

# MyGeorgetownMD

Health news and information for  
neighbors and friends from the specialists  
at Georgetown University Hospital

Georgetown  
University  
Hospital

Fall 2011, Volume 8, Issue 3

## Epilepsy Surgery: Controlling Seizures, Improving Lives

BY LESLIE A. WHITLINGER

Epilepsy affects nearly 3 million children and adults in the United States—one out of every 100 Americans—often for no known reason. Fortunately, new therapies and drug combinations can reduce or even end epileptic seizures without the side effects experienced with some earlier therapies. In fact, medications work for most people today.

Despite such progress, nearly 30 percent of people with epilepsy are never seizure-free, no matter how many different drugs they try. Uncontrolled, the disorder can limit an individual's ability to drive, work or enjoy other activities.

Just ask Jeffrey Shriner.

The 42-year-old's seizures started in his late teens and defied diagnosis for much of his life. Doctors blamed his nighttime thrashings on everything from anxiety to

CONTINUED ON PAGE SEVEN



Photo by Meggie Davis

△ WITH THE RIGHT DIAGNOSIS, JEFFREY SHRINER RECEIVED THE RIGHT TREATMENT. NOW SEIZURE-FREE, HE AND HIS WIFE, SHAWNA, ARE SLEEPING MORE COMFORTABLY.



Photo courtesy of Nancy Graf

△ JUST TWO MONTHS AFTER MINIMALLY INVASIVE SURGERY FOR LUNG CANCER AT GEORGETOWN, NANCY GRAF AND HER HUSBAND, DAVID VOLLMER, TRAVELED TO MANITOBA, CANADA—THE POLAR BEAR CAPITAL OF THE WORLD.

## Reinventing Minimally Invasive Procedures to Treat Lung Cancer

BY EMILY TURK

Nancy Graf has literally traveled from her Maryland home to the ends of the earth for a glimpse of some of the world's most exotic animals. But when physicians diagnosed her as having lung cancer, she found just what she needed close to home.

Nancy and her husband, David Vollmer, have seen penguins in Antarctica, Komodo dragons in Indonesia and the giant tortoises of the Galapagos Archipelago.

Although a fearless adventurer, Nancy has never taken chances with her health. "Every year, I have a complete physical—head to toe," she says. Her annual checkup has always included a chest X-ray, and with good reason.

Lung cancer runs in her family—both her father and grandfather died from the disease.

When her physician noticed something not quite right on the X-ray in 2009, he sent Nancy to get a CT scan, which confirmed his suspicions. "It looked like an early lung cancer—and my doctor told me to see a specialist right away," she says. "Coincidentally, a close friend had a suspicious growth on her lung, too. She

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# Because You Asked: Nutrition and Body Weight

BY DR. DENNIS MURPHY, DIVISION CHIEF, GENERAL INTERNAL MEDICINE, GEORGETOWN UNIVERSITY HOSPITAL

"Because You Asked" focuses on topics suggested by our readers. If you want to suggest a topic for a future issue of this newsletter, please email your idea to [torneyd@gunet.georgetown.edu](mailto:torneyd@gunet.georgetown.edu).

Keeping your weight down is not just for looks.

Most Americans are aware of the importance of maintaining a healthy weight. Yet for many, the focus is on the cosmetic benefits of staying trim. Looking good to ourselves, being attractive to others and fitting into a stylish wardrobe are among the perceived benefits of keeping our weight down. However, the most important benefit is often overlooked—that maintaining an optimal weight can prevent or lessen the symptoms of many health problems, especially as we age.

## Arthritis (Joint Pain)

Excess weight puts stress on the body's joints, including the knees, feet, hips and lower back. According to the U.S. Surgeon General, every 2-pound weight increase elevates one's risk of developing arthritis by 9 percent to 13 percent. Conversely, weight loss can actually reduce joint pain and swelling for those who already have arthritis.

## Blood Pressure

As weight increases, so does blood pressure. In fact, people with high blood pressure who are overweight can lower it simply by losing weight. High blood

pressure puts strain on the heart by making it work harder to push blood through the blood vessels.

High blood pressure can lead to stroke by damaging the arteries that carry blood to the brain. It can also lead to kidney failure, especially in those who also have type 2 diabetes.



