Robert D. Reif Fellowship in Legal Ethics and Professional Values

I have been asked to serve on the selection committee to award this fellowship in memory of Robert Reif, who was our counsel for the first 10 years of the MFA. Bob was a wonderful individual who helped the MFA incorporate and stood by us for many years. He was a friend and valued counsel and along with Doug Hastings, his partner at the law firm of Epstein Becker Green, was responsible for much of our success. I accepted this invitation to serve out of my fondness for Bob who passed away after receiving a lung transplant for pulmonary fibrosis.

I know that the title of the Fellowship sounds like an oxymoron to many of us but Bob was a truly ethical and professional lawyer. The Reif Fellowship is awarded every year to a student at American University Washington College of Law who submits the best essay on an important question of ethics and/or values confronting the legal profession today. That should make for endless opportunities.

SAVE THE DATE

END-OF-THE-YEAR PARTY

FRIDAY, JUNE 10TH

RITZ CARLTON HOTEL

From the Chairman

Usually when we talk about helping people or saving lives we talk in large numbers (populations). Many would say that Vaccines were the most life-saving therapies that were ever developed. Some would tout antibiotics, although it is rapidly appearing that the overuse of antibiotics may end up costing more lives unless this resistance problem is overcome. Many believe that Penicillin was the first Miracle drug (although if you google ‘miracle drugs’ the first thing you get is the top ten erection pills. Miracles are clearly in the eye or other organ of the beholder.) But my choice, or at least a leading contender, would be Insulin. The story of the discovery of Insulin from Langerhans in the 1860’s to its purification by Banting and Best in the 1920’s is an amazing story that saved millions of lives. I should admit that I once claimed tPA to be a miracle drug for acute MI, on live TV. I don’t think we have used it for that purpose in the last 20 years. But it sure sounded good.

It is possible that statins will surpass all of the above given that the #1 killer is heart disease. I believe that every cardiologist who began practicing before the days of statins has been in awe at the decrease in incidence and mortality of coronary artery disease. However, we may be treating too many patients or is it too few? We are obviously over treating some patients who will never developed coronary disease and not treating others who will. Guidelines are far from perfect. They try to include as many patients at risk as possible but not everyone. Why not? A few years ago I touted the polypill of which statins were one ingredient. Other than the side effect of muscle aches would it be so terrible to just treat everyone? We give everyone measles vaccine even though not everyone before the days of vaccines acquired measles. Just watch Apollo 13 if you don’t believe me. Overusing statins isn’t like over using antibiotics. Cholesterol isn’t as smart as bacteria; it hasn’t become resistant to statin use (or maybe cardiologists are just smarter than infectious disease docs.)

But this week I am blown away by a simple statistic in an email I received. At GW we have performed 51 TAVR’s (transcatheter aortic valve replacements) or replacement of the Aortic Valve done minimally invasively without surgical incisions. That means that 51 patients who had no alternative other than to live a short time with a major disability such as class 4 heart failure had a chance and most survived! These were patients who were not surgical candidates and there was no medication that could help them. And just a few short years ago they would have died soon after developing symptoms. These were elderly or debilitated patients that may not have survived surgery but could and did survive TAVR and went on to have some additional time in their lives. TAVR patients live longer and better than patients who do not undergo the procedure (and it appears that woman do better than men.)

Now, each TAVR probably cost well over $100,000. Can we afford this type of therapy especially for the sickest and oldest? Of course not. However, when you look at cost in regard to quality of life improvement TAVR is within the cost structure that society already accepts. It compares favorably to other expensive procedures such as bypass surgery or heart transplant. When you think of treating Patients and not Populations you can’t get better than this.

Alan G. Wasserman, M.D.
Department of Medicine  
March 2016 Grand Rounds

MAR 3 "Colonel John Boyd and Transplant Infectious Diseases: What a Korean War Era Fighter Pilot Can Teach Us about Evaluating and Managing Infections in Transplant Recipients"  
Shmuel Shoham, MD  
Associate Professor of Medicine  
Division of Infectious Diseases  
Department of Medicine  
Johns Hopkins Rockland Physicians Practice and Research Group  
Baltimore, MD

MAR 10 "Cervical Myelopathy"  
Raj Rao, MD  
Professor and Chairman, Orthopaedic Surgery  
Professor, Neurosurgery  
Department of Orthopaedic Surgery  
GW Medical Faculty Associates

MAR 17 "Extracorporeal Membrane Oxygenation (ECMO)"  
Farzad Najam, MD  
Director, Cardiac Surgery  
Washington Institute of Thoracic and Cardiovascular Surgery  
Assistant Clinical Professor of Surgery  
George Washington University

MAR 24 "Endovascular Treatment of Stroke"  
Dimitri Sigounas, MD  
Assistant Professor of Neurosurgery  
Department of Neurosurgery  
GW Medical Faculty Associates

MAR 31 "Targeting Epigenetics for Cancer Therapy"  
Edward Seto, PhD  
Professor of Biochemistry and Molecular Medicine  
Associate Director, Basic Sciences  
George Washington University Cancer Center

