MedStar Health | MEDSTAR GEORGETOWN UNIVERSITY HOSPITAL

FALL 2025

Transplant Digest

A PUBLICATION OF MEDSTAR GEORGETOWN TRANSPLANT INSTITUTE

Research update: "Liquid biopsy" could pinpoint problems in transplanted livers better and sooner.

After liver transplantation, ongoing monitoring of the organ's health and function is critical to identifying any problems in the newly transplanted liver so that intervention can obviate damage that could lead to organ dysfunction, rejection, or impact patient survival. Early intervention is key.

Monitoring centers on blood tests and imaging studies. However, these tests provide little information about which specific cells are being injured and what is triggering the injury or dysfunction. Patients need to undergo multiple follow-up tests and liver biopsies to uncover the root cause.

To get more precise information sooner and without the need for invasive biopsies, MedStar Georgetown Transplant Institute surgeon Alexander Kroemer, MD, PhD, director of the Center for Translational Transplant Medicine at Georgetown University Medical Center, in collaboration with Georgetown University Medical Center researchers, is conducting a study on a molecular test for organ injury that they have developed de novo.

Cal Matsumoto, MD, (left) and Gabriel Gondolesi, MD, perform liver transplant surgery at MedStar Georgetown University Hospital.

The investigational study identifies cell-free DNA released into the bloodstream by dying liver cells. The first part of the study involved building a library of cell-free methylated DNA fragments and assessing the methylation pattern for each cell type. The researchers then monitored cellular damage after liver transplants

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Letter from the executive director.

Colleagues:

As national leaders in transplant medicine, we continuously strive to provide each patient with the highest quality care. We do that through many avenues—building and expanding our expert team of transplant specialists, pushing the frontiers of transplant medicine through research, and providing ground-breaking treatments delivered by experienced physicians who are committed to delivering life-changing, compassionate care to every patient.

In this issue of *Transplant Digest*, we share a conversation with Jose Figueiro, MD, director of kidney and pancreas transplantation, about the growth of our Kidney and Pancreas Transplant program, which consistently is one of the top two programs nationally for volumes and outcomes. Dr. Figueiro highlights the powerful impact these transplants can have for patients living with complex type 1 and type 2 diabetes.

We also introduce the new director of the Adult Liver Transplant program and regional director of the MedStar Health Hepatopancreaticobiliary program, Yuri Genyk, MD. An experienced transplant surgeon and leader in the development of new surgical approaches in pancreatic, liver, and hepatopancreaticobiliary disease, Dr. Genyk comes to the Institute from Keck Medicine of the University of Southern California in Los Angeles, where he was chief of the Division of Hepatobiliary/Pancreatic and Abdominal Organ Transplant Surgery and chief of Abdominal Organ Transplantation at Children's Hospital Los Angeles.

You'll have the opportunity to learn about our new organ ICU, which is staffed by dedicated organ preservation specialists. This specialized ICU uses the latest technology to keep both liver and kidney organs perfused and stable in transit and while awaiting transplantation, thus expanding available organs and making it possible for more patients to receive life-saving transplants.

MedStar Georgetown Transplant Institute surgeon Alexander Kroemer, MD, PhD, director of the Center for Translational Transplant Medicine at Georgetown University Medical Center, is collaborating with Georgetown University Medical Center researchers. They are conducting a new molecular test or "liquid biopsy" for organ injury using cell-free DNA. With this non-invasive blood test, information about organ dysfunction can be uncovered quickly and accurately, making it possible to rapidly diagnose and treat problems.

As always, we invite you, our partners in patient care, to provide your feedback and input on what you read here. Please feel free to reach out to me.

Sincerely,

Thomas M. Fishbein, MD
Executive Director,
MedStar Georgetown
Transplant Institute

Physician Director,
Integrated Surgical Services
MedStar Health

#1 pancreas program by volume in the U.S.!

The largest volume program is in Washington, D.C., the Nation's Capital.

50 total pancreas transplants in 2024, the largest volume in the U.S.

Curing diabetes with kidney and pancreas transplant: Is your patient a candidate?

Potential candidates include:

- People with type 1 DM with secondary complications of their diabetes
- People with type 2 DM who are dependent on insulin use

More experience and success treating highly sensitized patients:

We treat more complex patients who are highly sensitized or who have other conditions that make transplantation more challenging, many of whom had been turned away by other pancreas transplantation programs.

Performing more transplants for patients with type 2 diabetes:

We have the largest transplant program helping patients become diabetes and dialysis free.

Pancreas transplantation: A conversation with Jose Figueiro, MD, director of kidney and pancreas transplantation.

For more than 15 years, MedStar Georgetown Transplant Institute has been home to a nationally ranked pancreas transplant program. We talked with Jose Figueiro, MD, director of kidney and pancreas transplantation, about how the program has changed over the years, which patients might benefit from a pancreas or kidney/pancreas transplant, and how these transplants change patients' lives.

Q: Since you joined MedStar Georgetown Transplant Institute, have there been changes to the pancreas transplantation program?