## Cancer

Several cancers (colon, esophagus, kidney and uterine cancers) are more prevalent in people who are overweight. Women who are overweight are also at greater risk for breast cancer after menopause. Although we don't know why, it is believed that fat cells release hormones that affect cell growth, leading to cancer.

## Depression and Mental Health

Studies confirm a reciprocal link between being overweight and experiencing depression. This not only means that being overweight increases the risk of depression but that people who suffer from depression are at risk of becoming overweight. Those at greatest risk for weight-related depression

are people who are very obese. This finding suggests that the difficulty of fitting into a society intolerant of obesity may be a contributing factor in the development of depression.

## Diabetes

One of the most dangerous consequences of being overweight is the development of type 2 diabetes, also known as obesity-related diabetes. People who are overweight are twice as likely to develop type 2 diabetes. Type 2 diabetes can lead to heart problems and kidney failure if not controlled. The good news is that the condition is sometimes reversible with weight loss.

## Heart Disease

There are many risk factors for heart disease that are beyond our control, including gender, ethnicity and family history. However, the maintenance of a healthy body weight through proper diet and physical activity is among the most important controllable factors.

For every excess pound of fat, your heart has to send blood through another mile of blood vessels. Additionally, overweight people typically have higher blood cholesterol that can narrow or clog their arteries. This condition reduces or cuts off blood supply to the heart or brain, which could lead to heart attack or stroke.

Many other health problems are associated with weight gain, including sleep apnea, gallbladder disease, varicose veins and pregnancy complications. What is most important, however, is that we do our best to maintain a healthy weight. It is never too late to take incremental steps toward weight control. ■

## Nutrition and Wellness Information Online

Georgetown University Hospital offers a range of healthy lifestyle assessment tools on our website. Visit us online and take another step toward fitness and good health.

[www.GeorgetownUniversityHospital.org/WeightLoss](http://www.GeorgetownUniversityHospital.org/WeightLoss)

[www.GeorgetownUniversityHospital.org/FitnessAssessment](http://www.GeorgetownUniversityHospital.org/FitnessAssessment)

[www.GeorgetownUniversityHospital.org/DietAssessment](http://www.GeorgetownUniversityHospital.org/DietAssessment)



# Seizures 101

BY BRENDAN FURLONG, MD, CHIEF OF SERVICE, EMERGENCY DEPARTMENT, GEORGETOWN UNIVERSITY HOSPITAL

**Witnessing a seizure is disconcerting—an experience one is not likely to forget.**

However, with a better understanding of seizures, their causes, available treatments and ways to help someone having a seizure, we can be of greater assistance to friends, family and even strangers who are affected by them.

Seizures are caused by a disturbance in the brain's electrical system. Instead of sending organized, orderly signals that tell our bodies what to do, the brain sends signals that cause uncontrolled movements, sensations or behaviors. Seizures usually last from a few seconds to a few minutes.

There are several causes of seizures. Febrile seizures are those caused by high fever. They are somewhat common in small children and are not harmful. Parents are understandably terrified when their child has a seizure, but febrile seizures are not likely to be a recurring problem because, in this case, there are no problems in the brain's structure.



△ A PERSON EXPERIENCING A SEIZURE SOMETIMES STARES INTO SPACE OR SEEMS CONFUSED OR "ABSENT" FOR A FEW SECONDS.

Other causes of seizures include acute problems, such as brain injury, infections, alcohol withdrawal, or chronic problems, such as congenital illnesses that cause brain damage, tumors, Alzheimer's disease, or kidney or liver failure. Usually, once the problem causing the seizure is treated, the seizures don't return. However, people who have had two or more unprovoked seizures are considered to have epilepsy.

Seizures can be either generalized, meaning that they involve the entire brain, or partial, meaning that the seizure originates in a single area of the brain. Generalized seizures almost always include a loss of consciousness. Depending on the origination point of the seizure in the brain, people who experience partial seizures may benefit from epilepsy surgery.

