

Johns Hopkins Bayview

health & wellness

Forging Ahead:

Battling Lung Cancer
with Immunotherapy

page 4

inside this edition

Good Doctor, Good Fit, Good Medicine

Finding the right primary care doctor can help you build trust and improve your health *(page 6)*

Urgency or Emergency?

How can parents determine the best place to go for medical care? *(back cover)*



JOHNS HOPKINS
MEDICINE

Family Fun-n-Fit Day

Lace up your sneakers, grab a few friends and join us for a morning of fun and exercise

Johns Hopkins Bayview has partnered with the Friends of Joseph Lee Park and the Baltimore City Department of Recreation and Parks to host "Family Fun-n-Fit Day," a free event dedicated to the health and wellness of the communities surrounding the Medical Center.



The festivities include a one-mile walk and parade around Joseph Lee Park, plus other activities to promote physical fitness and healthy lifestyles. Entertainment also will be provided, including live music, games, and arts and crafts.

Mark your calendar:

Saturday, September 10

11 a.m. to 2 p.m.

Joseph Lee Park
5900 E. Pratt Street
Baltimore, MD 21224

(Rain date: September 11)

Free parking is available on the Johns Hopkins Bayview campus with easy access to Joseph Lee Park.

For more information, visit facebook.com/JHBayviewFFnFD.

Introducing Clinic e-Check In

Patients at many Johns Hopkins Bayview clinics now have the option to check in electronically at a kiosk for labwork and appointments. These kiosks are a secure way to save you time registering.

Simply enter your name on the touch-screen panel to begin, then review your information and answer a few questions to complete your registration. We look forward to serving you in this new way!



Welcome New Physicians



Kristen Broderick, M.D., joins the Department of Plastic and Reconstructive Surgery. She specializes in reconstructive and cosmetic breast surgery, body contouring after weight loss, skin cancer reconstruction and general plastic surgery.

Kristen Broderick, M.D.
Plastic and reconstructive surgeon



Nicholas Theodore, M.D., has been named the director of the Neurological Spine Center. He specializes in spinal trauma, Chiari malformations, spinal deformities, degenerative and congenital spine conditions, and spinal tumors.

Nicholas Theodore, M.D.
Neurosurgeon



Gina Adrales, M.D., joins the Department of Surgery as the director of the Division of Minimally Invasive Surgery. She specializes in gastroesophageal reflux, gallbladder disease, bariatric surgery, and open and laparoscopic hernia repair.

Gina Adrales, M.D.
Surgeon



Rexford Ahima, M.D., Ph.D., has been named director of the Division of Endocrinology, Diabetes and Metabolism. He also leads the Johns Hopkins Diabetes Initiative. He specializes in endocrinology, diabetes, metabolism and obesity.

Rexford Ahima, M.D., Ph.D.
Endocrinologist

To schedule an appointment, call 443-997-9466.

To schedule an appointment, call 410-955-4424.

To schedule an appointment, call 443-997-1508.

Know the Facts About Zika Virus

With heightened media coverage on Zika virus, it's only natural to feel anxious. But it's important to know the facts. Here are the top five:

