MedStar Health

MedStar Heart & Vascular Institute

Cardiovascular Physician

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Complex and urgent thoracoabdominal aortic aneurysms:

Expanded and expedited access to endovascular treatment

Also inside:

Dual mechanical thrombectomy and aspiration system for ALI.

Case study: Paroxysmal AFib in context of dextrocardia.

MedStar Washington recognized among nation's top hospitals for cardiovascular care.

Table of contents.

Perspective from Stuart F. Seides, MD, physician executive director emeritus, MedStar Heart & Vascular Institute

Compassionate and confident care for the routine and the rare.

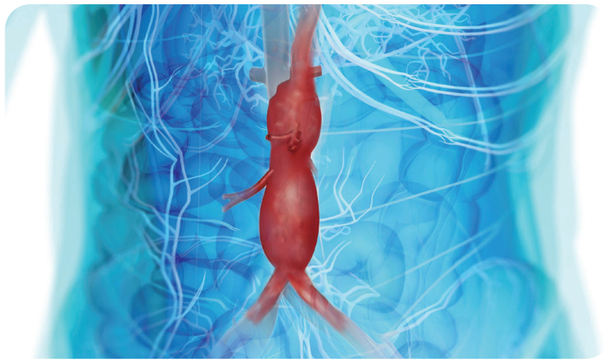
Much of what informs our daily decision making in clinical practice evolves from acquiring knowledge through experience. We continuously refine our judgment and skills through repetition. Everyday experiences become familiar and prepare us for the unexpected. Our grounding in the routine allows us to approach the rare or unusual case with confidence. This issue of *Cardiovascular Physician* highlights several pertinent examples.

On page 4, we share the use of the GORE® EXCLUDER® Thoracoabdominal Branch Endoprosthesis (TAMBE) device—a promising advance that allows us to leverage our substantial experience managing complex thoracoabdominal aortic aneurysms with this new option that, in select patients, can be a safer and more efficacious option than traditional methods. There is also the case of a hybrid convergent ablation modified for a patient with dextrocardia, in which an otherwise routine procedure took on complexity, reminding us that adaptability is essential (page 6). Finally, our familiarity with percutaneous interventions for acute limb ischemia—both mechanical thrombectomy and aspiration—helps us optimally use the dual-purpose Artix™ Thrombectomy System to provide patients with a more efficient and less risky approach to clot removal (page 9). Each of these examples reflects not only innovation, but a culture of flexibility and thoughtful application.

One of our goals in shaping this culture depends on maintaining a dynamic balance of talent. We continue to nurture the remarkable clinicians that have shaped our program, while welcoming new colleagues who bring fresh ideas and experience. We believe that the right blend of continuity and refreshment of perspectives serves our patients most effectively. We are excited to introduce our newest physicians on page 11.

Likewise, our investment in education and developing new clinical talent remains a growing enterprise. We share details of our fellowship programs, which host over 40 fellows in 12 cardiovascular subspecialties, on page 10.

Our internal sense of pride has been reinforced by external recognition from the American Heart Association and the Society of Thoracic Surgeons, as well as U.S. News & World Report, which ranks MedStar Washington Hospital Center as #31 on this year's list of the nation's best hospitals for cardiology, heart and vascular surgery. While certainly gratifying, these accolades most importantly reflect the dedication of our teams and the growing depth of expertise across disciplines.



Minimally invasive, off-the-shelf device for patients with thoracoabdominal aortic aneurysm.

Thoracoabdominal aortic aneurysms (TAAA) often produce no clear symptoms until rupture and therefore carry a high risk of sudden death. Hence, when not caught early, intervention is often urgent. Moreover, due to TAAA's complexity and proximity to critical structures, repair can be extremely challenging.

"Historically, we have had no commercially available devices for treating patients with TAAAs," explains Steven Abramowitz, MD, physician executive director of Vascular Surgery for MedStar Health. "The current standard of open surgical repair is complex and associated with high rates of mortality and morbidity. Existing options for a minimally invasive approach, which have emerged in recent years, have been limited to custom-built devices that can delay treatment due to manufacturing time, or existing thoracic stent graphs that must be customized for each patient before surgery precluding emergency use."