The most common generalized seizures are:

## **Absence seizure (petit mal seizures)**

- Can cause a 10- to 20-second loss of consciousness and staring
- Symptoms are so fleeting that they may go unnoticed for some time
- More likely to affect children

## **Tonic-clonic seizure (grand mal seizure)**

- Most recognized type of seizure
- May be characterized by falling or crying out as the seizure begins
- Brief loss of consciousness; followed by stiffening of the limbs (tonic phase), then jerking of the limbs and face (clonic phase); and ending with a recovery period
- Aftereffects may include amnesia regarding seizure events, confusion and deep sleep

There are several types of partial seizures:

## **Simple partial seizure**

- Does not involve loss of consciousness
- May include sudden jerking or unusual sensations or movements

## **Complex partial seizures**

- May include impaired or total loss of consciousness
- May include an aura (unusual sensation before seizure), a 30- to 60-second period of staring and lack of awareness of one's environment
- Confusion and sleepiness may follow

## **Secondarily generalized tonic-clonic seizures**

- A partial seizure that leads to a generalized, full-blown tonic-clonic seizure
- Includes the same symptoms as if the tonic-clonic seizure occurred spontaneously



Photo by Larry S. Glenn

△ **BRENDAN FURLONG, MD, HELPS US UNDERSTAND SEIZURES.**

Many wonder how to help someone who is having a seizure. Start by calling 911. Next, try to eliminate the possibility of self-injury by moving potentially harmful objects out of the way. Afterwards, protect the person's airway by tilting his or her head back or rolling the body to the side. If you can do so without injuring yourself, help lower the person to the floor. Never try to restrain someone who is having a seizure or put anything into his or her mouth.

Although epilepsy can have a devastating impact on life, new medications and procedures available at Georgetown have reduced or eliminated seizures in many people. In fact, with epilepsy monitoring, we can accurately diagnose seizures and pinpoint the exact locations in the brain where they occur. And with the right diagnosis, we can provide the right treatment—from modified medication regimens to advanced surgeries. Returning to a productive life is possible. ■

**For more information about seizures, to request a free epilepsy brochure or to make an appointment, call:**

**Georgetown M.D.  
202-342-2400 or 866-745-2633.  
[www.GeorgetownUniversityHospital.org/  
Epilepsy](http://www.GeorgetownUniversityHospital.org/Epilepsy)**

**Visit our website to view a video featuring  
Dr. Gholam Motamedi, neurologist,  
who answers questions about epilepsy  
and seizures.**

# Revolutionary Approach to Hip Replacement Frees Pa

## Long Recovery

BY LESLIE WHITLINGER

Rita Kline, in town for the Daughters of the American Revolution (DAR) annual convention, spent Independence Day watching the fireworks from a bed at Georgetown University Hospital. It wasn't the Fourth of July holiday that Rita had planned, nor had she planned the fall that landed her in the hospital with a broken hip.

While crossing the street near DAR headquarters a few days earlier, Rita lost her footing on a rough spot in the road and tumbled to the pavement. Paramedics wanted to take her to the nearest hospital, but the former resident of Washington, D.C., insisted on going to Georgetown.

"I was born and raised here, and Georgetown was 'our' hospital," the 69-year-old says. "It was the obvious choice for me."

As it turns out, Georgetown was also the best choice Rita could have made.

That's because of the expertise, experience and judgment of the orthopaedic surgeon, Mark W. Zawadsky, MD, who treated her. Instead of just repairing her broken bones, Dr. Zawadsky suggested a relatively new hip replacement procedure that would both fix Rita's current problem and avoid another major operation in the future.

"Rita already had arthritis, so we strongly suspected she would need a hip replacement sometime soon," Dr. Zawadsky explains. "It made more sense to do everything at one time."

He performed a minimally invasive anterior total hip replacement, a procedure

that approaches the hip from the front (anterior) rather than the side or behind. Because it avoids the gluteals, the most important muscles for hip function, the procedure is much easier on patients.

However, it is not widely offered because it is more complicated for the surgeon, requiring additional training and, until recently, special equipment. Only 5 percent to 10 percent of the 200,000 hip replacements performed in the United States each year currently use this approach.

"No muscles or tendons are cut or detached from the bone during the anterior total hip procedure," says Dr. Zawadsky, who trained with some of the pioneers in the field. "As such, it is the only hip replacement

surgery available today that can truly be called 'tissue-sparing.' The end result is less pain, promoting a shorter hospital stay, faster recovery and earlier return to mobility."

That was certainly Rita's experience.

"While I was still in the hospital, I was sitting normally, walking with a cane and going up and down steps in rehab," she says. "My friends who have had conventional hip replacements were amazed that I could do so much so soon."