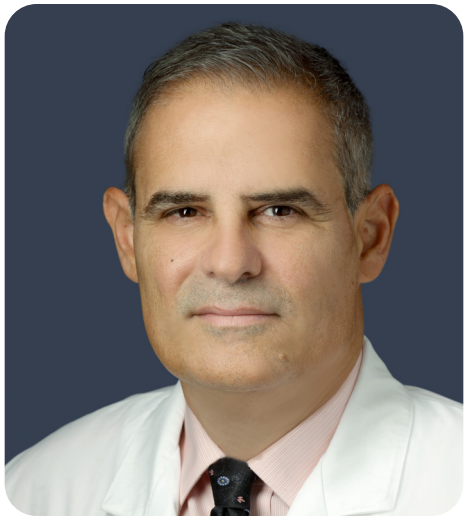
A: This is a strong, mature program that has consistently been nationally ranked, so it's a strong foundation to build on. We have an excellent, national network for organ procurement. Over the last two years, we have restructured and reorganized the program, achieving higher volumes with excellent outcomes. We have performed 42 simultaneous kidney/pancreas and 8 pancreas transplants so far this year. Our program is currently ranked #1 nationally and #1 in the region.

We have also added highly qualified, experienced pancreas and kidney transplant surgeons to the staff, so we now have four surgeons with expertise in pancreas transplantation.

Q: Which patients should be evaluated for pancreas or kidney and pancreas transplantation?

A: Pancreas transplantation can be life-changing for patients with brittle type 1 diabetes and progressing diabetes complications. A simultaneous kidney/pancreas transplant is the best therapeutic option for patients with type 1 diabetes and end-stage renal disease.

Simultaneous transplantation is also a good option for non-obese, insulin-dependent type 2 diabetics with ongoing complications. Post-transplant, the new kidney is functioning in a healthy environment where the new pancreas provides normal glycemic control, preventing the diabetic complications that cause damage to the new kidney and other organs.



Other patients who should be evaluated for a pancreas transplant include type 1 and 2 diabetics who have undergone a kidney transplant but continue to experience ongoing complications and patients with complicated, difficult to control diabetes but good renal function.

Q: What are some of the patient benefits of these transplants?

A: For simultaneous transplants, the wait time is considerably shorter than for kidney or pancreas transplant alone. Once a patient is listed, the average wait time is three to six months, less than 10% of the average wait time for a kidney alone. The organ quality is also higher, with most donors rarely older than 40, which translates to longer graft survival.

Post-transplant, there are a number of patient benefits of pancreas and kidney/pancreas transplantation. Patients are able to achieve normal glycemic control, slowing or halting the progression of any complications they were suffering pre-transplant. They no longer experience life-threatening impaired hypoglycemic awareness episodes. Those who undergo a simultaneous kidney/pancreas transplant no longer need dialysis and insulin.

These transplants are an opportunity for our patients to reset their lives. Their quality of life is markedly improved and they're able to do things that were not possible with their disease, like traveling.

Q: What plans do you have for the program in the future?

A: Our goal is to consistently be the top program nationally for volumes and outcomes, increasing our volumes while still achieving optimal outcomes. We're also working to streamline the process of getting patients listed for transplant, with the goal of completing evaluations and getting patients listed within 90 days.

Q: What if I have a patient who has been turned down by other centers?

A: We have the skill and expertise to—at times—perform complex cases and retransplants, successfully treating patients turned down by other centers. Call **202-308-6349** to discuss their case.

Allogeneic islet transplantation: A life-changing treatment for patients with brittle type 1 diabetes.

There are 1.7 million people living with type 1 diabetes in the U.S., and approximately one quarter of them face life-threatening complications from brittle diabetes that impairs awareness of hypoglycemia. Patients face an increased risk of death due to complications of their diabetes. During these episodes, patients do not experience the typical symptoms of hypoglycemia. Patients lose the ability to feel their blood sugars dropping and run a risk every time they fall asleep that they will not wake up.

One of the most effective treatments for these patients is allogeneic islet cell transplantation. MedStar Georgetown Transplant Institute is the only center in the Eastern United States, and only one of two centers in the nation, offering this life-changing treatment in partnership with Cell Trans, the manufacturer of the only FDA-approved allogeneic islet cell transplant product in the nation.

"Allogeneic islet cell transplantation is ideal for type 1 diabetics with brittle diabetes and preserved kidney function," explains Steven Potter, MD, director of pancreas transplantation. "Most patients who undergo whole organ pancreas transplantation have a combined procedure with kidney transplantation because they are in end-stage renal failure. But for those whose kidneys are still functioning adequately or who choose not to undergo whole pancreas transplantation alone, this treatment is an option with a high success rate of setting patients free from brittle diabetes."

A safe, effective, minimally invasive treatment

Allogeneic islet transplantation is a minimally invasive treatment. A deceased donor pancreas is procured, approved by the MedStar Georgetown team, and transported to Cell Trans, where pancreatic islets are isolated and cultured in the lab to produce Lantidra™, the first FDA-approved cellular therapy to treat type 1 diabetes. That product is returned to MedStar Georgetown, where the islets are infused into the portal venous system via a small catheter. The patient then remains in the hospital for a few days for monitoring of the function of the transplanted islet cells and adjustment of the immunosuppression medications they will take on an ongoing basis.

"One of the many benefits of this approach to islet transplantation is that we are able to achieve great yields of high-quality islet cells from organs that are not being utilized for whole organ transplant," says Dr. Potter.

While Lantidra is the first FDA-approved therapy in the U.S., similar approaches to islet transplantation have been used successfully and safely with good results in other countries, including the U.K., France, Australia, and China.

"The durability of this transplant is very good," adds Dr. Potter. "At 10 to 15 years post-transplant, 80% of patients still have functioning islet cells. We have a high success rate of getting patients off insulin or on very small doses with no more episodes of impaired hypoglycemic awareness or large blood sugar dips. It's a life-changing and life-saving treatment for these patients."

