MedStar Health | MEDSTAR GEORGETOWN UNIVERSITY HOSPITAL

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MedStarGeorgetownMD

A Double Transplant Helped Durrell Reclaim His Life.

Leifer Shulman Family Digestive Disease Fund fuels our growth as a leader in colorectal surgery.

Since her 30s, Ellen Leifer Shulman has lived with the challenges that come with complex Crohn's disease. She and her husband Steven consulted numerous highly regarded colorectal surgeons and specialists, but when they met Steven Wexner, MD, the new physician executive director and system chief of Colorectal Surgery for MedStar Health, they knew their search was over.

Ellen and Steven Shulman, whose family fund strengthens colorectal surgery research and training.

"Since I've been an integral part of Ellen's support system and her primary caretaker over the years, I am very well educated about Crohn's disease," says Steven. "When we met Dr. Wexner at the Cleveland Clinic, he knew more, had developed many of the treatments that are now considered the gold standard, and had both an incredible intellect and an extremely caring and responsive bedside manner. None of the other physicians we had consulted met those same high bars.

"Now that he has joined MedStar Health, we remain committed to supporting his research and the education of other colorectal surgeons to ensure that people with Crohn's disease and other inflammatory bowel diseases around the world have access to the best care possible for this difficult disease."

$1 million gift to accelerate breakthroughs in care

The Shulmans' commitment has taken the form of a generous donation from the Leifer Shulman Family Digestive Disease Fund. The donation provides critical support for the Department of Colorectal Surgery and Dr. Wexner to conduct research to advance new therapies, refine and develop surgical approaches, and improve patient outcomes. It will also help fund Dr. Wexner's work training and mentoring the next generation of colorectal surgeons, including opportunities for surgeons from under-resourced countries to receive advanced training in Washington, D.C.

"I am always excited to find new ways to improve care and outcomes," says Dr. Wexner. "None of the domestic and global teaching that I have already begun at MedStar Health could have happened without support from extremely generous donors like the Shulmans."

Steven adds, "Philanthropy has always been an important part of our lives and supporting the work of Dr. Wexner and MedStar Health gives us the opportunity to help people who are walking the same path as Ellen and me and make sure they have access to this life-changing care."

Visit **MedStarHealth.org/Philanthropy** to learn more about how your support can make a significant difference.

Steven Wexner, MD, new physician executive director and system chief of Colorectal Surgery for MedStar Health.

For almost four decades, Steven Wexner, MD, has been recognized worldwide as a leader in colorectal surgery. His work has given new hope to thousands of individuals and families who believed recovery was out of reach. He specializes in surgery for rectal cancer, inflammatory bowel disease, rectourethral and rectovaginal fistulas, and re-operative pelvic surgery.

Dr. Wexner is internationally renowned for numerous groundbreaking contributions to the field of colorectal care. He helped establish minimally invasive surgery as a standard treatment and introduced a wide range of surgical refinements to help patients avoid stomas (surgical openings in the abdomen that allow waste to leave the body).

"I'm excited to be part of MedStar Health—an organization with such stature—and to continue the development of a premier, globally respected colorectal surgical program," he says.

Visit **MedStarHealth.org/StevenWexner** or call **202-295-0560** to learn more.

New imaging technique offers patients an easier, more comfortable option for monitoring inflammatory bowel disease (IBD).

After nearly two decades of managing inflammatory bowel disease (IBD), Rita Emilio knew the signs of a flare. But when this one arrived—faster, harsher, and more disruptive than the others—she didn't have to go far to find help.

The 58-year-old registered nurse has worked on our team at MedStar Georgetown University Hospital for more than 20 years and was confident in our team's ability to manage her illness. "I've watched this team care for patients with such skill and compassion for years," says Rita. "I knew I couldn't be in better hands."

IBD is a group of immune disorders associated with chronic inflammation of the digestive system. It occurs when the immune system overreacts to a perceived threat in the intestines. For 18 years, Rita has suffered from periodic flare-ups of ulcerative colitis, an inflammation of the lining of the large intestine that causes pain, urgency, and bloody diarrhea. Her symptoms usually result from stress or eating spicy foods.

Frequent screenings such as blood tests, stool studies, MRI and CT scans, sigmoidoscopies (a scope exam of the rectum and lower colon), and colonoscopies have long been standard tools to evaluate disease activity. However, our team at MedStar Georgetown recently became the first in the region to offer a new option—bedside intestinal ultrasound (IUS).

According to gastroenterologist Mark Mattar, MD, director of the IBD Center, IUS provides an effective, more comfortable, and more convenient experience for patients.

"When I was told there was a way to check what was happening without all the prep and recovery, I felt this wave of relief," says Rita. "It made a really hard moment feel manageable."

Many people with IBD experience cycles of remission and flare-ups. "The goal is to find a treatment plan that keeps the disease inactive," says Dr. Mattar.