Most hip replacements require a recovery period of six to eight weeks to allow the severed tissues to heal and strengthen so they can support the repaired joint. In the interim, patients have strict limitations on bending and certain other

movements that put too much stress or weight on the hip. The big fear is dislocation, in which the top of the thigh bone pops out of the hip socket, putting the patient back in the hospital. To avoid that hazard, patients use walkers for about four weeks, followed by a cane, until they are safely able to bear weight on the new joint unaided.

In comparison, those who receive anterior hip replacements graduate to a cane within two weeks of the operation. Beyond that, restrictions are few: Avoid crossing the legs for approximately four weeks, and if a movement hurts, don't do it. For Rita, that meant she could get in her daughter's car and sit in the passenger seat for the four-hour ride home to Red Bank, N.J., just days after surgery. With conventional replacement, she would have had to make the trip in an ambulance, flat on her back.

"Minimally invasive anterior hip replacement surgery has been used on a limited basis for years," says Dr. Zawadsky, who performs the approach almost exclusively these days. In fact, he uses conventional replacement techniques only when the patient is too large or too muscular for

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I COULD DO SO MUCH  
SO SOON.  
~ RITA KLINE,  
HIP REPLACEMENT  
PATIENT

RITA KLINE UNDERWENT HIP REPLACEMENT SURGERY AT GEORGETOWN IN JULY, AND IT DIDN'T SLOW HER DOWN A BIT. SHE ATTENDED THE NEW JERSEY DAR AUTUMN STATE MEETING IN SEPTEMBER, WHERE MEMBERS LEARNED ABOUT THE EFFORTS MADE TO RESTORE THE WORLD TRADE CENTER'S AMERICAN FLAG FROM 9/11.



Photo courtesy of Rita Kline

the frontal approach. "As more surgeons realize the proven patient benefits, I expect the technique to become more widely available."

Back home, Rita would urge anyone who needs a hip replacement to find a physician who uses the tissue-sparing anterior approach. If that physician happens to be Dr. Zawadsky, all the better.

"I thought he was just wonderful, an excellent surgeon," Rita says. "I was so impressed by Georgetown and the care, professionalism and compassion of everyone I met. No wonder my family always came here. I'd recommend this hospital to anyone for any reason." ■

**To schedule a hip repair and replacement evaluation at Georgetown, call:**

**Georgetown M.D.**  
**202-342-2400 or 866-745-2633.**  
**[www.GeorgetownUniversityHospital.org/Ortho](http://www.GeorgetownUniversityHospital.org/Ortho)**

**Blood transfusions are performed to replace blood that has been lost during surgery, an injury or a serious illness. However, whether for religious reasons or personal preference, many people today are seeking an alternative to blood transfusions. As the only bloodless medicine and surgery program in the D.C. area, Georgetown provides that alternative. From complex gastroenterology surgery to advanced brain surgery, we use innovative techniques before, during and after surgery to avoid transfusions.**



**Visit us at [www.GeorgetownUniversityHospital.org/Bloodless](http://www.GeorgetownUniversityHospital.org/Bloodless) and view a video of a lecture on bloodless medicine. You can also view an Ask-a-Doc video featuring Dr. Mark Zawadsky, orthopaedic surgeon, who answers commonly asked questions about bloodless medicine and surgery.**

**To schedule an appointment or to request a free brochure about bloodless medicine and surgery, call **202-444-1797**.**

## Welcome New Physicians

**We are pleased to introduce doctors who have recently joined the Georgetown team.**

### **Family Medicine:**

Allison Bartleman, MD

### **General Internal Medicine:**

Rachel Kon, MD

Heidi Young, MD

### **Neurology:**

Mason Markowski, MD

### **Obstetrics & Gynecology:**

Kristie Baisden, DO

David Caiseda, MD

James Smith, MD

### **Obstetrics & Gynecology, Maternal**

#### **Fetal Medicine:**

Marium Holland, MD

### **Orthopaedics:**

Michael Kessler, MD

### **Orthopaedics, Sports Medicine:**

Carter Mitchell, MD

### **Urology:**

Keith Kowalczyk, MD

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**Monday-Friday, 8 a.m.-8 p.m.**

**[www.GeorgetownUniversityHospital.org/FindaDoc](http://www.GeorgetownUniversityHospital.org/FindaDoc)**



# Reinventing Minimally Invasive Procedures to Treat Lung

had already done an exhaustive search to find just the right surgeon for herself, and she highly recommended Dr. Blair Marshall at Georgetown. I'll be grateful to my friend forever for that recommendation!"