An experienced, multidisciplinary team

MedStar Georgetown is a CMS and OPTN approved site for allogeneic islet transplantation. In addition to Dr. Potter, the MedStar Georgetown Transplant Institute allogeneic islet cell transplant team includes experts in a range of fields including transplant nephrology, endocrinology, interventional radiology, transplant infectious disease, as well as transplant social workers and financial and clinical coordinators.

Steven Potter, MD, wins 2024 American Association of Kidney Patients (AAKP) Medal of Excellence Award.

Dr. Potter, director of pancreas transplantation at MedStar Georgetown Transplant Institute and professor of Surgery and Urology at Georgetown University School of Medicine, has been awarded the 2024 Medal of Excellence Award by the American Association of Kidney Patients (AAKP). This award recognizes leading kidney care professionals who exemplify innovation, patient empowerment, and excellence in patient care.

Dr. Potter's groundbreaking contributions and dedication to kidney transplantation have significantly advanced medical practice and improved patient outcomes, and his leadership and advocacy for patient-centered kidney policy have established new benchmarks for excellence in transplant medicine. His work epitomizes the highest standards of kidney care, embodying both compassion and expertise.

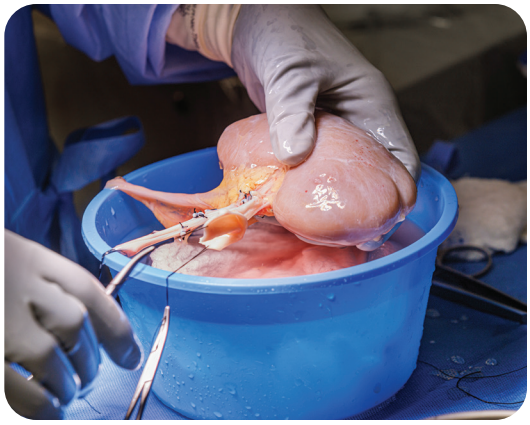
Combined Heart-Kidney Transplantation program: The first of its kind in Washington, D.C.

Maria Rodrigo, MD, medical director, heart transplantation, and Alexander Gilbert, MD, medical director, kidney and pancreas transplantation

Left to right: Jennifer Verbesey, MD, director of living donor kidney transplantation; Keki Balsara, MD, surgical director of heart transplantation and mechanical circulatory support; and Steven Potter, MD, director, pancreas transplantation

MedStar Washington Hospital Center is performing heart-kidney transplants: the first program in Washington, D.C.

Advanced heart and kidney disease may be coexistent maladies where the definitive treatment for the dual disorders is transplantation. MedStar Washington Hospital Center, and its sister hospital, MedStar Georgetown University Hospital, are nationally-ranked programs in heart and kidney transplantation respectively. The two centers have collaborated recently in creating the first combined Heart-Kidney Transplant program in the nation's capital.



The kidney is prepared for transplantation.

Contemporaneous transplantation of the heart and kidney provides the optimal outcome for a patient suffering from these concurrent disease processes.

In these cases, the dual-organ transplant is performed in two stages. The more fragile organ, the heart, is transplanted first by the cardiovascular surgeon. Once the new heart is functioning well and the patient is stabilized, the renal transplant team implants the donor kidney. The latter operation may occur 24 to 28 hours after the cardiac surgery.

The program is led by exceptionally experienced surgeons in both fields as well as medical directors from the advanced heart failure and kidney failure teams.

Specialized ICU expands pool of available organs and improves outcomes.

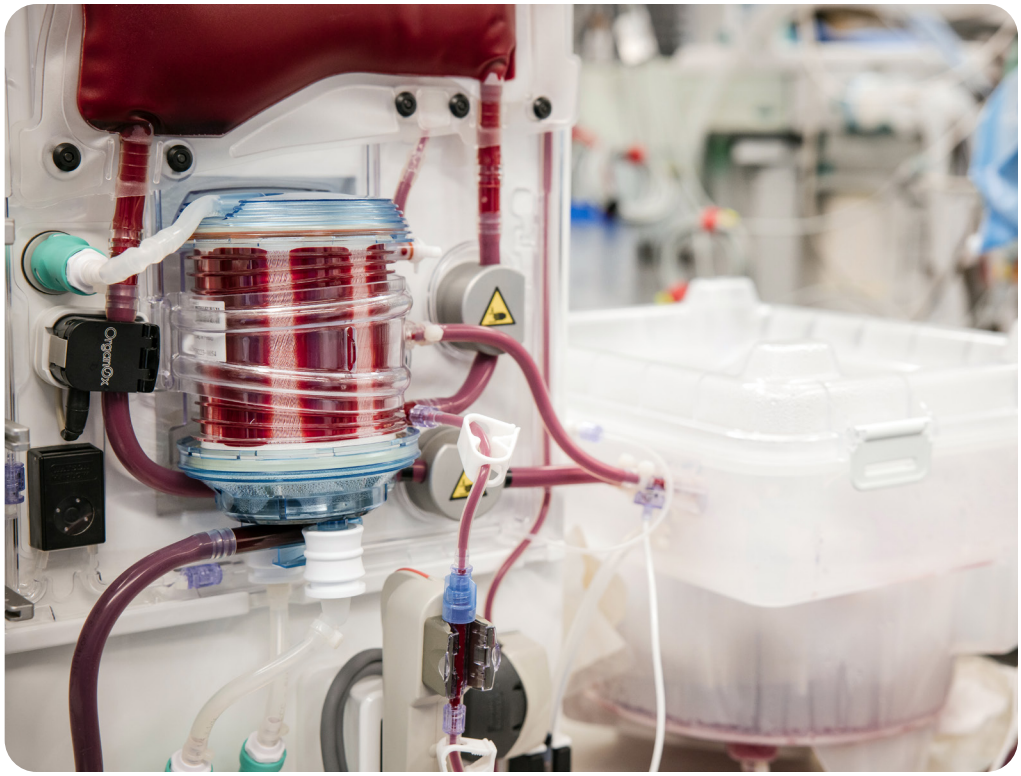
As a leader in liver and kidney transplantation, MedStar Georgetown Transplant Institute is constantly working to enable more patients to receive life-saving organ transplants. One initiative that helps the Institute achieve both goals is our organ ICU, staffed by dedicated organ preservation specialists. The organ ICU uses the latest technology to keep both liver and kidney organs perfused and stable in transit and while waiting for transplantation and, in the case of donor livers, allows our surgical team to perform viability testing to assess organ quality and function. We are one of the few transplant programs in the country utilizing these technologies.