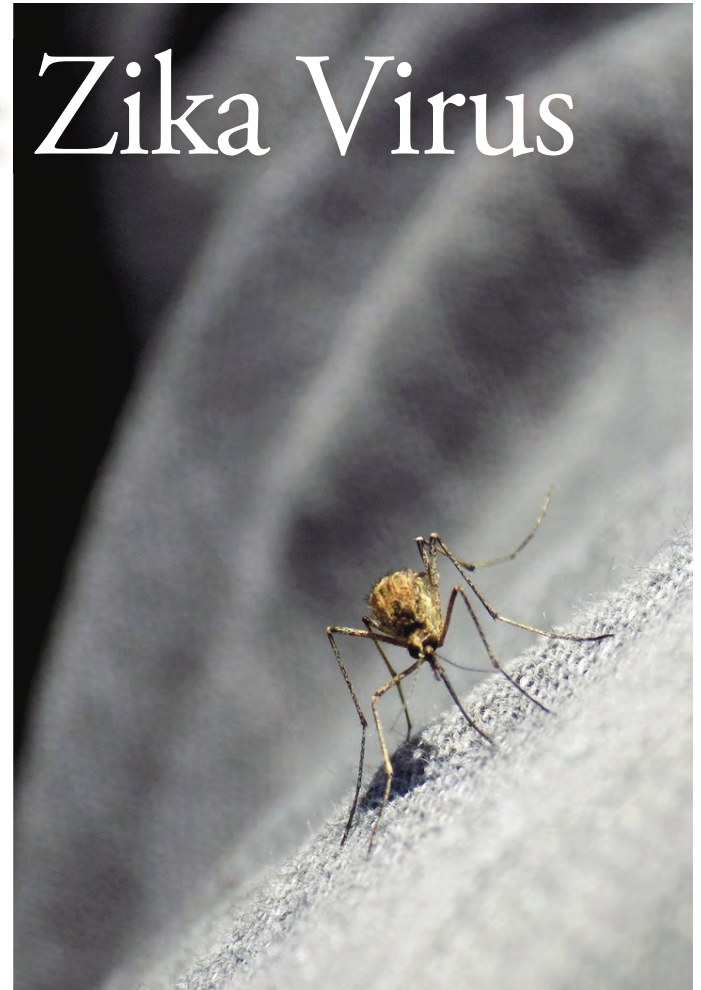
1 Most people who contract Zika don't experience any symptoms. For those who do, the effects most commonly include mild fever, muscle aches and rash. It's rare to see people develop issues that require them to go to the hospital.

2 Most people get Zika virus from a mosquito bite. Although, sexual transmission is possible through both vaginal and anal sex. Expectant mothers infected with Zika virus can pass it to their fetus through the umbilical cord or at the time of delivery.

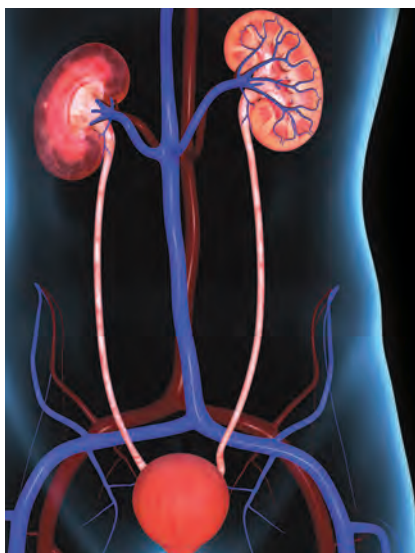
3 Being pregnant does not make you more vulnerable to contracting the virus. But, if you are infected with Zika and pass it on to your baby, there is a greater risk of birth defects.

4 Vaccines and treatments are being investigated. There currently is no medication available to prevent or treat Zika infection. Symptoms can be treated with plenty of rest and fluids, and acetaminophen for fever. If you are pregnant, you will continue to undergo regular monitoring to watch for fetal abnormalities after the symptoms have passed.

5 The best way to protect yourself is to limit your exposure by not traveling to countries affected by Zika outbreaks. Women who are pregnant or planning to become pregnant and have to travel to an affected area should wear long-sleeve shirts and long pants to limit skin exposure, stay indoors in a screened-in and/or air-conditioned room as much as possible, use mosquito netting, and apply Environmental Protection Agency-approved bug spray with DEET or permethrin.



For more information on Zika virus, visit hopkinsmedicine.org/zika-virus.



Did you know | **one in nine** adults in the United States—
has some level of chronic kidney disease?
That's nearly 30 million people who don't realize they have it until it's too late.

Caring for Kidney Disease Conference

Join Johns Hopkins health professionals to learn more about chronic kidney disease. Attendees also will have the opportunity to network with other kidney disease patients and their families.

October 8
8 a.m. to 2:30 p.m.

Johns Hopkins Asthma & Allergy Center
Johns Hopkins Bayview campus
To register, call 410-550-2820.

The ABCs of Kidney Disease Webinar

Enjoy this presentation from the comfort of your own home! This live online seminar is a 30-minute presentation, followed by a 30-minute interactive question-and-answer session with Sumeska Thavarajah, M.D., and Daphne Knicely, M.D.

Internet connection is required.

October 27
7 to 8 p.m.

To register online visit
hopkinsmedicine.org/health/healthseminars.