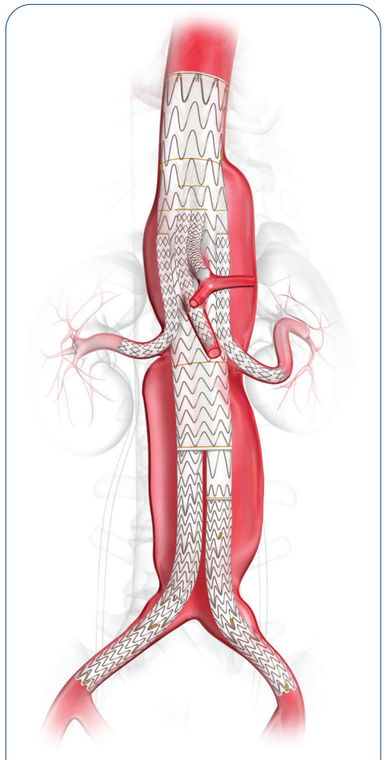
The now FDA-approved GORE® EXCLUDER® Thoracoabdominal Branch Endoprosthesis (TAMBE) device allows for off-the-shelf treatment.

"We can now provide a minimally invasive approach for patients whose case urgency would have prohibited branched or fenestrated endovascular repair," Dr. Abramowitz says. "This device addresses complicated pathology while minimizing risk and pain, shortening hospital stays, and improving outcomes."

Vascular surgeons at MedStar Health were the first in the region to use the technology and contributed to both its early investigation and post-approval clinical trials.

TAMBE is an implantable branched device designed to enable surgeons to use established imaging techniques to guide the device endovascularly, assembling it within the aorta. They can then effectively seal off the aneurysm and allow blood to flow directly through the endoprosthesis. Because TAAAs frequently span adjacent visceral vessels, TAMBE includes four pre-cannulated internal portals to facilitate placement of bridging stent grafts into the visceral arteries perfusing the abdominal organs.

"TAMBE is an innovative step forward that enables us to provide care that's both effective and timely for complex aneurysm repair," Dr. Abramowitz notes. "This technique promises to significantly improve outcomes for our patients—truly providing new hope for individuals with this life-threatening condition."



TAMBE is an implantable branched device designed to enable surgeons to use established imaging techniques to guide the device endovascularly, assembling it within the aorta. This effectively seals off the aneurysm and allows blood to flow directly through the endoprosthesis.

We offer 24/7 evaluation and treatment for emergent, urgent, and elective cases of complex aortic disease. Our helicopter and ground transport system provides expedited access to care, regardless of patient location. With one phone call, we will initiate transfer and treatment for your patient:

410-544-2332 (Baltimore region)
800-824-6814 (Washington, D.C. region)

MedStar Health Physician Executive Director of Vascular Surgery Steven Abramowitz, MD

Screening for aortic aneurysms.

Noninvasive diagnostic imaging can detect most aneurysms, and those found early are usually treatable.

If your patient has a family history of aortic aneurysms, or is a 65-to-75-year-old man who has smoked at least 100 cigarettes in his lifetime, they are considered high risk and eligible for screening. Atherosclerosis, a personal or family history of heart disease, and hypertension also increases risk.

To refer a patient for screening, call 202-877-8089.

An in-depth discussion on aortic aneurysms.

During a recent episode of MedStar Health DocTalk, Raghuveer Vallabhaneni, MD, director of Vascular Surgery for the Baltimore region gives a detailed interview on aortic aneurysms, covering the current standards for monitoring versus intervention, the latest options for treatment, as well as a remarkable case of a woman with a 13 cm aneurysm.

Listen at MedStarHealth.org/DocTalk.

Paroxysmal AFib in context of dextrocardia presents a complex conundrum.

John Lock has a distinguished, nearly 40-year career as a successful entrepreneur, investor, and organizational leader, including his current role as MedStar Health's senior vice president and chief digital transformation officer.

What else makes Lock unique is dextrocardia, a rare congenital condition in which the heart is positioned on the right side of the chest, with its apex pointing rightward. Additionally, unlike others with situs inversus totalis, in which other organs are reversed as well, only Lock's heart is differently positioned.

"My family first learned about it when I had my tonsils taken out at age 10 or so," Lock says. "Aside from always needing to alert physicians to my condition, I've never had any restrictions."

Indeed, Lock has led an otherwise normal, highly active life, from participating in triathlons to earning a commercial pilot's license. Even a diagnosis of supraventricular tachycardia (SVT) in his 20s following a luggage-laden dash through an airport didn't slow him down, though he was prescribed a mild beta blocker as a preventative measure.

Following the episode of SVT at the airport, Lock underwent cardiovascular testing. During a routine treadmill test, his heart rate rose to nearly 300 bpm. The doctor quickly took action and tried to establish normal rhythm.