The Institute uses LifePort Kidney Transporters (pumps) to extend storage time for deceased donor kidneys. The technology driving the pump is hypothermic machine perfusion, which pumps a cold solution through the kidney to maintain organ perfusion during transport and storage. To protect the kidney, the pump is pressure controlled so it can accommodate the variable-sized vasculature of the kidney. The system monitors and collects data on the organ, including real-time pressure, temperature, flow, and renal resistance perfusion data. This approach to kidney preservation has improved one- and three-graft outcomes compared to traditional static cold storage.

"The organ ICU and this leading-edge technology allow us to accept more organs, including ones that other centers have not, and preserve and test them for viability, expanding the pool of available organs."

Alexander Kroemer, MD, PhD

There are two options for deceased donor livers. The OrganOX *metra*® normothermic machine perfusion system pumps warm oxygenated blood, nutrients, and medications through the liver to maintain near physiologic temperature, oxygen saturation, and blood pressure. While attached to the pump, the donor liver functions as a native liver, producing bile, metabolizing glucose, and maintaining pH. Normothermia reduces the risk of damage due to prolonged cold ischemia during extended storage. Since the liver is functioning normally while on the pump, our transplant surgeons and preservation specialists can assess the viability of the organ to determine whether it is appropriate for transplantation. To date, the Institute has used the OrganOX *metra* to pump more than 110 livers.



To date, the MedStar Georgetown Transplant Institute has used the OrganOX *metra* to pump more than 110 livers.

The second option is a collaboration with TransMedics National Organ Care System™. The program provides end-to-end service, procuring the liver and using normothermic machine perfusion overseen by experienced transplant surgeons and preservationists to stabilize the organ and assess its viability during transportation. The TransMedics preservationist delivers the liver to MedStar Georgetown, where our surgeons perform the transplant.

"The organ ICU and this leading-edge technology allow us to accept more organs, including ones that other centers have deemed unacceptable, and preserve and test them for viability, expanding the pool of available organs," says Alexander Kroemer, MD, PhD, scientific director of the Center for Translational Transplant Medicine at MedStar Georgetown and a transplant surgeon. "From a logistical standpoint, the organ ICU allows us to schedule transplant surgery after confirming the donor liver's viability and ensuring that our full spectrum of resources is available. This contrasts with the need to immediately transplant an organ that has been stored in static cold storage without a viability assessment."

Novel surgical approach expands treatment options and improves outcomes for locally advanced pancreatic cancer patients.

MedStar Georgetown University Hospital is the only one in the region and one of very few in the country that offers patients with locally advanced pancreatic cancer (Stage 3) novel surgical procedures aimed at complete removal of the cancer that was previously considered inoperable. Yuri Genyk, MD, regional director of the MedStar Health Hepatopancreaticobiliary program and director of the Adult Liver Transplant program, has pioneered this approach to treat pancreatic cancer that has spread to nearby organs and tissues and invaded major intra-abdominal arteries and veins, a situation that affects 30% to 40% of patients with newly diagnosed pancreatic cancer.

Traditional surgical approaches are not appropriate because of the involvement of major intra-abdominal blood vessels. Dr. Genyk's superior training and extensive experience with operations involving complex vascular reconstruction, enables successful resection of the tumor, excision of the involved arteries and veins, and replacement with autologous vein grafts from the patient's leg and neck.

With this novel surgical approach, cancers previously considered unresectable can be successfully managed, with many patients surviving beyond five years and in some cases up to 15 years with no evidence of cancer recurrence. These outcomes are similar to those in patients with earlier stages of pancreatic cancer.

MedStar Georgetown University Hospital is proud to be a part of the MedStar Georgetown Cancer Institute, which combines the latest medical and surgical expertise, with deep research across MedStar Health. Georgetown Lombardi Comprehensive Cancer Center is the only National Cancer Institute-designated comprehensive cancer center in Washington, D.C. This partnership provides patients access to innovative clinical trials and the latest breakthroughs in cancer care.

To refer a patient to Dr. Genyk, call **202-444-1062.**

Meet Yuri Genyk, MD, director of the Adult Liver Transplant program and regional director of the MedStar Health Hepatopancreaticobiliary program.