"Bedside ultrasound, on the other hand, can be done during a regular office visit, with no wait time, and with the patient awake and able to see their disease in real time. We get answers right away that help us make informed decisions about next steps. I don't know of many other uses of ultrasound in real time to adjust therapy."

To calm her flare-up, Rita received an intravenous infusion of a steroid medication—a common and effective first-line treatment for more significant ulcerative colitis flare-ups. The goal is to quickly reduce inflammation and stabilize symptoms.

Dr. Mattar performed an intestinal ultrasound both before and after the infusion to assess her response. "We saw many indicators that the treatment was working, including a 20% reduction in bowel wall thickness," he says. "This confirmed that the medication we selected—one with less toxicity than some alternatives—was the right approach."

"I was very happy that Dr. Mattar could evaluate my response to the treatment using the bedside ultrasound," adds Rita. "It was much less stressful for me than having to do the colonoscopy prep and being sedated again."

After a challenging flare-up, bedside intestinal ultrasound offered Rita Emilio a clearer, more comfortable treatment plan.

Rita now receives periodic IV steroid infusions. "We will continue to monitor how the medication is working as maintenance therapy," says Dr. Mattar.

"The latest flare-up of my disease was very challenging physically and emotionally," says Rita. "I truly value Dr. Mattar's professionalism, compassion, and dedication to his patients."

With her disease now in remission, Rita has resumed the activities she enjoys, like cooking for her family and preparing flavorful dishes, including foods from Ethiopia, where she was born and raised. "But my favorite food is Italian," she adds with a smile. "I hope to eat a lot more pasta!"

Visit **MedStarHealth.org/Gastro** to learn more about IBD care at MedStar Georgetown University Hospital.

Durrell Becton's journey spans decades—from a type 1 diabetes diagnosis as a teenager to nightly dialysis as an adult—before a kidney–pancreas transplant transformed his care and opened the door to a future without dialysis or insulin.

A double transplant helped Durrell reclaim his life.

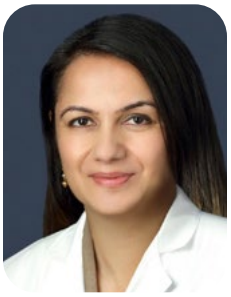
Durrell Becton was 17 years old and getting ready to go to college in Ohio when he received the news that he had type 1 diabetes. "It was terrifying," he remembers. "Probably one of the scariest moments ever. It completely changed my life."

Although Durrell tried, his diabetes was hard to manage, leading to episodes when his blood sugar swung dangerously low or high. One day shortly after his diagnosis, he was hanging out with friends and became extremely thirsty. But whenever he took a drink, he needed to urinate just a few minutes later. This continued for about a half hour, then Durrell nearly lost consciousness. His mother rushed him to the hospital, where he discovered his blood sugar was well over 1,000, a life-threatening level.

"For more than two decades after my diagnosis, I had been living with diabetes, doing my best to manage my blood sugar with insulin. Then, four years ago, I was diagnosed with chronic kidney disease caused by the diabetes, which eventually progressed to kidney failure. That meant I needed to go on peritoneal dialysis, and I was on the machine seven days a week for eight to nine hours each session. It was very draining, and I wanted to get off dialysis," says Durrell.

Durrell consulted two of our MedStar Georgetown Transplant Institute specialists: Steven Potter, MD, an experienced kidney and pancreas transplant surgeon, and Sonika Puri, MD, a transplant nephrologist. After an evaluation, Dr. Potter told Durrell he was a candidate for simultaneous deceased donor kidney and pancreas transplantation. He could receive both organs from the same deceased donor in one surgery rather than in separate procedures. The transplantation of a new pancreas cures the patient's diabetes, and the new kidney replaces the organs damaged by type 1 diabetes, so the patient has normal kidney function.

> "I got the best birthday gift ever. I received a call in the middle of the night saying they had a kidney/pancreas donor and to come to the hospital the next morning for my transplant."
>
> - Durrell Becton



"I got the best birthday gift ever," says Durrell. "I received a call in the middle of the night saying they had a kidney/pancreas donor and to come to the hospital the next morning for my transplant."

The transplant was a resounding success. "Durrell had a really great, uneventful postoperative course, like most of our patients. And now he's free of dialysis. He has good kidney function, and he's off insulin. He no longer has diabetes," explains Dr. Potter. "We have a fantastic team that's extremely experienced. And we do more combined kidney/pancreas transplants than anyone in the country."

Today, Durrell is healthy, back to doing all the things he enjoys, and appreciating every moment.

"My life after transplant has been nothing but gratefulness," he says. "My faith has increased 100-fold. I'm way more appreciative of the little things that I have in life—being able to see, hear, breathe, walk, talk, think—just the basics. The team at MedStar Georgetown is awesome. From the initial interview and consultation all the way through the transplant, everyone has been so helpful and so welcoming. I don't know what's beyond grateful, but that's where I am."