"I had to remind him that because of my dextrocardia, he was hitting me in the wrong place," Lock recalls. Fortunately, his heartbeat quickly fell back to normal, but he still felt uneasy.

John Lock, MedStar Health's senior vice president and chief digital transformation officer, presented with a rare combination of paroxysmal AFib and dextrocardia.

"The doctor told me that I must be in great shape if I could survive that kind of SVT episode without a cardiac event."

Then, around 15 years ago, Lock began experiencing symptoms of paroxysmal atrial fibrillation (AFib). Though not uncommon in the general population, or among athletes in particular, Lock's case would prove vexing, as his AFib episodes gradually become more frequent and cyclical, despite conventional treatment approaches.

"For the first 14 years, I'd experience AFib maybe once or twice a year for a few hours. Suddenly, that changed, and about every 56 hours, I could count on an irregular heartbeat lasting about 10 hours, then going back to normal and the cycle starting again," he says. "None of the medications my physicians gave me would stop it."

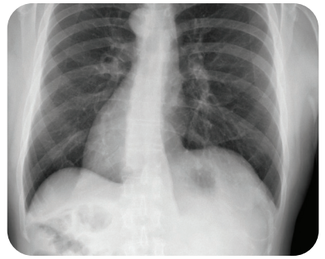
With the dramatic increase in the frequency of AFib, Lock visited an electrophysiologist in Florida, with whom his wife's family had a successful experience. And, being part of MedStar Health, he also reached out to and got to know Zayd Eldadah, MD, PhD, director of Cardiac Electrophysiology, who took an interest in his case.

"John is only the second patient with dextrocardia whom I have encountered professionally," says Dr. Eldadah, who understood Lock's frustration with the treatment dilemma. "While his condition should not have affected the effectiveness of the AFib medications, structural differences in the heart can impact the course of rhythm abnormalities and their treatment. We agreed that an ablation was the best option."

Given his wife's family's experience, Lock felt it made sense to be treated in Florida. Although he was assured the surgical team could perform an endocardial ablation despite his heart's unique structure, their attempt at the procedure failed.

Lock was frustrated and concerned. "My brother had died from a massive coronary," he says, "and it seemed there was nothing anyone could do to prevent that from happening to me."

Director of Cardiac Electrophysiology Zayd Eldadah, MD, PhD, and Cardiac Surgeon Christian Shults, MD



Chest X-ray and 3D CT reconstruction images showing dextrocardia, a rare congenital condition in which the heart lies on the right side of the chest with its apex pointing rightward. This unusual anatomy necessitated detailed preoperative imaging and surgical planning, as it was not amenable to a standard hybrid convergent ablation approach.

When told about the disappointing experience, Dr. Eldadah suspected that the surgical team hadn't fully understood how the unusual configuration of Lock's heart didn't lend itself to the use of endocardial catheters.

"Careful imaging studies help guide procedures by letting us visualize the twists and turns of heart anatomy—and it is absolutely essential in anatomic variants such as John's," Dr. Eldadah explains.

Dr. Eldadah referred Lock to MedStar Health cardiac surgeon Christian Shults, MD, a national proctor for Hybrid AF™ Convergent therapy, a minimally invasive ablation procedure for patients with certain types of AFib. In the early 2000s, MedStar Health helped pioneer the innovative procedure, which combines radiofrequency epicardial and endocardial ablation to create a maze-like pattern of scar tissue in the heart to disrupt misfiring electrical signals. The result is a more comprehensive and effective treatment.

Although Dr. Shults has performed some of the highest volumes of this procedure in the country, Lock was his first patient with dextrocardia.

—Continued on next page

Cardiac Surgeon Christian Shults, MD, is a national proctor for the Hybrid AF™ Convergent therapy, a minimally invasive procedure for patients with certain types of AFib.

After his procedure, Lock has resumed his active lifestyle and hopes to begin flying again, which he had to give up when his AFib worsened.

"The challenge is that anatomically, everything is reversed, which makes it a little more tricky," Dr. Shults says. "The key was to use the imaging of his heart as part of the pre-op planning to build a mental model in my head, and know what to expect."

While a Hybrid AF Convergent procedure is typically performed collaboratively by a cardiac surgeon and a cardiac electrophysiologist, that approach was not possible in Lock's case. Instead, Dr. Shults performed a modified convergent ablation, combining the standard posterior left atrial wall ablation with bilateral thoracoscopic pulmonary vein isolation. Through small incisions between the ribs, he introduced a thoracoscope and specialized long instruments to open the pericardium. Using a bipolar ablation clamp, he electrically isolated the pulmonary veins from the left atrium, targeting the areas where the abnormal electrical signals responsible for Lock's AFib were originating.