Dr. Genyk is a board-certified, fellowship-trained transplant and HPB surgeon with 25 years of experience in the field. His areas of special expertise include innovative surgical management of advanced pancreatic cancer involving major abdominal arteries and veins; complex resections of the liver and bile ducts for benign and malignant conditions; liver transplantation, including transfusion-free transplantation and living donor transplants; and minimally invasive and robotically assisted liver, bile duct, and pancreas surgery.

Dr. Genyk comes to MedStar Georgetown from Keck Medicine of USC, where he was chief of the Division of Hepatobiliary/Pancreatic and Abdominal Organ Transplant Surgery. He also served as division chief of Abdominal Organ Transplantation at Children's Hospital of Los Angeles.

"I am very excited to join the MedStar Georgetown Transplant Institute team," says Dr. Genyk. "Throughout my professional career, excellence

and innovation have been my main principles in patient care. Building, growing, and expanding the Institution's existing programs while maintaining the highest quality of patient care and superior outcomes have always been my professional goals with the understanding that these goals can only be accomplished through the collaboration and cooperation of a multidisciplinary team of specialists and hospital staff."

In addition to his clinical work, Dr. Genyk has also been active in medical education for more than two decades. Most recently, he was professor of Clinical Surgery at the University of Southern California School of Medicine, and he will be a professor at Georgetown University School of Medicine.

He is a former member of the Living Donor Committee of American Society of Transplant Surgeons (ASTS) and a member of the American Transplant Congress Review Planning Committee.

Dr. Genyk's research interests include innovations in living donor liver transplantation, innovative approaches to surgical treatment of extensive tumors of the liver and pancreas, minimally invasive and robotic surgery for hepatobiliary and pancreatic diseases, liver regeneration, and immunological tolerance in transplantation. He has been widely published in peer-reviewed journals,

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Expanding eligibility, extending hope: the impact of coordinated bariatric and transplant care.

At the MedStar Georgetown Transplant Institute, a new collaboration is reshaping the transplant care continuum, expanding access for patients historically sidelined by a single number: their BMI.

"There are patients who need a transplant but are told they must lose weight first. Until recently, that conversation ended there. Now, we don't just tell patients to lose weight: we help them do it."

Barry Greene, MD

Through a structured bariatric support program, developed in partnership with MedStar Health's weight management specialists, patients with obesity now have a medically supervised, transplant-integrated pathway that improves candidacy, reduces perioperative risk, and enhances long-term graft survival.

"There are patients who need a transplant but are told they must lose weight first," says Barry Greene, MD, director of bariatric surgery at MedStar Georgetown University Hospital, who helped design and launch the program. "Until recently, that conversation ended there. Now, we don't just tell patients to lose weight: we help them do it."

Rather than placing the burden solely on the patient—or referring them out without continuity—this program offers a coordinated multidisciplinary approach. Patients may initiate therapy with lifestyle counseling and pharmacotherapy, escalate to bariatric surgery when clinically appropriate, and remain under the shared management of transplant specialists throughout. This closed-loop model shortens time-to-listing, aligns clinical milestones across specialties, and minimizes patient loss to follow-up.

"It's incredibly helpful for patients, especially those already dealing with complex conditions, like cirrhosis," says Rachel Redfield, MD, a transplant hepatologist. "This is an overwhelming disease, and now instead of asking patients to seek out different specialists on their own, we're bringing the team to them. We can offer them a clear, unified plan, and that changes everything."

For transplant physicians, the benefits are immediate. Bariatric interventions not only lower BMI to meet listing criteria (typically under 42 for liver and under 38 for kidney) but also directly address the metabolic risk factors—diabetes, hypertension, hyperlipidemia—that drive graft failure post-transplant. In liver disease specifically, weight reduction can halt or reverse metabolic-associated steatohepatitis (MASH), preserving native organ function and preventing progression to end-stage liver disease. "If we perform a liver transplant for fatty liver disease but don't address the underlying metabolic cause," says Dr. Redfield, "we're setting the patient up for potential recurrence. The opportunity here isn't just access to transplant: it's the chance to prevent the disease from returning."

"We know that weight loss helps treat metabolic comorbidities that exacerbate liver dysfunction," echoes Yewande Alimi, MD, a member of the MedStar Health Bariatric Surgery team. "Early intervention gives us a real opportunity to stabilize patients before they reach irreversible stages. And for patients who have already been transplanted, supporting weight management protects the new graft from recurring metabolic damage."

The team at the MedStar Georgetown Transplant Institute is also able to accommodate higher-risk patients who might be declined elsewhere. Surgeons have performed sleeve gastrectomies in pre-heart transplant patients supported by LVADs and in post-kidney transplant patients maintained on immunosuppressive therapy.

"We have the resources, the brain power, and the person power to take on these complex cases," says Dr. Alimi. "It's not about sending patients off to a surgeon and hoping for the best. We create an intentional, multidisciplinary pathway, tailored to transplant-specific needs."

The pathway is also extending new possibilities for living donors. Elevated BMI, previously a barrier to donation, can now be addressed systematically. Candidates motivated to donate to a partner or family member can engage in structured weight-loss efforts, improving their surgical risk profile and eligibility. "I have a patient currently working through the program to become an ideal donor for her partner," says Dr. Alimi. "They're doing the process together. It's profoundly hopeful."

For referring physicians, the message is clear: weight-related ineligibility should no longer be a reason to defer or delay transplant evaluation. Early referral to the bariatric-transplant pathway can prevent disease progression, improve listing rates, and ultimately, deliver better long-term outcomes.