Cardiology Grand Rounds  
5:00 PM, Ross Hall, Room # 104

MAR 2 Mortality & Morbidity Conference

MAR 9 Ali Ahmed, MD  
Professor of Medicine and Epidemiology  
Associate Director, Comprehensive Center for Healthy Aging  
Director, Geriatric Heart Failure Clinic  
University of Alabama; Birmingham, Alabama  
Geriatric Cardiology

MAR 16 Manreet Kanwar, MD  
Assistant Professor of Medicine  
Temple University School of Medicine  
Department of Cardiology  
Allegheny General Hospital  
Pittsburgh, PA  
Chronic Thromboembolic Pulmonary Disease

MAR 30 Andrew Arai, MD  
Senior Investigator  
Advanced Cardiovascular Imaging Group  
National Heart, Lung, and Blood Institute (NIH)  
Advances in Cardiac CT

Resident Lecture Series  
March 2016 Noon Conference

MAR 1 Journal Club

MAR 2 GME Core Lecture

MAR 3 Medicine Grand Rounds

MAR 4 Chairman’s Rounds

MAR 7 "Oral Health in Primary Care"- Dr. Pierre Carter

MAR 8 Mortality & Morbidity-  
Drs. Dana Kay and Joe Delio

MAR 9 "Genetic Screening"- Dr. Macri and Andrew Nance, MS4

MAR 10 Medicine Grand Rounds

MAR 11 Chairman’s Rounds

MAR 14 TBD

MAR 15 "Chronic Disease Prevention and Management: A Dentist’s Perspective"- Dr. Pierre Carter

MAR 16 GME Core Lecture

MAR 17 Medicine Grand Rounds

MAR 18 Chairman’s Rounds

MAR 21 "Special Topics in Adult Oral Healthcare: Geriatrics, Oropharyngeal Cancer, Infectious Disease Prevention, and Women’s Health"- Dr. Pierre Carter

MAR 22 Clinicopathologic Conference-  
Drs. Abeer Alfaraj and Rami Al Sharif

MAR 23 TBD

MAR 24 Medicine Grand Rounds

MAR 25 Chairman’s Rounds

MAR 28 TBD

MAR 29 TBD

MAR 30 TBD

MAR 31 TBD

The George Washington University Medical Center (GWUMC) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor continuing medical education activity on an hour-for-hour basis in Category I of the Physician’s Recognition Award of the American Medical Association (AMA).

Medicine Team Contacts

WHITE TEAM (202) 715-5669
YELLOW TEAM (202) 715-6041
GREEN TEAM (202) 715-6062
RED TEAM (202) 715-6039
BLUE TEAM (202) 715-6156
SILVER TEAM (202) 715-6040
PURPLE TEAM (202) 715-6042
GOLD TEAM (202) 715-6044

ADMITTING RESIDENT 741-0161 pager
Please Join Us In Welcoming Our Newest Addition to the Medicine Faculty

Su Y. Chin, FNP-BC, CDE joined the Division of Endocrinology in Mid-February as a Certified Nurse Practitioner. Su received her Bachelor of Science degree in Nursing at Columbia University in 1979 and her Master of Science degree in Nursing at Georgetown University in 2002. She is board certified as a Family Nurse Practitioner by the American Academy of Nurse Practitioners (AANP) and is a certified Diabetes Educator with the National Certification Board of Diabetes Educators. She is licensed in the District of Columbia, Maryland and Virginia.

Su’s experience as a healthcare provider spans more than 30 years, starting as a Labor and Delivery Staff Registered Nurse at Georgetown University Hospital in 1981. She remained at Georgetown for the majority of her professional career and gained valuable experiences in a number of specialties including, Endocrinology and OB/GYN. Over the years she held a number of positions which lends to her level of expertise as a Nurse Practitioner.

Her special interests include Diabetes, Diabetes and Pregnancy, Insulin Pumps and Diabetic Nutrition.

GW Hospital– Interim Medical Director

Dr. Bruno Petinaux, MD, emergency medicine, will serve as GW Hospital interim Chief Medical Officer. As the interim Chief Medical Officer, Dr. Petinaux will assist with CMO related duties/responsibilities.

Dr. Petinaux is a long-standing GW physician. He is the Co-Director of the Emergency Management Program where he serves as the lead on all emergency response efforts, including most recently successfully steering us through winter Storm Jonas. He is an Associate Professor in the Department of Emergency Medicine at the George Washington University School of Medicine and Health Sciences and has been a member of the GW Medical Faculty Associates since 2002. Prior to 2002, he did his emergency medicine residency at GW and served as the chief resident.

Bruno is also currently a Clinical Site Director and Medical Staff Physician at both the Walter Reed National Military Medical Center and at the Veterans Administration Medical Center. He has a strong background in emergency response and serves as the GW Hospital representative to the DC Emergency Healthcare Coalition as Chair of the Emergency Management Committee. He also serves on the Fairfax County Search and Rescue team. We look forward to all of us collaborating with him in the future.