Durrell enjoys time with his fiancée, Beanchor, in this new chapter of health and happiness in their lives.

The latest programs to help increase living donations.

Our MedStar Georgetown Transplant Institute team offers a number of innovative programs to help increase living donations, including:

Non-directed donation: A non-directed kidney donor donates a kidney without naming a specific recipient. Some non-directed donors initially want to donate to a family member or friend, but the recipient may have another donor or have another reason they cannot move forward with the transplant.

Family voucher program: Provides an opportunity for a non-directed donor to give the gift of life to someone in need of a kidney transplant while assuring their immediate family will be protected should they ever need a transplant in the future. The donor may identify up to five immediate family members.

Eplet matching: An even more precise way to see if a patient "matches" another person. Using the latest technology, recipients may need less immunosuppression medication after transplant, may have fewer complications from antibodies and rejection, and may keep their transplants longer.

Advanced donation program: Allows a donor to donate on a specific date even if the intended paired recipient is not ready for transplant. The intended recipient will receive a kidney when the time is right. This flexibility allows the donor to choose a convenient time for surgery, with the donated kidney going to a recipient in immediate need at that time.

Compatible paired kidney exchange: A donor and recipient whose blood type and HLA (tissue type) are compatible and could proceed directly to transplantation. In this scenario, the pair is willing to enter the paired kidney exchange for several possible reasons, including finding a better age- or HLA-matched donor or the desire to help more patients receive transplants.

Give the gift of life. Be a living kidney donor. Learn more about living donation at **MedStarHealth.org/LivingDonor** or call **202-444-3714.**

Listening to her body helped Maria find the care she needed.

For 71-year-old Maria Fronza, staying active is part of who she is—whether working for a non-profit organization or keeping up with the daily responsibilities of life. But after slipping on black ice in 2024 and fracturing her wrist, everything changed. The pain she experienced didn't match what her first orthopaedic doctor—unaffiliated with MedStar Health—had told her to expect.

After months of persistent pain, Maria Fronza found answers through a second opinion and corrective surgery.

"After two months with my arm in a cast, I tried physical therapy, but the pain never went away," Maria recalls. "It was especially bad at night. I kept waking up because of it. By the summer, I knew I had to do something."

She sought a second opinion from Michael Kessler, MD, MPH, chief of the Department of Orthopaedic Surgery, Division of Hand Surgery and an award-winning surgeon known for advancing the field with innovative techniques. He provides hand and elbow care at MedStar Georgetown University Hospital, which has three fellowship-trained hand surgeons.

Her first appointment with Dr. Kessler left a strong and positive impression. "By simply examining my hand, he immediately understood the issue—the bone had healed at an angle, which meant it would not recover fully without surgical correction. He gave me the sense of such confidence. He was so open and listened to what I was saying. I was really touched."

"If a bone heals out of alignment, patients may continue to have motion, but the joint doesn't work properly, and that can cause lasting pain or stiffness," Dr. Kessler says. "For Maria, the solution was to realign the bone surgically so her wrist could heal in the correct position and regain normal function."

Maria moved forward with the surgery, and everything went as smoothly as she had hoped. "I felt really comfortable," she recalls. "Everyone was confident—the nurses, the helpers, the whole team. I wasn't worried at all going into the operating room."

Her progress afterward was steady and encouraging. She began two months of physical therapy at MedStar Georgetown and credits her physical therapist with helping her regain strength and mobility.

"Every time I would go to physical therapy, I could feel myself improving. I've now recuperated 95% of all movement in that hand and wrist, and I have no pain at all," she says.

Dr. Kessler commends Maria for seeking a second opinion and says it's important for patients to advocate for themselves. "People know their own bodies. They know when something isn't right."

He adds, "Maria has done so well. I saw her less than six weeks after her surgery, and she was already feeling so much better. She knew that the way she healed before just wasn't acceptable. She wanted to get better and had a positive mindset."

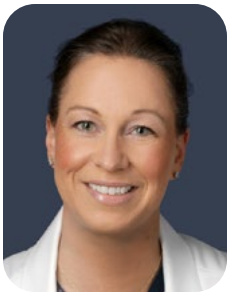
> "Dr. Kessler gave me the sense of such confidence. He was so open and listened to what I was saying. I was really touched."
>
> - Maria Fronza

Today, Maria is back to using her right hand and fully participating in the daily life and volunteer work that she loves. Seeking a second opinion gave her the clarity and treatment she needed, and her recovery shows how listening to your body—and advocating when something feels off—can make all the difference.

Our MedStar Orthopaedic Insitute team consists of more than 100 orthopaedic surgeons, and 40 locations throughout Maryland, Washington, D.C., and Virginia.

