



GW Medicine Notes

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Dr. Anton Sidawy Named Lewis B. Saltz Chair of Surgery

Dr. Anton Sidawy, Professor and Chairman of Surgery, was installed as the fifth Lewis B. Saltz Chair of Surgery on September 19th. Dr. Sidawy joined the GW MFA in 2010 as Chairman of the Department of Surgery with a primary clinical interest in the management of diabetic lower extremity vascular disease. He is a renowned vascular surgeon and has held preeminent roles within his field, including Editor in Chief of the Journal of Vascular Surgery.

Lewis B. Saltz was a distinguished Washingtonian, as well as a philanthropist, and as a grateful patient established in his will a foundation which led to the bequest the chairmanship, the first of which was installed in 1962.

The function was held at the Four Seasons Hotel and the formal installation was made by **Dean Jeffrey Akman**, after comments by **President Steven J. Knapp**, **Provost Steven Lerman**, **Dr. Alan Wasserman** and **Dr. Frank LoGerfo**, **William V. McDermott** Distinguished Professor of Surgery at Harvard Medical School and long-time mentor of Dr. Sidawy's.

Among the many accolades Dr. Sidawy received, Dr. Wasserman pointed out what a singular achievement it was for Dr. Sidawy to be elected by the students to AOA in just two short years on faculty, and that adding to his attractiveness as a candidate for Chairman was "our affection for the real brains in the family, his wife, Dr. Mary Sidawy," a former GW faculty member.

From the Chairman

In academics, the way to get ahead is to try and not be wrong about important issues too many times. I have been faced with making a major decision on which diagnostic procedure or treatment that I was involved with research to champion. In each case, there were two competing options with advocates on both sides.

The first was early in my career when my entire research (and most of my clinical) interests revolved around Nuclear Cardiology. At NIH they were only performing multi-gated acquisition scans (MUGA's) because their published research claimed that this test was nearly 100% correct. At both Hopkins and Yale they were doing Exercise Thallium scans and although made no such remarkable claims felt that this study had an excellent specificity and sensitivity. As these techniques spread across the country there were groups that were advocates of each technique. Since MUGA's were more fun to perform, we almost exclusively did MUGA's. However, in a year or so we had a large patient population who had MUGA's and cardiac catheterizations to document their disease state. Our publication in the NEJM revealed that doing a MUGA was akin to flipping a coin. The fact that the NIH data was incredibly flawed made me a piranha in some quarters and a hero in others. Yet, within a short period of time our data was validated by others and MUGA's disappeared (even at NIH.) Guessed wrong but made a good recovery.

In the early 90's there was a major controversy over which thrombolytic agent, tPA or Streptokinase, was superior. tPA cost \$2,500 and was made by Genentech and Streptokinase cost \$50 and was generic. Initially every major academic cardiologist sided with tPA but as some evidence came in that SK may have equal benefits people fled like flies. Most did not want to appear to pander to Genentech. However, the data was overwhelming; at least that's what Allan Ross convinced me of. tPA more often opened an occluded artery and that is why it would save more lives. But others pointed out that no mortality study had ever been done. So a large comparison mortality trial was started and those three years while that trial went on were interesting. I debated many prominent invasive cardiologists over this time and was called every name in the book including being a stooge for Genentech. The study showed that there was an overwhelming survival benefit for tPA and the debate was over. Not one SK advocate ever apologized but all jumped on the Genentech lecture circuit bandwagon as quick as possible. PTCA soon became the treatment of choice and it is now hard to imagine what all the fuss was about. One right (with help.)

Finally, approximately 12 years ago we started doing coronary calcium scanning to help risk stratify patients for CAD. This time because most academic centers didn't have the equipment to do this procedure, the noise was intense. After our first 100 patients or so, putting this data together with others, it was clear to me that this was probably the most accurate indicator for subclinical CAD since it detected atherosclerosis. The group at Hopkins led the way against calcium scanning until they purchased their own unit and started running full page ads touting its diagnostic benefits. I can't imagine what converted them but I assume it was our data. Recently, two studies were published that showed that "coronary artery calcium bests other risk markers for CVD risk assessment." It is more than twice as predictive as the touted C-reactive protein (CRP). Of course articles have called physicians who do not believe in using CRP, skeptics. To them a skeptic is someone who won't accept as the gospel what everyone else does even though there is no data. I've been called worse. Two right.

Then of course there are my papers on the reciprocal change theory on ECG's and the lack of efficacy of aspirin post MI, but that's for someone else's newsletter.

Alan G. Wasserman, M.D.