"It was mainly a matter of understanding his anatomy, and preparing a thorough plan for it," Dr. Shults explains. He encountered nothing unexpected during the five-hour procedure, which included adding left atrial appendage occlusion to reduce Lock's vulnerability to embolism should his AFib return.

"It's a great option for preventing stroke, whether or not the patient is undergoing an ablation," he says.

Since undergoing the operation in June 2023, Lock has had no problems with AFib, and no longer takes heart medications. He's gradually ramped up his exercise regimen and hopes to start flying again—an activity he had to give up when his condition worsened.

The risk of AFib-induced stroke may now be an afterthought, but it hasn't entirely been eliminated.

"AFib is related to human aging, so we must think of it as a progressive biological condition rather than a traditionally 'curable' disease," Dr. Eldadah cautions. "As such, it may be possible that John's AFib may return. The therapeutic goal in AFib management is to minimize the time one spends in arrhythmia. If John needs more help in the future, we know what to do."

Dr. Eldadah adds that as with every other patient, Lock's case provides some valuable lessons, including adopting the carpenter's adage of "measure twice, and cut once."

"That means do the imaging, and learn everything you can about the case," he says. "And always listen to patients, because nobody knows their bodies better than they do."

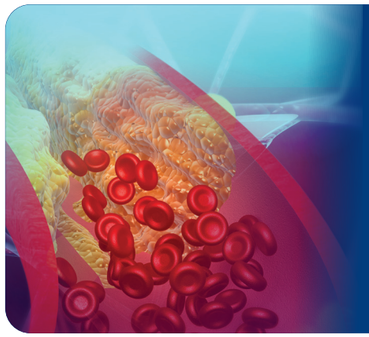
Dr. Shults adds that Lock's case highlights the benefit of providing a multidisciplinary approach to patients with challenging anatomy or other complex conditions.

"We have the advantage of leveraging a wide range of skill sets and perspectives to address unique problems, and improve patients' quality of life."

For himself, Lock says it was serendipitous to have been working at MedStar Health as his AFib was worsening.

"I feel blessed that I'm part of this organization and have access to such high-quality facilities and physicians, who are also my coworkers," he says. "Who knows how this might have turned out had I been working somewhere else? So, if my AFib does indeed come back, I know where I'm going."

For more information or to refer a patient, please call:
Dr. Eldadah: 202-877-7685
Dr. Shults: 202-877-7464



Dual mechanical thrombectomy and aspiration system offers a promising treatment option for acute limb ischemia.

Acute limb ischemia (ALI), a sudden and severe cessation of arterial perfusion to an extremity, is one of the most serious manifestations of peripheral artery disease (PAD) and represents a critical vascular emergency. It is a common yet potentially devastating pathology that occurs in an estimated 22-to-26 per 100,000 patients every year. Without prompt diagnosis and intervention, limb viability is threatened.

"Traditional options for managing ALI include open thrombectomy, the conventional intervention in cases of threatened limbs, and thrombolysis, which uses drugs to dissolve clots and can take several hours," explains Vascular Surgeon Kyle Reynolds, MD. "There is also an increasing application of modern endovascular techniques, such as percutaneous thrombectomy. These percutaneous interventions include mechanical thrombectomy, which uses devices like stent retrievers to physically capture and remove the clot, and aspiration thrombectomy, which uses suction to draw the clot out through a catheter. While these approaches can be effective, they have their strengths and weaknesses."

Now, there is a new option that offers the benefits of aspiration plus mechanical thrombectomy: the Artix™ Thrombectomy System. Artix is designed to address a range of arterial thrombus cases, from acute to chronic in a single procedure. Introduced in March by Inari Medical, the vascular surgeons at MedStar Health were first in the region to use the newly FDA-approved device.

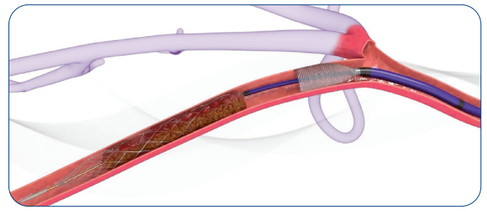
"Prior to Artix, the existing endovascular therapies for ALI were limited by safety concerns, procedural inefficiencies, and efficacy. Moreover, most percutaneous thrombectomy devices rely on a single mechanism—aspiration or mechanical—to remove thrombus. This approach can often lead to incomplete thrombus clearance," Dr. Reynolds says.