Forging Ahead: Battling Lung Cancer with Immunotherapy

There are few diagnoses worse than late-stage lung cancer. It kills more people than any other type of cancer, and few patients survive once it has spread. At this stage, the cancer may respond for a brief time to chemotherapy or cancer-gene-targeted therapies, but almost always resurges even stronger. Recent breakthroughs in the use of immunotherapy—which harnesses the power of the body’s own immune system—are offering new hope to many lung cancer patients.

A Stunning Diagnosis

John Ryan, 72, began experiencing symptoms in 2013 when he coughed up a small amount of blood. The husband and father of eight thought it was strange, but with no pain or other symptoms, he was stunned to learn he had the most advanced stage of a common form of lung cancer known as non-small cell lung cancer. The cancer had already spread to a rib.

Medically speaking, Ryan’s diagnosis was stage 4 non-small cell adenocarcinoma of the lung. In May 2013, his prognosis was six to nine months without treatment, or 12 to 18 months with treatment. He worried if he would live long enough to see major milestones in his children’s lives.

For a brief time, chemotherapy worked, but the treatment came at great physical cost.

The simplest tasks became difficult. His body was weakening, and worse, he learned his cancer was no longer responding to the treatment. Genetic testing of his tumor did not reveal any mutations that would make him a candidate for targeted therapies. It seemed he was out of options, until his doctor suggested he go to the Johns Hopkins Sidney Kimmel Cancer Center and meet with Julie Brahmer, M.D., director of thoracic oncology.

Promising New Treatment

Dr. Brahmer was one of the lead investigators on an experimental clinical study of anti-PD-1 immunotherapy. Ryan’s form of lung cancer was among the cancers that showed unprecedented responses to this form of treatment.

“Before I began immunotherapy, I struggled to sit at my kitchen table,” says Ryan. “After just four treatments, the tumor shrunk by 65 percent and I felt like a human being again.” A few more treatments and Ryan’s rapidly growing lung cancer was nearly gone. The cancer that spread to his rib was eliminated. His only side effect? Some minor skin irritations he compared to a mosquito bite.

Ryan is not an isolated case. About one quarter of lung cancer patients in Johns Hopkins studies have responded to the treatment. The numbers are even higher for melanoma and kidney cancer patients. Anti-PD-1 has proven effective in treating as many as 14 other cancer types, making it a pivotal breakthrough in the cancer world.

With Ryan’s cancer stable—no longer shrinking but not growing either—Dr. Brahmer keeps him on this anti-PD-1 treatment, and hopes to learn more about how long patients need to stay on it. Ryan continues his regular trips from his home near Middleburg, Va., to the Kimmel Cancer Center for bi-weekly treatments. He also participates in a Stand Up To Cancer-funded study providing blood samples that help researchers understand more about how immunotherapy works against cancer. For the past two years, Ryan has participated as a consumer reviewer on a congressionally directed medical research program for lung cancer.

“Immunotherapy lets me resume a normal daily routine, and enabled me to witness college graduations for a son and two daughters in 2015 and 2016,” Ryan says.

Julie Brahmer, M.D.
Director,
Thoracic oncology



Ryan’s love for his children inspires him to continue to battle lung cancer.



Ryan appreciates simple pleasures in life, including daily walks around a lake near his home.

Still Much to Learn

Not every patient responds to immunotherapy. Those whose tumor cells express the PD-L1 protein have the best chance of responding to treatment, but even some of them do not. Patients like Ryan help investigators solve those mysteries and discover ways to help more patients.

“I feel that this is really not about me,” says Ryan. “Immunotherapy saved my life, and I want to bring this message of hope to others. I know how fortunate I was to have this wonderful team of doctors and nurses at Johns Hopkins. They are my heroes,” he says. “Three years ago, in a very short period of time, I went from feeling fine to being in serious trouble. Time was critical, and I was fortunate to get into the right hands quickly.”

Today, Ryan says he feels better than he has in years. During the past two summers, he’s served as crew chief for his son’s grueling 100-mile ultra-marathons in the mountains.

“My friends and family were shocked by how much energy I had,” he remembers. Ryan is currently planning for his son’s next mountain trek in Utah this September.

“The immunotherapy made possible by many years of dedicated research has been a true life saver for me,” says Ryan. “It represents a very real source of hope to cancer patients and loved ones as they search for timely and viable treatment options.”

—Karen Tong

This article includes excerpts from the 2016/2017 issue of Promise & Progress, a publication of the Sidney Kimmel Comprehensive Cancer Center at Johns Hopkins.