Dr. Marshall, director of thoracic surgery at Georgetown University Hospital, is among the nation's most innovative thoracic surgeons, specializing in the development of minimally invasive procedures to treat early-stage—and more advanced—lung cancers.

"When my husband and I went to see Dr. Marshall, she knew right away from looking at my CT scan that I had early-stage non-small cell lung cancer." This is the most common type of lung cancer, which grows more slowly than other forms of the disease.

"She told me right away that I needed surgery and explained the procedure in detail," Nancy says. "She was wonderful—very confident, open and reassuring."

Nancy was a perfect candidate for a modified version of VATS (video-assisted

thoroscopic surgery) lobectomy to remove a lobe of the lung—a procedure that Dr. Marshall developed and perfected. Other hospitals offer VATS lobectomy, but Dr. Marshall has altered the surgical instruments and camera so that the surgery requires smaller and fewer incisions. The result is faster recovery times, fewer complications and very little pain. "For patients like Nancy, it is a curative surgery," explains Dr. Marshall.

During the procedure, Dr. Marshall makes several small incisions in the chest between the ribs—most are less than a half a centimeter long. One of these incisions is used to create a port for the 5-millimeter thoroscope, a video camera that produces real-time images to guide the surgeon. Other ports provide access for instruments used to isolate and remove the cancerous portion of the lung.

By comparison, during an open lobectomy, the surgeon makes a long incision down the side of the chest—up to 15 centimeters long—spreads the patient's

ribs and cuts into the chest muscles, which makes recovery a slower and more painful process.

The modified VATS procedure is just one of a number of surgical innovations provided at Georgetown that requires a high level of technical expertise to perform successfully—experience few thoracic surgeons in the country have mastered. Dr. Marshall has also

developed a surgical technique called the French window, which combines features of VATS with open surgery. The French window technique is less invasive than an open lobectomy. It is used to treat more advanced lung cancers and other complex thoracic diseases while helping to reduce postoperative pain and speed patient recovery.

"At Georgetown, we are continually searching for improved techniques that are less invasive and that help patients recover faster and more fully. These surgeries can take longer to perform and require technical precision, but patients really benefit," explains Dr. Marshall.

Nancy still marvels at her record-setting recovery. "I was out of bed the morning after surgery and on my way home by the afternoon," she says. "Less than a week after the surgery, I was back to work and feeling fine. I remember watching my father struggle to recover from surgery 15 years ago. My experience was just the opposite."

Less than two months later, Nancy and her husband were on the road again—this

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~ NANCY GRAF,  
LUNG CANCER PATIENT



Photo courtesy of Nancy Graf

◀ AN INTREPID TRAVELER, NANCY GRAF TREKKED TO CANADA SHORTLY AFTER HER SUCCESSFUL MINIMALLY INVASIVE LUNG CANCER SURGERY AT GEORGETOWN.

time, north to Canada to see polar bears—and in January of this year, they climbed Machu Picchu in Peru—a trek that would test the hardest among us. But, Nancy says with pride, “I didn’t have any more trouble than anyone else—even at 12,000 feet.” ■

## Lung Cancer Screening Saves Lives

A recent National Cancer Institute study of more than 53,000 current and former smokers found that using CT screening in people at high risk for lung cancer reduces the death rate by 20 percent.

To find out whether you are at high risk for lung cancer, take this short quiz. If you answer yes to all of these questions, you are at high risk.

- ☐ I am 55 years of age or older.
- ☐ I have a 30-pack-a-year history of smoking (e.g., I have smoked approximately one pack of cigarettes a day for 30 years, two packs a day for 15 years or three packs a day for 10 years).
- ☐ I currently smoke or I quit smoking within the last 15 years.

For more information or to schedule a CT lung screening, call:

888-666-3432  
www.MedStarCancer.org

Tourette syndrome to sleep apnea. But nothing they prescribed could quell the quaking that eventually forced his wife, Shawna, out of their bed and the couple to arrange for a different apartment.

“My seizures were so violent that they disturbed the people underneath us,” Jeffrey says. “Of course, I never remembered anything about them. But it was nerve-racking to know they were happening, despite the fact that I was on daily doses of anti-epileptic drugs. I constantly worried about when the next one might strike.”

In 2009, Jeffrey finally found a local neurologist who recognized that he needed advanced services for the right diagnosis and treatment. She referred him to her former mentor and teacher, Gholam Motamedi, MD, a neurologist and an expert at managing the most difficult epilepsy cases.