"With Artix, we have a solution that effectively addresses a wide range of clots while enabling us to maintain vessel access and retain control throughout the entire case. Its benefits include more complete clot removal, less time to perform the procedure—which is critical in the case of ALI, lower risk of damage to nearby structures, and a reduced need for thrombolytic drugs," he adds.

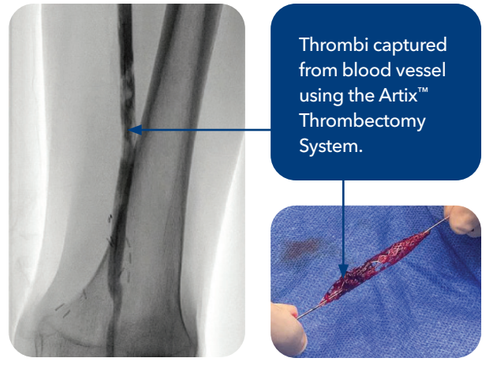
"Our experience with Artix thus far highlights its potential to advance the treatment of peripheral arterial thromboembolism, filling a critical gap in the current treatment landscape."

To refer a patient to Dr. Reynolds, please call 301-570-7475.

Vascular Surgeon Kyle Reynolds, MD



A new endovascular thrombectomy tool in use at MedStar Health enables surgeons to employ both aspiration and mechanical thrombus removal, offering patients expedited treatment, more complete clot removal, a lower risk of damage to nearby structures, and a reduced need for thrombolytic drugs.



Cardiovascular Disease Fellowship earns milestone marks this year.

A fellowship is often a defining experience in a physician's career path. Each year, more than 20 clinicians participate in the distinguished three-year MedStar Health-Georgetown/ Washington Hospital Center Fellowship in Cardiovascular Disease to receive subspecialty training, mentoring, and research opportunities across the spectrum of cardiovascular medicine.

Program Director
Gaby Weissman, MD

This year, the program received its highest rankings and reviews to date–well above the national average–on the Accreditation Council for Graduate Medical Education's (ACGME) Resident/Fellow Survey. ACGME annually requires residents and fellows in accredited programs to share opinions about their clinical and educational experiences.

Program Director Gaby Weissman, MD, has led the program since 2014.

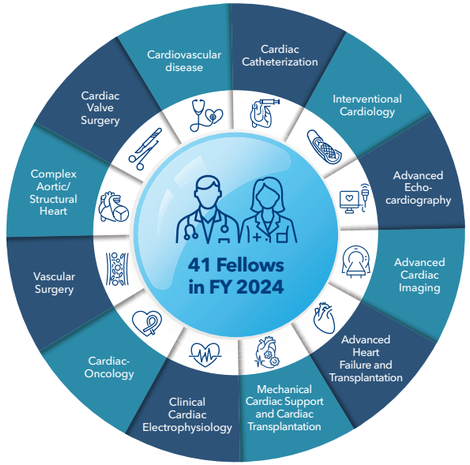
"Having a national reputation for clinical work in all areas of cardiovascular disease, plus being in the nation's capital, makes our fellowship program highly attractive," says Dr. Weissman. "We take pride in the knowledge that we help prepare cardiologists with well-rounded experience in complex cases and diverse patient populations, and expertise in advanced, state-of-the-art medicine."

Dr. Weissman explains that MedStar Health's program encourages its fellows to explore the full range of subspecialties to find the path that makes sense for them. Approximately half of the trainees continue subspecialty training after completing the fellowship.

"They go all across the country to start their practice or continue training, and we are proud to support them as they pursue those avenues," he says. "But we're also very fortunate to keep some of them here."

For example, former fellow Christy Kaiser, MD, is now the associate program director. She currently offers a new course that trains fellows to be educators, as well as clinicians and researchers. Phillip Lam, MD, a specialist in advanced heart failure and transplant cardiology, has likewise helped enhanced the program's research side, encouraging trainees to publish articles and present papers at national conferences.

Further details on the curriculum and application, as well as a listing of positions taken by our recent fellows after graduation, can be found at **MedStarHealth.org/ Education/Fellowship-Programs/Cardiovascular-Disease.**



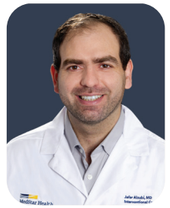
As one of the largest institutional sponsors of graduate medical education in the country, our cardiovascular training programs continue to expand.