To watch John Ryan and Julie Brahmer, M.D., discuss the hope of immunotherapy, visit hopkinsmedicine.org/jhbmcl/patientstories.

—Caroline Izzi

Lung Cancer Treatment Forges Ahead

The widespread presence of lung cancer drives medical research to focus on treatment options. Johns Hopkins researchers have proven that nivolumab, an immunotherapy drug, is making strides in treating squamous-non-small cell lung cancer.

Immunotherapy trains the body’s immune system to recognize and destroy cancer cells while preserving normal cells, possibly resulting in longer-lasting remissions. It also produces fewer side effects than chemotherapy. Julie Brahmer, M.D., director of thoracic oncology, is an expert in using immunotherapy to treat lung cancer. Dr. Brahmer’s research shows nivolumab to be a viable form of lung cancer treatment for patients whose cancer spread after chemotherapy. Delivered intravenously, nivolumab disrupts a signaling system that the cancer uses to avoid detection and destruction by immune cells.

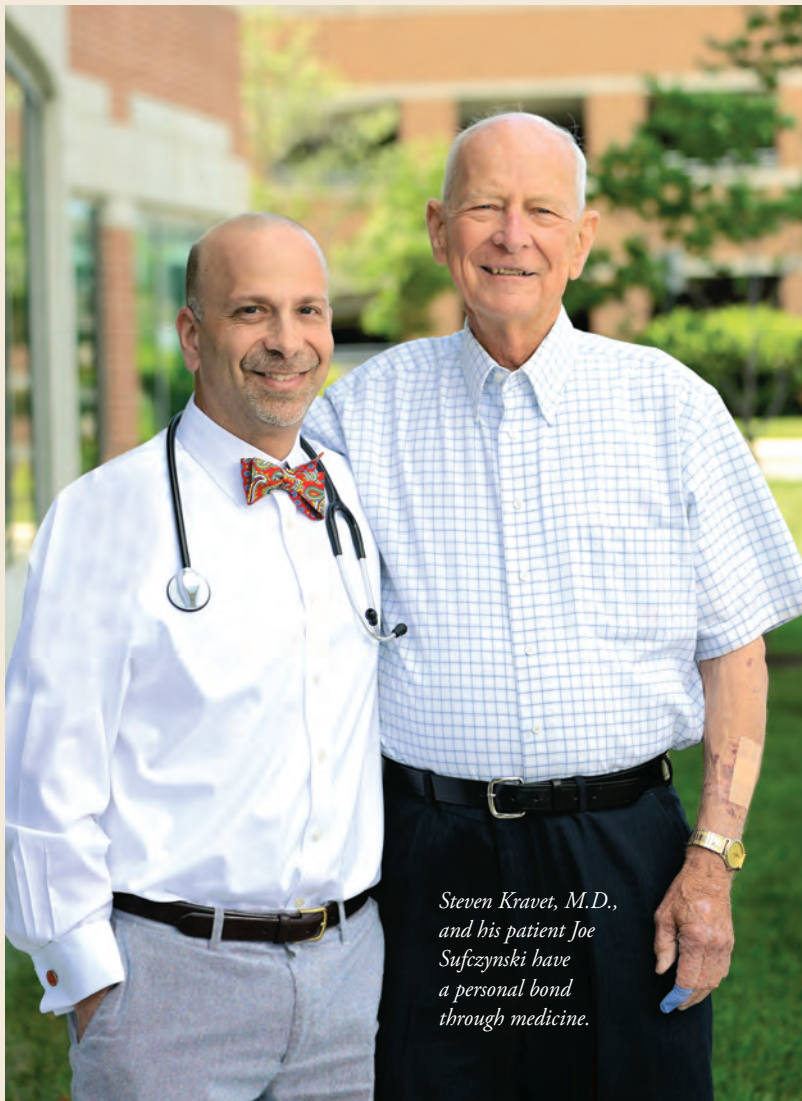
“I consider this a major milestone,” says Dr. Brahmer. “This solidifies immunotherapy as a treatment option in lung cancer.”

Patients with squamous-non-small cell lung cancer who receive nivolumab live an average of 3.2 months longer than those receiving chemotherapy. The researchers also reported that using nivolumab reduced the relative risk of dying from lung cancer by 41 percent. “Patients who respond to immunotherapy tend to continue their responses for long durations,” says Dr. Brahmer.