Dr. Motamedi admitted Jeffrey to Georgetown’s Comprehensive Epilepsy Center, where physicians and other specialists monitor patients around-the-clock while they are off their medications. During stays of up to seven nights, patients are free to move about the comfortable, protective setting. Family members can also spend the night, which is especially important for children who have epilepsy. All the while, digital-video EEG monitoring equipment tracks brain activity and alerts staff at the first sign of seizures so that the process of determining their types and origins can begin.

After two nights, Dr. Motamedi had seen all he needed to know: Jeffrey definitely suffered from epilepsy. He raised the possibility of brain surgery to the Shriners.

“We know that it’s highly unlikely to become seizure-free after at least two different medications have failed,” Dr. Motamedi says. “That’s when people should be evaluated to see if surgery can help.”

Jeffrey and his wife quickly agreed.

“My seizures were getting worse and starting to happen during the day, putting everything in jeopardy,” Jeffrey says.

In preparation for the procedure, Jeffrey began another battery of tests to determine exactly where in his brain his seizures began. That involved additional monitoring and brain mapping—a process that detects the area responsible for speech and memory. The results of such sophisticated testing and technology help to guide neurosurgeons within millimeters of the seizure site, protecting vital functions.

“Epilepsy surgery is safer, more targeted and more effective than ever before, with endorsement from the National Institute of Neurological Disorders and Stroke and professional societies,” says neurosurgeon Christopher Kalthorn, MD. “Temporal lobe resection reduces or stops seizures about 70 to 90 percent of the time. Yet only 10 to 25 percent of patients who could benefit from surgery currently undergo it, despite its ability to restore hope, self-esteem and quality of life.”

On September 29, 2010, Dr. Kalthorn removed the part of Jeffrey’s brain that was causing his problems. Six months later, Jeffrey was seizure-free and back at work part-time. Today, he’s on the job five days a week, driving again and enjoying life with his wife and two young boys.

Jeffrey thanks Georgetown University Hospital and its specialized, caring team for his progress, and has some advice for others who have uncontrolled epilepsy.

“For me, seizures were embarrassing and shameful,” he says. “Seizures, somehow, just seem unacceptable. So to avoid that risk, I decided to hide and stay inside, creating my own little prison.

“If you feel the same way,” Jeffrey concludes, “you owe it to yourself to check out Georgetown’s Epilepsy Center. They are absolutely excellent.” ■

To schedule an evaluation or request a free epilepsy brochure and lecture DVD, call:

Georgetown M.D.  
202-342-2400 or 866-745-2633.  
View our epilepsy lecture video online at:  
www.GeorgetownUniversityHospital.org/Epilepsy



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# MyGeorgetownMD

*Health news and information for  
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## **"Fighting a Smarter War Against Cancer" Symposium December 1–3, 2011**

**Hosted by the Ruesch Center for the Cure of  
Gastrointestinal Cancers (a center of Georgetown  
Lombardi Comprehensive Cancer Center)**

If you or a loved one has been affected by cancer, this  
symposium series will provide you with answers to some  
of the most pressing questions regarding cancer-related  
policies, regulatory issues and personalized medicine.

The event is free, and you can attend one or more of the following sessions:



- ▷ **Thursday, December 1, 12–3 p.m.:**  
a dynamic panel discussion about  
healthcare reform.
- ▷ **Friday, December 2, 12:30–5 p.m.:**  
a policy-oriented discussion about  
value in cancer care presented by  
medical, legal, public health,  
regulatory and insurance-sector  
experts.

- ▷ **Saturday, December 3,  
8 a.m.–1 p.m.:** an educational  
symposium for cancer patients, their  
family members and caretakers, as  
well as cancer advocates. Topics will  
include genetic testing, palliative  
care, nutrition and patient  
information/rights.

To register or receive additional information about this symposium series,  
visit [www.RueschCenter.org/Symposium2011](http://www.RueschCenter.org/Symposium2011)

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202-444-4658

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Georgetown University Hospital is a not-for-profit, acute-care  
teaching and research hospital with 609 beds located in  
Northwest Washington, D.C. Founded in the Jesuit principle  
of *cura personalis*—caring for the whole person—Georgetown  
is committed to offering a variety of innovative diagnostic  
and treatment options within a trusting and compassionate  
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