Diverse experience
Fellows gain experience with a diverse population through rotations at MedStar Washington Hospital Center, MedStar Georgetown University Hospital, Washington DC VA Medical Center, Children's National Hospital.

Research and innovation
Fellows are provided unique opportunities for involvement in research, clinical trials, and publication through our numerous ongoing studies, as well as those at partner programs, including the National Institutes of Health.

Location in the nation's capital
Our location in Washington, D.C. allows fellows the opportunity for proximate involvement in healthcare advocacy and policy. For example, fellows have joined the American College of Cardiology in discussions with lawmakers on Capitol Hill about issues related to cardiovascular health.

Welcome new medical staff.



Jafar Alzubi, MD, is an interventional cardiologist at MedStar Union Memorial Hospital and MedStar Franklin Square Medical Center. He is board certified in cardiovascular disease, echocardiography, nuclear cardiology, and internal medicine. Dr. Alzubi specializes in advanced coronary interventions and provides comprehensive care for a wide range of complex conditions, including myocardial infarction, coronary artery disease, valvular heart disease, heart failure, and vascular disorders. He has expertise in minimally invasive procedures, such as stenting, valvular intervention, and left atrial appendage occlusion devices, as well as in complex coronary interventions, and employing mechanical circulatory support devices during high-risk procedures.

Education and training:
- **Fellowships:**
  - Interventional Cardiology, Yale New Haven University, New Haven, Connecticut
  - Cardiovascular Disease, Albert Einstein Medical Center, Philadelphia, Pennsylvania
  - Advanced Heart Failure, Albert Einstein Medical Center, Philadelphia, Pennsylvania
- **Residency:** Cleveland Clinic Akron General Hospital, Akron, Ohio
- **Medical School:** School of Medicine, University of Jordan, Amman, Jordan

Amber Boler, MD, is a cardiologist at MedStar Franklin Square Medical Center. She is board certified in cardiovascular disease, echocardiography, and internal medicine. Dr. Boler is particularly interested in women's cardiovascular health, cardio-oncology, and cardiac imaging. She uses a holistic approach to preventing and managing heart disease, integrating evidence-based medical therapies with lifestyle modification to guide treatment plans.

Education and training:
- **Fellowship:** Cardiovascular Disease, Mayo Clinic, Rochester, Minnesota
- **Residency:** Loma Linda University Medical Center, Loma Linda, California
- **Medical School:** The Ohio State University College of Medicine, Columbus, Ohio

Rimmy Farrakhan, MD, is an interventional cardiologist at MedStar Washington Hospital Center and MedStar Southern Maryland Hospital Center. She is board certified in cardiovascular disease, nuclear cardiology, adult echocardiography, and internal medicine. Dr. Farrakhan specializes in minimally invasive, catheter-based procedures to diagnose and treat various cardiovascular and valvular conditions. Her clinical interests include coronary artery disease, myocardial infarction, microvascular dysfunction, and heart failure, with a particular focus on improving outcomes for older patients with complex coronary disease who are not candidates for surgery. Additionally, she is certified to perform and interpret transesophageal echocardiograms and transthoracic echocardiograms.

Education and training:
- **Fellowships:**
  - Interventional Cardiology, Stony Brook University Hospital, Stony Brook, New York
  - Cardiovascular Disease, OSF St. Francis Medical Center, The University of Illinois College of Medicine Peoria, Peoria, Illinois
- **Residency:** Rhode Island Hospital/Miriam Hospital Warren Alpert Medical School of Brown University, Providence, Rhode Island
- **Medical School:** Saint Louis University School of Medicine, St. Louis, Missouri

Minhal Makshood, MD, is a board-certified cardiologist at MedStar Montgomery Medical Center. Dr. Makshood manages cardiovascular conditions in both men and women, with a special interest in women's health, cardio-obstetrics, and cardiovascular risks associated with hormonal changes such as menopause. She counsels women with pre-existing cardiac disease on the safety of pregnancy and provides close monitoring before, after, and during pregnancy, including guiding labor and delivery and postpartum care. In collaboration with maternal-fetal physicians, she manages pregnancy-related conditions such as preeclampsia, hypertensive disorders, heart failure, and cardiomyopathy of various etiologies.