Clinical trials are underway to understand the progression of squamous-non-small cell lung cancer, which makes up 25 to 30 percent of all lung cancers. Research participants are individuals with advanced squamous-non-small cell lung cancer whose disease has progressed despite initial chemotherapy.



For more information or to make an appointment at the Johns Hopkins Lung Cancer Program, call 410-955-LUNG (5864).



Steven Kravet, M.D., and his patient Joe Sufczynski have a personal bond through medicine.

Good Doctor, Good Fit, Good Medicine

Finding the right primary care doctor can help you build trust and improve your health

president of Johns Hopkins Community Physicians. Dr. Kravet practices one day a week at the Internal Medicine Practice at Johns Hopkins Bayview Medical Center, where many of his patients have been friends and clients for decades. When Dr. Kravet begins an appointment by asking

through the loss of his wife and helped him build a happy and healthy life afterward.

“I have Dr. Kravet to thank for getting me to 84 years old,” says Sufczynski. With Dr. Kravet’s help, Sufczynski has cut salt and sugar from his diet and carefully monitored his medications. And when Dr. Kravet suggested that the social retiree maintain his health by staying active, he took the advice to heart by becoming a volunteer for the Internal Medicine Practice. He now works side-by-side with Dr. Kravet and other providers and staff three days a week, sorting mail, sending out test results and visiting with patients.

“Dr. Kravet told me, ‘I don’t want to see you sitting at home watching television,’” Sufczynski says. “It’s good to be busy.”

You have a close relationship with your hairstylist, your dog walker, your coffee barista. What about your doctor? Choosing the right primary care doctor for you and your family members is an important step in maintaining your health. Forming a strong partnership with that doctor can mean you also end up with a health advocate, confidant and friend.

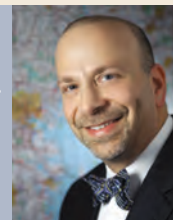
“The great privilege of being a doctor is sharing in my patients’ lives,” says Steven Kravet, M.D.,

about a patient’s grandchildren or recent vacation, he is getting to know them better as a person, all while getting important clues into their overall physical health and mental well-being.

Friendly Faces

Joe Sufczynski has been seeing Dr. Kravet at Johns Hopkins Bayview for 17 years. It’s a practice that prides itself in always offering a friendly face to patients and forming long-term relationships. Sufczynski first came to Dr. Kravet with his wife. Since then, Dr. Kravet has seen Sufczynski

Steven Kravet, M.D.
President, Johns Hopkins
Community Physicians



To schedule an appointment with the Internal Medicine Practice at Johns Hopkins Bayview, call 410-550-3350 or visit hopkinsmedicine.org/jhbmc/primarycare.

One Size Doesn't Fit All

How do you go about finding the right primary care doctor for you? "It's hard to look on the internet and tell what the experience will be like in the doctor's office," says Heather Agee, M.D., medical director of the Internal Medicine Practice. She suggests asking for recommendations from family and friends you trust. "Just because someone is a good doctor doesn't mean they are a good fit for you," says Dr. Agee. If you aren't feeling a connection after your first visit, it's ok to make a change. "You don't have to stick it out," Dr. Agee says.

Also consider the practice and the health system that the doctor is a part of. How many doctors make up the practice? Are you comfortable seeing another provider for an urgent appointment if needed? What hospital is the doctor affiliated with?

The Internal Medicine Practice at Johns Hopkins Bayview is made up of physicians and nurse practitioners who are Johns Hopkins University faculty members. The team is available when you have an illness, need a routine health test, or want to consult with someone over a health concern. Their goal is to provide high-quality preventative care to treat patients' acute and chronic illnesses. They are also experienced in diagnosing and treating a variety of uncommon illnesses, with the full backing of Johns Hopkins expertise and resources behind them.

Getting the Most from Your Visit

"Medicine is as much an art as it is a science," says Dr. Kravet. Understanding the person helps him to understand what to make of the symptoms.

Aside from when you have a health concern, how often should you see your primary care doctor for a check up? Dr. Kravet says there is controversy around the benefit of annual visits for healthy adults. Those with chronic health

concerns or risks benefit most from an annual routine visit. If you are very healthy and aren't on any medications, you may be fine going every two years or longer if no other issues pop up. It really boils down to what you and your doctor are comfortable with.