Visit **MedStarHealth.org/Ortho** to learn more or call **866-767-1682** to schedule an appointment with Dr. Kessler.

Stem cell transplant and cellular immunotherapy: A conversation with Jennifer Kanakry, MD.



Jennifer Kanakry, MD, recently joined our team at MedStar Georgetown University Hospital as medical director of the Stem Cell Transplant and Cellular Immunotherapy program.

Her work focuses on using the immune system as a powerful tool to control—and in many cases cure—blood cancers including leukemia, lymphoma, and multiple myeloma.

We spoke with her about the latest advances in this rapidly evolving field and how these treatments are expanding options for patients.

Q: How do cellular immunotherapies work?

Dr. Kanakry: Many patients come to us after chemotherapy or when other treatments haven't fully controlled their blood cancer. Cellular immunotherapies work differently: to borrow a phrase from Fred Applebaum, MD, this is "living medicine"—giving cells to a patient to recognize, attack, and kill the blood cancer cells in their body. Cellular therapy uses the power of the immune system to help fight the cancer.

Q: What are the main types of cellular immunotherapies available?

Dr. Kanakry: We use three main cell therapies. The first is autologous stem cell transplant, which allows us to give high doses of chemotherapy to control the blood cancer and induce a deep remission. After giving such a high dose of chemotherapy to treat the cancer, we then rescue the patient's ability to make healthy blood cells by giving them back their own stem cells. The other two major cellular immunotherapies are allogeneic (aka, donor) hematopoietic cell transplant and CAR T-cell therapy. Allogeneic transplant uses healthy immune and blood-making stem cells from a healthy donor—often a family member or volunteer donor—to help attack the cancer in a way the patient's own immune system can't. CAR T-cell therapy takes a patient's T cells (a type of white blood cell that plays a crucial role in the immune system) and engineers them in the lab to recognize their cancer. Once returned to the body, these cells act like "cancer-seeking" immune cells that continue working overtime to attack and kill cancer cells that express that target.

Q: Which newer treatments are making the biggest impact?

Dr. Kanakry: CAR T-cell therapies have changed the landscape for several blood cancers, especially for patients whose disease didn't respond to other treatments. We now have multiple CAR T-cell therapies for acute lymphoblastic leukemia, chronic lymphocytic leukemia, B-cell lymphoma, and multiple myeloma. At the same time, allogeneic hematopoietic cell transplant has become safer and more accessible, even without a perfectly matched donor. While CAR T-cell therapies are relatively new and exciting, allogeneic hematopoietic cell transplant remains a potentially curative option for many patients with otherwise incurable blood cancers. Furthermore, allogeneic hematopoietic cell transplant remains the necessary therapy to potentially cure many patients with acute myeloid leukemia and myelodysplastic syndrome, or myeloproliferative neoplasms.

Q: Who should be considered for these therapies now?

Dr. Kanakry: Today, far more patients can be considered for cellular immunotherapy than in the past. We can now find a donor for nearly any patient who requires allogeneic hematopoietic cell transplant. Age is not an absolute barrier to cell therapy, and older patients with otherwise good health can receive cell therapy with lower risk of complications than in the past. We have very good ways of preventing major complications like severe graft-versus-host disease. Our highly trained providers and nursing teams are well equipped to treat, monitor, and manage all complications of cell therapy.

Q: What advances are you most excited about?

Dr. Kanakry: The field is moving very quickly. The field is developing CAR T-cells that can recognize more than one target, treatments that help the immune system stay stronger for longer, and new clinical trials that offer patients even more options. As cancers change, our treatments are becoming more flexible and more powerful, giving patients better chances for long-term control or even cure.

Our dedicated Stem Cell Transplant and Cellular Immunotherapy program team is here for you. To speak with a specialist about our program or to schedule an appointment, please call **202-993-0492** or visit **MedStarHealth.org/StemCell** to learn more.

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Stephen Liu, MD, leads next frontier of elevated cancer care for our region.

We are pleased to announce the appointment of Stephen Liu, MD, as chief of Hematology and Oncology at MedStar Georgetown University Hospital. A nationally recognized thoracic oncologist and clinical trial leader, Dr. Liu has long been a distinguished member of the Georgetown Lombardi Comprehensive Cancer Center—the region's only NCI-designated comprehensive cancer center—and brings extensive expertise to this leadership role.

His appointment strengthens our commitment to advancing cancer care in the region. Under Dr. Liu's guidance, our teams will continue expanding multidisciplinary programs, enhancing collaboration across specialties, and ensuring patients have access to the most current therapies and clinical trials available through Georgetown Lombardi.

Dr. Liu's leadership will support ongoing innovation across the full continuum of care, from screening and diagnosis through treatment, survivorship, and long-term wellbeing.

Visit **MedStarHealth.org/StephenLiuMD** to learn more about Dr. Liu.

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