Education and training:

- **Fellowships:**
  - Advanced Echocardiography, Johns Hopkins University School of Medicine, Baltimore, Maryland
  - Cardio-Obstetrics and Women's Health, Johns Hopkins University School of Medicine, Baltimore, Maryland
  - Cardiovascular Disease, Johns Hopkins University School of Medicine, Baltimore, Maryland
- **Residency:** Johns Hopkins Bayview Medical Center, Baltimore, Maryland
- **Medical School:** Albany Medical College, Albany, New York

Alexander P. Nissen, MD, is a board-certified cardiac surgeon at MedStar Washington Hospital Center. His practice is focused on complex aortic and valvular pathology, including elective and urgent cases involving aortic root disease, ascending and arch aneurysms, dissection, endocarditis, structural heart disease, and coronary revascularization. He is particularly interested in all aspects of aortic root surgery, including root replacement and valve-sparing techniques, reoperative cardiac surgery, and TAVR-explant. Dr. Nissen is deeply committed to constantly refining his techniques and approaches, thereby offering his patients the best options for care. He is active in clinical research and has presented at national and international conferences.

Education and training:

- **Fellowship:** Cardiothoracic Surgery, Emory University School of Medicine, Atlanta, Georgia
- **Residency:** General Surgery, Brooke Army Medical Center (BAMC), San Antonio, Texas
- **Medical School:** Uniformed Services University of the Health Sciences (USUHS), Bethesda, Maryland

Zyad Qamer, MD, is a cardiologist at MedStar Health at Lafayette Centre. He is board certified in cardio-oncology, echocardiography, cardiovascular computed tomography, general cardiology, and internal medicine. In addition to a wide range of general cardiovascular conditions, Dr. Qamer has a special interest in cardio-oncology and cardiac amyloidosis. His training included extensive experience caring for cancer patients, working closely with oncologists to prevent and manage heart conditions related to cancer therapies. He actively explores early clinical diagnosis and ensures they receive optimal, evidence-based treatment.

Education and training:

- **Fellowships:**
  - Cardio-Oncology and Amyloidosis, Washington University School of Medicine, St. Louis, Missouri
  - Cardiovascular Disease, MedStar Health-Georgetown University/Washington Hospital Center, Washington, DC
- **Residency:** MedStar Georgetown University Hospital, Washington, DC
- **Medical School:** Georgetown University School of Medicine, Washington, DC

Jacob Reiss, MD, is a cardiologist at MedStar Health at Annapolis and Kent Island. He is board certified in nuclear cardiology, echocardiography, vascular ultrasound, and internal medicine. Dr. Reiss diagnoses and treats a broad spectrum of cardiovascular diseases, including treatment-resistant hypertension, lipid disorders, coronary heart disease, congestive heart failure, and peripheral vascular disease. He performs specialized diagnostic procedures, such as transesophageal echocardiograms and cardioversion.

Education and training:

- **Fellowship:** Cardiovascular Disease, Baylor University Medical Center, Dallas, Texas
- **Residency:** Lankenau Medical Center, Wynnewood, Pennsylvania
- **Medical School:** Sidney Kimmel Medical College at Thomas Jefferson University, Philadelphia, Pennsylvania

Ajaypaul Sukhi, MD, is an interventional cardiologist at MedStar Union Memorial Hospital and MedStar Franklin Square Medical Center. He is board-certified in echocardiography, cardiovascular disease, and internal medicine. Dr. Sukhi specializes in coronary artery disease and valvular heart disease. He combines technical precision with compassion to provide the most appropriate treatment for each patient, including percutaneous coronary intervention, alcohol septal ablation, mechanical circulatory support, intravascular ultrasound, optical coherence tomography, and rotational atherectomy.

Education and training:

- **Fellowships:**
  - Interventional Cardiology, Medical University of South Carolina, Charleston, South Carolina
  - Cardiovascular Disease, University of Nebraska Medical Center, Omaha, Nebraska
- **Residency:** Sinai Hospital of Baltimore, Baltimore, Maryland
- **Medical School:** Kempegowda Institute of Medical Sciences, Bangalore, India

D'Andre Beth Williams, MD, is a vascular surgeon and Registered Physician in Vascular Interpretation at MedStar Washington Hospital Center and MedStar Southern Maryland Hospital Center. She treats the full spectrum of vascular disease, including carotid artery disease, mesenteric and peripheral artery disease, and aortic aneurysms and dissections. Dr. Williams clinical interests include advanced aortic repair, lower extremity limb salvage, carotid artery revascularization, and dialysis access. She tailors her approach to each patient, prioritizing the least invasive but most effective options, including open surgery and minimally invasive techniques, such as endovascular surgery, or hybrid procedures.

