't begin to tell you how lucky I feel," he says today. "After four RFA treatments, my esophagus was totally clean and it's remained that way ever since. Even better, no one expects the dysplasia to come back. Dr. Carroll and MedStar Georgetown were just wonderful. They saved me from a bad cancer. I owe them my life."

To learn more about our gastroenterological services, visit MedStarGeorgetown.org/Gastro or call **855-546-0863** for an appointment.

Two-Decade-Old Broken Bone Healed

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During the procedure, Dr. McGuigan removed the bent metal rod from Anne's leg, closed the incision and then affixed the frame to the outside of her leg.

The device is composed of two rings of metal with struts that join the rings. The computer calculates the precise length for the struts that will align the bone and encourage the body's natural ability to grow healthy new bone tissue.

"After surgery, I wore shorts for nine months," laughs Anne. "But I didn't care. When the frame was removed in December, I was on my

way to being free of pain for the first time in 20 years!"

Anne, who is back to work and walking The Colonel, knows that, if she had not been at MedStar Georgetown, the outcome could have been very different. "I got the expert. After the short surgery to remove the frame, I saw the grin on Dr. McGuigan's face and knew the last months had been worth it. I'll be forever grateful for the care I received," she says.

To contact the MedStar Georgetown Foot and Ankle Center, call **855-546-0605** or visit MedStarGeorgetown.org/Ortho for more information.

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6317 York Rd.
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