Department of Medicine October 2012 Grand Rounds

Harold Hirsh Lecture on Health & the Law

Oct 4 **"Aligning the Health Care System for Health"**

Joshua M. Sharfstein, MD

Secretary

Department of Health & Mental Hygiene

State of Maryland

Oct 11 **"Thyroid and Pregnancy: The Interplay of Science, Public Health and Politics"**

Alex Stagnaro-Green, MD

Professor of Medicine and of Obstetrics and Gynecology

Senior Associate Dean for Education

George Washington University

School of Medicine and Health Sciences

Oct 18 **"Epilepsy"**

Samuel Potolicchio, MD

Professor of Neurology

Director, Neurophysiology Center

Department of Neurology

George Washington Medical Faculty Associates

Oct 25 **"Circadian Rhythm Disorders"**

Phyllis C. Zee, MD, PhD

Professor of Neurology, Neurobiology & Physiology

Director, Sleep Disorders Program

Ken & Ruth Davee Department of Neurology

Northwestern University Feinberg School of Medicine

Chicago, Illinois

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

Medicine Team Contacts

ADMITTING RESIDENT (202) 715-6034 (CELL)

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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

Cardiology Grand Rounds

5:00 PM, GWU Hospital, Conference Room 6-116

- Oct 3 **M & M**
- Oct 10 **Allen Solomon, MD**
Professor of Medicine
Division of Cardiology
George Washington Medical Faculty Associates
AF and the Risk of Dementia
- Oct 17 **Nehal Mehta, MD**
Director, Inflammatory Risk Clinic, Preventive Medicine
Division of Cardiovascular Medicine
University of Pennsylvania Health System
Inflammation and Cardiometabolic Disease
- Oct 26 **James Katz, MD**
Professor of Medicine
Director, Division of Rheumatology
George Washington Medical Faculty Associates
Vasculitis
- Oct 31 **Marco Mercader, MD**
Associate Professor of Medicine
Division of Cardiology
George Washington Medical Faculty Associates
New Concepts in Catheter Ablation

Resident Lecture Series

October 2012 Noon Conference

- Oct 1 **HVCC Lecture: Health Care Waste**
- Oct 2 **Journal Club**
- Oct 3 **GME Core Curriculum**
- Oct 4 **Medicine Grand Rounds**
- Oct 5 **Chairman's Rounds**
- Oct 8 **"C. difficile" - Dr. David Parenti**
- Oct 9 **Hospitalist Series:**
"Alcohol Withdrawal" - Dr. Karolyn Teufel
- Oct 10 **GME Research Lecture**
- Oct 11 **Medicine Grand Rounds**
- Oct 12 **Chairman's Rounds**
- Oct 15 **HVCC Lecture: Payment Modules**
- Oct 16 **CPC**
- Oct 17 **"Approach to Neuromuscular Disorders" - Dr. Perry Richardson**
- Oct 18 **Medicine Grand Rounds**
- Oct 19 **Chairman's Rounds**
- Oct 22 **HVCC Lecture: Health Insurance**
- Oct 23 **Chairman's Rounds**
- Oct 24 **GME Patient Safety Conference**
- Oct 25 **Medicine Grand Rounds**
- Oct 26 **Chairman's Rounds**
- Oct 29 **"Oncologic Emergencies" - Dr. Khaled el-Shami**
- Oct 30 **Mortality & Morbidity**
- Oct 31 **"Update in Geriatrics" - Dr. Katalin Roth**

Please Join Us In Welcoming Our Newest Addition to the Medicine Faculty

This month, **Dr. Scott Cohen**, joins the Division of Kidney Diseases & Hypertension, or rather returns as a faculty member since he completed his nephrology fellowship here at GWU in 2008. Originally from Miami, Florida, Dr. Cohen earned his medical degree from the University of Miami Miller School of Medicine where he was selected to Alpha Omega Alpha National Medical Honor Society.

Dr. Cohen completed his internal medicine residency at Duke University Medical Center and then came to the George Washington University Medical Center for an internal medicine fellowship before completing his nephrology fellowship training at GWU. He then completed nephrology subspecialty training in glomerular diseases at Columbia University Medical Center-New York Presbyterian Hospital. He also completed a Masters in Public Health at The George Washington University School of Public Health.

Dr. Cohen's clinical interests include the treatment of glomerulonephritis, chronic kidney disease, acute kidney injury, hypertension, renal transplantation and dialysis. His research interests include novel therapeutic options for the treatment of glomerulonephritis, and outcomes research in chronic kidney disease and acute kidney injury. He is board certified in internal medicine and in nephrology.

Appointments can be made with Dr. Cohen by calling (202) 741-3333.