Education and training:

- **Residency:** Integrated Vascular Surgery, Cleveland Clinic Foundation, Cleveland, Ohio
- **Medical School:** Florida State University College of Medicine, Tallahassee, Florida

Alyssa Zaidi, MD, is a cardiologist and Registered Physician in Vascular Interpretation at MedStar Health at Lafayette Centre. She is board certified in echocardiography and internal medicine. Dr. Zaidi treats the full spectrum of cardiovascular conditions, including coronary artery disease, valvular disease, and arrhythmias. Her special interests include clinical lipidology, cardio-obstetrics, and multimodality cardiac imaging. She uses echocardiography, nuclear cardiology, and vascular imaging to provide comprehensive evaluation and treatment.

Education and training:

- **Fellowship:** Cardiovascular Disease, NewYork-Presbyterian Hospital | Weill Cornell Medical Center, New York, New York
- **Residency:** New York-Presbyterian Hospital | Weill Cornell Medical Center, New York, New York
- **Medical School:** Lewis Katz School of Medicine at Temple University, Philadelphia, Pennsylvania

News and notes.

MedStar Washington Hospital Center has again earned national recognition in the U.S. News & World Report "Best Hospitals" rankings.

MedStar Washington Hospital Center has again been recognized among the nation's top hospitals for cardiovascular care in the 2025–2026 U.S. News & World Report "Best Hospitals" rankings, reinforcing its reputation as a leader in healthcare excellence. It is the only nationally recognized heart and vascular program of its kind in the Washington region. MedStar Washington climbed to #31 from #38 last year. In addition, the hospital received high-performing ratings in the areas of abdominal aortic aneurysm repair, aortic valve surgery, heart attack, heart bypass surgery, heart failure, transcatheter valve replacement (TAVR), heart arrhythmia, and pacemaker implantation.

MedStar Union Memorial Hospital received high-performance ratings in aortic valve surgery, heart attack, heart bypass surgery, heart failure, transcatheter valve replacement (TAVR), heart arrhythmia, and pacemaker implantation. MedStar Southern Maryland Hospital Center achieved the same rating for heart attack and heart failure. Also receiving a high-performance rating in heart failure are MedStar Franklin Square Medical Center, MedStar Georgetown University Hospital, MedStar Good Samaritan Hospital, and MedStar Harbor Hospital.

American Heart Association's Get With The Guidelines® program recognizes four MedStar Health hospitals.

Four MedStar Health hospitals have received American Heart Association's Get With The Guidelines® achievement awards for demonstrating commitment to following up-to-date, research-based guidelines for the treatment of heart disease. These awards recognize each site for providing rapid, research-based and high-quality care to people experiencing a non-ST elevation myocardial infarction (NSTEMI) and ST-segment elevation myocardial infarction (STEMI).

MedStar Franklin Square Medical Center

MedStar Southern Maryland Hospital Center

MedStar Union Memorial Hospital

MedStar Washington Hospital Center

Two MedStar Health hospitals earn three-star ratings from the Society of Thoracic Surgeons.

Two MedStar Health hospitals have been awarded the highest quality rating—three stars—from the Society of Thoracic Surgeons (STS), placing them among the top cardiac surgery programs in the nation.

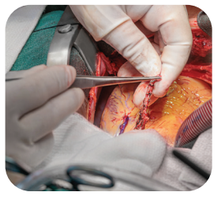
MedStar Washington Hospital Center received three stars in three ranked categories: Coronary Artery Bypass Grafting (CABG or heart bypass surgery), Mitral Valve Repair/Replacement (MVRR), and Multiprocedural Composite Measure, which is a combination of overall cardiac procedures, including valves and heart bypass surgeries.

MedStar Union Memorial Hospital earned three stars in two categories: Coronary Artery Bypass Grafting and Multiprocedural Composite Measure.

"We are proud to receive this significant recognition for both institutions, which reflects the unwavering dedication, expertise, and compassion our team brings to our cardiac surgery patients every day," said Thomas MacGillivray, MD, physician executive director of Cardiac Surgery at MedStar Health, and chair of Cardiac Surgery at MedStar Washington Hospital Center. "The STS Adult Cardiac Surgery database is the gold standard for quality and safety and is instrumental in identifying best practices and outcomes in cardiac surgery. This achievement underscores our ongoing commitment to excellence and the trust our community places in us."

MedStar Washington Hospital Center

MedStar Union Memorial Hospital



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