"We're not asking patients to manage this burden alone," says Dr. Greene. "We know obesity is a complex, chronic disease. By providing an intentional, supported clinical process, we can remove stigma, improve candidacy, and protect grafts after surgery."

Beyond metrics, the emotional impact is transformative. "Many of these patients have been told 'no' for years," adds Dr. Greene. "When we say, 'Here's a plan,' it changes everything. They don't just feel seen—they feel hope."

By embedding bariatric expertise within the transplant care model, the MedStar Georgetown Transplant Institute is closing historic gaps in patient support, keeping more candidates on track, expanding access to donation, and building a system where the highest-risk patients no longer fall through the cracks.

"This isn't a wish," says Dr. Greene. "This is an outcome. And now we have the team to deliver it."

Meet our new physicians.

Shekhar Gogna, MD, multi-organ abdominal transplant surgeon

Dr. Gogna is a fellowship-trained, multi-organ abdominal transplant surgeon. He performs kidney, liver, hepatopancreaticobiliary, small bowel, and pancreas surgery at MedStar Georgetown University Hospital.

His areas of special expertise include liver cancer resection, including primary tumors and metastatic colon cancer; bile duct disease and tumors; benign and malignant pancreatic tumors; liver, kidney, pancreas, and small bowel transplantation; and complex abdominal wall reconstruction.

Dr. Gogna earned his medical degree at M.B.B.S. Government Medical College in Amritsar, India and completed his residency at Westchester Medical Center in Valhalla, New York. He completed a fellowship in multi-organ abdominal transplant and hepatopancreaticobiliary surgery at MedStar Georgetown University Hospital.

Gabriel Gondolesi, MD, chief of pediatric liver transplantation and associate chief of intestinal transplantation

Dr. Gondolesi has more than 20 years of experience in adult and pediatric transplantation. He established the first comprehensive intestinal failure program in Latin America and was chief of General Surgery and Transplantation at Argentina's largest liver transplant program at Fundacion Favaloro in Buenos Aires. He is a surgical innovator in liver and intestinal transplantation and has developed techniques for intestinal reconstruction, transplantation of the abdominal wall, and other liver transplant techniques.

Dr. Gondolesi treats pediatric liver transplant patients and pediatric and adult intestinal transplant patients. His areas of special interest and expertise include pediatric acute and chronic liver failure leading to pediatric liver transplantation, including split liver, living donor, and domino transplants; and adult and pediatric intestinal failure and intestinal rehabilitation, surgery, and transplantation.

He earned his medical degree from the Faculty of Medical Sciences of the National University La Plata in Buenos Aires, Argentina and completed his residency at the Pavilion Finochietto of the "General San Martin" Hospital in La Plata, Argentina. He completed two fellowships—one in multi-organ transplantation at Mount Sinai School of Medicine in New York and the other in hepatobiliary surgery and liver transplantation at Favaloro Fundacion in Buenos Aires, Argentina.

Dr. Gondolesi's research has been widely published in peer-reviewed journals, and he is the past president of the Intestinal Rehabilitation and Transplant Association. He was recently elected as vice president of the Transplantation Society, the largest international professional society for transplantation.

Anjuli Jain, MD, transplant nephrologist

Anjuli Jain, MD, is a fellowship-trained transplant nephrologist. Her areas of special expertise and interest include reproductive health in kidney transplant recipients; pre- and post-kidney transplant management; chronic kidney disease; and end-stage renal disease.

Dr. Jain earned her medical degree at The George Washington University School of Medicine and Health Sciences in Washington, D.C. She completed her residency at the University of Pittsburgh Medical Center in Pittsburgh, Pennsylvania, and two fellowships—one in nephrology and one in transplant nephrology—at MedStar Georgetown University Hospital.

Sonika Puri, MD, transplant nephrologist, medical director, Living Donor Kidney program

Dr. Puri is a board-certified, fellowship-trained transplant nephrologist with more than 10 years of experience in the field. She specializes in pre- and postoperative management of patients undergoing kidney and pancreas transplantation, as well as the evaluation of living donors. She is passionate about improving the access to lifesaving living donation for patients with end-stage renal disease.

She earned her medical degree at Maulana Azad Medical College at Delhi University in New Delhi, India and completed her internship and residency at the University of Connecticut School of Medicine. Dr. Puri completed two fellowships—one in nephrology at NYU Langone Medical Center and NYU School of Medicine in New York and one in transplant nephrology at the University of California, San Francisco.

Dr. Puri is an active researcher and has published widely in peer-reviewed journals on improving outcomes in kidney and pancreas transplantation, improving access to kidney donation and transplantation, and organ preservation. She is a member of the American Society of Nephrology and a Fellow of the American Society of Nephrology.

Carolina Rumbo, MD, pediatric liver disease and small bowel specialist, medical director, Pediatric Small Bowel program

Dr. Rumbo has 24 years of experience in the fields of pediatric hepatology and bowel disease. She treats patients between birth and the age of 21 and her areas of special interest and expertise include short bowel syndrome; congenital bowel anomalies; intestinal failure associated liver disease; pre- and post-liver transplant care; biliary atresia; cholestatic liver disease; autoimmune liver disease; fatty liver disease; feeding tube management; and endoscopy.

She earned her medical degree at the National University of La Plata, School of Medicine in Buenos Aires, Argentina and completed her residency at Hospital de Niños "Sor Maria Ludovica" in La Plata, Argentina. She completed a fellowship in pediatric gastroenterology, nutrition, and liver diseases at Mount Sinai School of Medicine in New York.