Dr. Agee often touches base with patients and answers questions between visits with MyChart, a secure website that provides Johns Hopkins patients with up-to-date medical information and connects them with their health care team.

You'll get the most out of any appointment by coming prepared with a list of questions and concerns, says Dr. Agee. Don't rely on your memory. "I keep a running list on my phone for my kids' pediatrician," she says.

Living Life to the Fullest

Dr. Kravet can't help but smile when he talks about Sufczynski. "We've known each other for many years, through sad and happy times," he says. Sufczynski, usually social and robust, found himself depressed after his wife's death. With Dr. Kravet's help, he found joy in life and love again. He and his "lady friend" Joan now spend their weekends dancing or traveling. Joan also will be coming to Johns Hopkins Bayview to volunteer; she and Sufczynski plan to meet in the cafeteria each day for lunch.

"I take Dr. Kravet as my doctor, and I take him as my friend," says Sufczynski.

—Sara Baker

Heather Agee, M.D.
Medical Director,
Internal Medicine Practice



Volunteering at Johns Hopkins Bayview



"I feel very welcome here," says Joe Sufczynski, a volunteer in the Internal Medicine Practice at Johns Hopkins Bayview. "I like to help people." One day, Sufczynski noticed that a patient had no rubber footing on her cane. Worried about her safety, Sufczynski ran the cane over to the Rehabilitation Department to have a proper rubber footing added while the patient was in her appointment. "People are nice to people who are nice to them," he says. "I define my job as doing whatever our doctors, nurses, administrators and patients need me to do."

Johns Hopkins Bayview values the support of its volunteers by providing opportunities to meet individual interests and fill a variety of important roles both in patient care and employee support. Volunteers find their experiences personally gratifying and rewarding.

If you are interested in volunteering at Johns Hopkins Bayview, call 410-550-0627 or visit hopkinsmedicine.org/jhbm/volunteers.



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URGENCY OR EMERGENCY?

When your child is sick or injured, it's natural to panic and head straight for the closest emergency

department (ED). In some cases, the illness or injury can be handled at an urgent care clinic, or treatment can wait until your child's doctor can see them. How can you tell the difference? Pediatrician Salwa Khan, M.D., explains.

What is the difference between an urgent care facility and an emergency department?

An urgent care center is a good place to go when you are sick or injured, but can't wait for an appointment with your regular doctor. Conditions like ear pain, sore throat, vomiting, sprains and shallow cuts can be treated there.

EDs are the best place to go for severe or life-threatening conditions. They have a wider range of labs

and diagnostic testing compared to urgent care centers. Providers also have access to a number of specialists, if needed. Johns Hopkins Bayview has a separate pediatric ED where providers specialize in the care of children.

What is the benefit of a pediatric ED?

Providers are trained in the care of children and bring an extra dose of understanding to a frightened child.

Whether it's placing an IV or giving medicine, everything is done with the care and compassion needed to help the child and their family feel comfortable.

Our Pediatric Center is a combined ED and inpatient unit staffed by a team of providers who are trained in the medical, emotional and developmental needs of children.

—Meghan Rossbach



Salwa Khan, M.D.
Pediatrician

How can parents determine the best place to go for care?

Remember your ABCs:

Airway—If your child is choking or the path to the lungs is blocked, call 911.

Breathing—When a child has difficulty breathing, they may make high-pitched sounds, breathe very fast, wheeze or grunt. If the symptoms continue for more than 10 minutes, it's time to seek emergency medical attention.

Circulation—Bring your child to the ED if you notice decreased urination (fewer than two soaked diapers a day), a sunken soft spot on the head, a sticky mouth, no tears when crying, sunken eyes, fatigue and/or clammy skin.

Disability—If your child is unconscious or having a seizure, call 911. A child's first seizure should be treated as an emergency to rule out a more serious problem. For future episodes, there is no need to call 911 unless the seizure lasts longer than five minutes.

Eating/Exposure—If your child has put something in his or her mouth, and you are worried about possible poisoning, call your local Poison Control Center. If your child has swallowed a large object, go to the emergency department immediately.

Johns Hopkins Bayview health & wellness

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For more information, call the Pediatric Emergency Department at 410-550-0350.