TAVR Update- GWUH Transcatheter Aortic Valve Replacement (TAVR) Program

GW’s TAVR program reached a milestone last month as we completed our 50th and 51st cases. The success of this initiative would not have been possible without the great support of the GW Hospital and the MFA and the dedicated work of dozens of dedicated people in medicine, surgery, anesthesia, radiology, ICU, 3S, cardiac Cath lab, OR, perfusion, heart station and the outpatient clinics of GW and the VA as well as the terrific leadership of Drs. Christian Nagy, Jonathan Reiner, Ramesh Mazhari, and Farzad Najam.

Staff Announcement

Ken Marter stepped down as Chief Financial Officer to pursue his career as a baker. Ken has served as our Chief Financial Officer since 2004. His contributions to our organization have included the completion of many successful financial audits and leadership of our finance team over the last 12 years. We wish Ken the best in his future endeavors.

Steve Rusinko will serve as MFA’s interim Chief Financial Officer. Steve has more than 28 years in healthcare financial leadership. Most recently, he served as Chief Financial Officer with Cancer Treatment Centers of America at Eastern Regional Medical Center. After earning his MBA from Eastern University, Steve joined Friends Hospital located in the Greater Philadelphia area and later joined Universal Health Services, Inc., as Regional Finance Manager. We look forward to the contributions Steve will provide to our organization through closer financial collaboration with the hospital and university.

ACD for Patient Centered Initiatives and Health Equity at the GW Cancer Center

The GW Cancer Center is pleased to announce that Mandi Pratt-Chapman, a national leader for patient navigation and cancer survivorship policy and training has been tapped to serve as the Associate Center Director (ACD) for Patient Centered Initiatives and Health Equity. In this role, Pratt-Chapman will serve on the senior leadership team for the newly-formed GW Cancer Center, leading national research on patient-centered care and integrating research into practice. One of her main functions will be the creation of an exemplary patient support services program, which will build on the programs that she developed during the past several years as director of the GW Cancer Institute. She will also enhance community relationships and research relevance to the local community and maintain a portfolio of sponsored projects related to patient-centered care and health equity.

Pratt-Chapman will also work closely with other ACDs, including the ACD for Population Sciences & Policy and the ACD for Clinical Investigations, to build team science to improve the quality and equity of cancer prevention, care access and delivery. She will also work to build a culture of quality improvement and community engagement and support greater access to clinical trials at GW Cancer Center.

Chairman’s Rounds

GWU Hospital Auditorium, 12:00 Noon

All Faculty Invited to Attend

Mar 4  Dr. Lenny Genovese
       Dr. Maggie Gloria

Mar 11  Dr. Nishant Magar
       Dr. Shalenee Singh

Mar 18  Dr. Sruti Chintamaneni
       Dr. Katie Cramer

Mar 25  Dr. Tyler Basen
       Dr. Jim Howard
Rheumatology Academic Conference Schedule
March 2016

2300 M Street, Suite 3-332
8 AM—11:30 AM
Questions? Call (202) 741-2488

MAR 3:
Inflammatory Bowel Disease
Matthew Chandler, MD

MAR 3:
Didactic Sessions

MAR 10:
Radiology Conference
Dr. Kathleen Brindle,
Associate Professor of Radiology
Chief, Musculoskeletal Radiology
NOTE LOCATION: GWU Hospital
Radiology Conference Room

MAR 10:
Didactic Sessions

MAR 17:
Intra-City Rheumatology Grand Rounds
NOTE LOCATION: Navy–WR Hospital
NOTE TIME: 7:30 AM

MAR 17:
Faculty Meeting

MAR 24:
Pulmonary Hypertension
Jalil Ahari, MD

MAR 24:
Didactic Sessions

MAR 31:
Journal Club
Dareen Almanabri, MD

MAR 31:
Didactic Sessions

Kudos and Congratulations

Kudos... to Dr. Catherine Boinest, General Internal Medicine, on being awarded the 2015 Vitals Patients’ Choice Award.

Kudos... to Drs. Tim Dougherty, Marie Borum, Gastroenterology; Dr. Justin Ertle, PGY 2; Dan Gaballa and Shreya Chablaney, medical students, on their abstract, Primary Care Providers are Vital to Carrying out Hepatitis C Screening, being accepted for presentation at the American College of Physicians Annual Meeting, May 2016.

Kudos... to Dr. Nathan Punwani, PGY 3, on his letter to the editor in the Wall Street Journal, “What More Hospitals Mean is More Treatment”. Way to go!

Congratulations... to Dr. Sam Serafi, Rheumatology fellow, and his wife on the arrival of baby Sophie Rema Serafi born on January 20th weighing in at 5 pounds 9 ounces.

Congratulations... to Dr. Sara Wikstrom, Hospital Medicine, and her family on the arrival of her baby girl, Charlotte, in February.

Congratulations...to all our Program Directors, Drs., Allen Solomon, Ramesh Mazhari, Cynthia Tracy, Samir Patel, Elizabeth Cobbs, Karen Blackstone, Matthew Chandler, Rodolfo Curiel, Afoosh Roberts, Jalil Ahari, and Imad Tabbara, for the notification of our continued ACGME accreditation! Also, Special thanks to Dr. Michael Czarnecki for overseeing all the fellowship programs.

See you next month! The Editor