Dr. Rumbo has published in numerous peer-reviewed journals, including *Liver Transplantation, Pediatric Transplantation,* and *Transplantation* and has been the principal investigator for several studies. She is also the author of book chapters.

Rachel Redfield, MD, transplant hepatologist

Dr. Redfield is a fellowship-trained transplant hepatologist. She is board certified in gastroenterology and hepatology as well as internal medicine. She treats patients with the full range of liver diseases. Her areas of special expertise include management of chronic liver disease prior to and after transplantation, women with liver disease (including pregnancy-related liver conditions), and reproductive health as it pertains to liver disease.

She earned her medical degree at the University of Texas Health Science Center at San Antonio and completed her residency at Thomas Jefferson University Hospital in Philadelphia. She completed fellowships in gastroenterology and hepatology at Cooper University Hospital in New Jersey and a fellowship in transplant hepatology at Thomas Jefferson University Hospital.

Dr. Redfield has a special interest in global health and is involved in gastroenterology and hepatology care in Rwanda. Her research interests include cardiovascular risk stratification in women with inflammatory disorders, such as autoimmune liver disease.

David Walls, MD, MPH, multi-organ abdominal transplant surgeon

Dr. Walls is a fellowship-trained, multi-organ abdominal transplant surgeon. He performs liver, kidney, small bowel, and pancreas surgeries at MedStar Georgetown University Hospital.

Dr. Walls' areas of special interest include end-stage organ failure; liver, kidney, pancreas, and small bowel transplantation; machine perfusion of donor organs to increase organ quality and availability; organ procurement and preservation; and minimally invasive surgery, including laparoscopic and robotic surgeries.

He earned his medical degree from Jefferson Medical College in Philadelphia and completed his residency at Rutgers Robert Wood Johnson Medical School in New Jersey. Dr. Walls completed his fellowship in multi-organ abdominal transplant and hepatopancreaticobiliary surgery at MedStar Georgetown University Hospital.

Ashtar Chami, MD, associate medical director of kidney transplantation.

Dr. Chami is an experienced, fellowship-trained, board-certified transplant nephrologist. Her areas of special interest and expertise include kidney transplantation; belatacept infusions for kidney transplant; immune suppression management; living kidney donation; acute kidney injury; end-stage renal disease; and hypertension.

In addition to treating patients, she will serve as director of the transplant nephrology fellowship program, and director of community outreach.

Dr. Chami's research focuses on HLA matching in kidney transplantation, living donor acceptance criteria, and the use of belatacept to improve the long-term survival of renal grafts. Her research has been published in numerous peer-reviewed journals, and she has authored book chapters as well as presented at national conferences and meetings. Dr. Chami is a member of the American Society of Transplantation, the Transplantation Society, and the American Society of Nephrology.

Research update: "Liquid biopsy" could pinpoint problems in transplanted livers better and sooner. continued from page 1

by measuring cell-free DNA fragments released from dying cells into circulation, analyzing 130 blood samples collected from 44 patients at different time points after transplant.

This "liquid biopsy" approach has the potential to detect problems as soon as two weeks post-transplant. At the center of this new approach is the process of cell differentiation. During this process, DNA methylation controls genes on the differentiated cells' strands of DNA and leaves a chemical signature that the test detects, helping to identify the cellular location of the injury so appropriate treatment can be started quickly to minimize damage and prevent organ rejection.

"This new approach to monitoring the health of transplanted livers has the potential to help us diagnose problems much more quickly and precisely," says Dr. Kroemer. "That, in turn, makes it possible for us to focus treatment on the root cause, for example, an injury to the biliary compartment. It can also be an effective tool for detecting early signs of deterioration before the problem becomes acute, and monitoring how well treatment for organ rejection is working so that we can adjust our approach as needed."

By the numbers: MedStar Georgetown Transplant Institute.

Liver Transplant program:

- **Top 20% in volume** of liver transplants in U.S.
- **Transplantation of a higher proportion of the most critical** (status 1) **patients**
- **More minority liver transplant candidates** than the national waiting list

Pediatric Liver Transplant program:

- **Among top 10 programs by volume in the country** for 2024
- **96.88% 3-year survival rate**

Kidney Transplant program:

- **Among the top programs in volume of adult kidney transplants** in the U.S.
- **Leading volume center compared to other centers** in the Washington, D.C., region
- **410 total kidney transplants performed** in 2024
- **70 living donor kidney transplants; highest volume in D.C. area**
- **Participation in the largest worldwide paired kidney exchange** sharing program

Other highlights:

- **Largest intestinal transplant volume in the U.S.** for the past 5, 10, 15, and 20 years
- **Number 1 program by volume for pancreas transplants in the U.S.**
- **More than 40 active clinical trials**

Data from optn.org and srtr.org, accessed June 2025

"Bed ahead" program guarantees fast, seamless access for patients with advanced liver disease.

The MedStar Georgetown Transplant Institute "bed ahead" program ensures that patients who have advanced liver disease, liver cancer, or are in acute need of a liver transplant have access to the hospital when they need it, day or night. We always have an inpatient hepatology bed and a hepatologist available. Direct physician-to-physician access allows patients to be seamlessly transferred from any referring center in the U.S. to MedStar Georgetown.