Cardiovascular Institute Third Annual Honduras Mission

In September, the GW Heart & Vascular Institute sponsored its third annual medical mission to rural Honduras providing a free heart failure and arrhythmia clinic over a two-week period. The mission, led by **Dr. Cynthia Tracy** and **Dr. Marco Mercader** and assisted by **Fernando Najera** and **John Naylor**, has evaluated more than 200 heart patients in the last two years and implanted more than 50 cardioverter defibrillators and pacemakers in patients who otherwise would not be able to afford them.

Prior to the GW team's arrival, Honduran-based physicians and social workers identify at-risk patients of all ages from throughout the country, who are then transported to the Centro Medico Comayagua Colonial Hospital in Comayagua for evaluation and care. This year Dr. Tracy and Dr. Mercader evaluated 100 more patients and implanted medical devices into 42 patients with the greatest need. The GW medical team uses a state-of-the-art GE handheld ultrasound scanner, the Vscan, which records echocardiograms for bedside diagnosis, providing efficient evaluation.

This medical mission is made possible solely by charitable donations and voluntary staff and physician participation. In addition, medical device companies have donated more than \$500,000 worth of medical equipment each year.

SAVE THE DATE
 WEDNESDAY
 DECEMBER 12, 2012
 HOUSESTAFF & FACULTY
 HOLIDAY PARTY

Chairman's Rounds

GWU Hospital Auditorium, 12:00 Noon
 All Faculty Invited to Attend

- Oct 5 **Dr. Samir Vermani**
Dr. Mohamad Alkadi
- Oct 12 **Dr. Swathi Namburi**
Dr. Natasha Ang
- Oct 19 **Dr. Monique Duwell**
Dr. Andrew Roberts
- Oct 23 **Dr. Sarah Doaty**
Dr. Fiorina Kyritsi
- Oct 26 **Dr. Faysal Haroun**
Dr. Anita Katikineni

And the Winner Is ...

The long awaiting winner of the name change for the Department of Medicine, Division of General Internal Medicine, Urgent Care Clinic is, **Acute Care Clinic**. We feel this better represents the type of care delivered in the clinic while also better communicating to patients, as simply as possible, the appropriate use of the this clinic's resources.

Annual MFA Faculty Meeting

Wednesday, October 17, 2012

The Westin, Georgetown
 2350 M Street, NW
 Washington, DC

5:30 - 6:30 PM Cocktail Reception
 Promenade Level

6:30 - 7:30 PM Meeting
 Washington Ballroom

Rheumatology Academic Conference Schedule October 2012

Thursdays 8:00 - 9:00 am ACC 1-401, 1:30 - 3:30 pm Hospital Rm 6-106
Questions? Call (202) 741-2488

- Oct 4 **Journal Club**
Dr. Tina Shah
- Didactic Sessions
1:30 - 3:30 p.m., GWU Hospital, Rm 6106
- Oct 11 **Dr. Kathleen Brindle**, Associate Professor of Radiology
Radiology Conference
- Didactic Sessions
1:30 - 3:30 p.m., GWU Hospital, Rm 6106
- Oct 18 **Dr. Veena Raiji**
Assistant Professor of Ophthalmology
“**Uveitis Patient: A Systematic Approach**”
- Didactic Sessions
1:30 - 3:30 p.m., GWU Hospital, Rm 6106
- Oct 25 **Intra-City Grand Rounds**
Location: WRNMMC
Time: 7:30 - 9:00 a.m.
- Didactic Sessions
1:30 - 3:30 p.m., GWU Hospital, Rm 6106

Kudos and Congratulations

Kudos ... to Dr. Michael Burke, PGY1. A patient writes to compliment the care that he provided as part of the team during a long inpatient stay, addressing questions and concerns in detail. “He is quite special.” Dr. Burke and **Dr. Emmanuel Reyes-Ramos**, PGY1, also received compliments from an Inova Hospitalist for the great care they have provided.

More kudos ... to Dr. Brian Choi, Assistant Professor, Division of Cardiology. A patient called MFA Administration after her appointment with Dr. Choi to say that he was, “the bomb”. She said that he is “really smart, kind and thorough”, and that after only one appointment with him he diagnosed a number of conditions that other physicians had missed.

Congratulations ... to Dr. Rodolfo Curiel, Associate Professor, Division of Rheumatology, on his election to ACP Fellowship.

Congratulations also... to Dr. Ishita Prakash, PGY3 and **Dr. Nihar Patel**, Hematology & Oncology Fellow and former Chief Resident on their recent engagement.

Condolences ... to Dr. Katalin Roth, Director, Division of Geriatrics & Palliative Medicine, on the recent loss of her mother. Dr. Roth was able to be with her mother as she passed away peacefully in home hospice. Our deepest condolences to Dr. Roth and her family.

See you next month! The Editor



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