In addition to rapid access, MedStar Georgetown is the only center in the region and one of the few in the nation that offers a range of leading-edge treatments for advanced liver cancer and tumors, including transplant oncology and the hepatic artery infusion pump for direct delivery of chemotherapy to liver tumors. We transplant a higher portion of the highest acuity patients (status 1) and offer liver transplantation for patients with alcohol-related liver disease, including those with recent alcohol use.

A patient room in the Verstandig Pavilion that houses the MedStar Georgetown Transplant Institute units.

"Patients with liver disease, especially those with complex and advanced disease, benefit from the personalized care, innovative treatment options, and expertise of our liver specialists," says Rohit Satoskar, MD, director of Medical Services for the MedStar Georgetown Transplant Institute and medical director of the Liver Transplantation program.

For hospital transfers or consultation, healthcare providers may call **202-342-3300.**

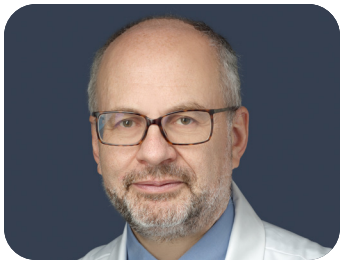
Meet our team.

Adult and pediatric liver surgeons

Thomas Fishbein, MD

Yuri Genyk, MD

Shekhar Gogna, MD



Gabriel Gondolesi, MD

Alex Kroemer, MD, PhD

Cal Matsumoto, MD

Brian Nguyen, MD

David Walls, MD

Medical and surgical bariatric specialists

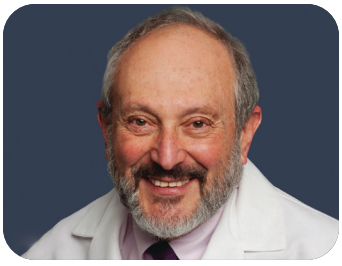
Yewande Alimi, MD

Barry Greene, MD

Filipa Ligeiro, MD

Kathleen Nilles, MD

Rohit Satoskar, MD



Coleman Smith, MD

Transplant hepatologists

Ahyoung Kim, MD

Ruhail Kohli, MD

Amol Rangnekar, MD

Rachel Redfield, MD

Arul Thomas, MD

Pediatric transplant hepatologists, gastroenterologists, and intestinal failure specialists

Udeme Ekong, MD

Khalid Khan, MD

Carolina Rumbo, MD

Nada Yazigi, MD

Adult and pediatric kidney transplant surgeons

Talal Al-Qaoud, MD

Jose Figueiro, MD

Shekhar Gogna, MD

Steven Potter, MD

Hepatopancreaticobiliary surgeons

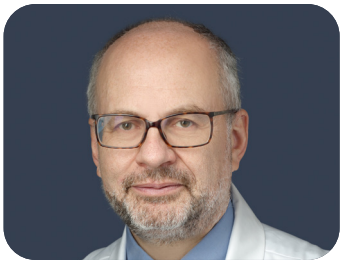
Jennifer Verbesey, MD

David Walls, MD

Yuri Genyk, MD

Brian Nguyen, MD

Small bowel surgeons



Gabriel Gondolesi, MD

Cal Matsumoto, MD

Gastroenterologist and intestinal failure specialist

Sukanya Subramanian, MD

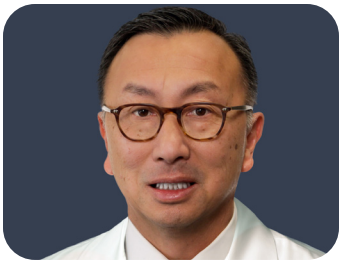
Transplant nephrologists

Parichi Buch, MD

Ashtar Chami, MD

Nadiesda Costa, MD

Alexander Gilbert, MD



Reginald Gohh, MD

Anjuli Jain, MD

Sonika Puri, MD

Pancreas surgeons

Talal Al-Qaoud, MD

Jose Figueiro, MD

Steven Potter, MD

Jennifer Verbesey, MD

Meet Yuri Genyk, MD, director of the Adult Liver Transplant program and regional director of the MedStar Health Hepatopancreaticobiliary program.

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served as the principal investigator and co-investigator on numerous studies, and has lectured nationally and internationally on liver disease, living donor liver transplantation, transfusion-free liver donor and recipient transplantation, and innovative approaches to surgical management of locally advanced pancreatic cancer.

Dr. Genyk earned his medical degree at the Medical Institute in Ivano-Frankivsk, Ukraine. He completed surgical residencies at the Medical Institute in Kyiv, Ukraine, and the University of Alabama at Birmingham Medical Center. He also completed a fellowship in kidney transplantation at the Republican Transplant Center in Kyiv, Ukraine, and a fellowship in multi-organ transplantation/ hepatobiliary surgery at Mount Sinai Medical Center, New York.

"We are so fortunate to have Dr. Genyk join our team," says Thomas Fishbein, MD, executive director of MedStar Georgetown Transplant Institute, chief of the Liver Diseases and Transplant program, and physician director for MedStar Health Integrated Surgical Services. "He is among the most technically gifted liver and biliary surgeons in the nation and adds another dimension of treatment options for patients in the Washington, D.C., region. Together with our existing personnel, we are likely now the most experienced liver surgical team in the nation."

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Inside this issue of Transplant Digest:

Transplant Digest features news about MedStar Georgetown Transplant Institute.

MedStarHealth.org/Transplant

Please submit comments or questions to **lisa.t.arrington@medstar.net**

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