

# HeadLines



JOHNS HOPKINS  
MEDICINE

NEWS FROM JOHNS HOPKINS OTOLARYNGOLOGY-HEAD AND NECK SURGERY

SPRING 2017



## A Medical Mission to Pune

40 patients with complex cleft lip and palate receive life-changing surgery

**A**s facial plastic surgeon **Shaun Desai** and his Johns Hopkins Department of Otolaryngology-Head and Neck Surgery colleagues stepped off the plane in Pune, India, in January, the team knew that they had a long few days ahead of them—but also that they'd be some of the most rewarding of their lives. The group was there for a medical mission trip sponsored by Healing the Children, a nonprofit organization that helps provide access to medical care to under-

served children around the world.

Desai explains that children in India are in particular need of skilled facial plastic surgeons because of the country's inordinate rates of cleft lip and palate, some of the highest in the world. "There aren't enough physicians and resources in India to take care of this country's cases," he says. "Without surgery, many of these patients' facial deformities will never be fixed, causing lifelong consequences."

To help ease this burden, Desai and Johns Hopkins colleagues—including speech pathologists **Kristine Pietsch** and **Rina Abrams**, nurse **Maureen Ercole**, pediatric anesthesiologist **Robert Greenberg**, and administrator **Sophie Sok-Tyong**—joined other medical professionals from across the U.S., for the weeklong mission. This was Desai's second such visit to Pune, and fifth mission trip overall. Desai's mother, Bharati Desai, an internal medicine physician from New York who grew up and studied medicine in Pune, also accompanied the team to help as a translator.

On their first day at Sanchetti Hospital, an orthopaedics hospital that volunteered its operating rooms, nursing staff and cleaning staff, the team divided into two. While nonsurgical staff unpacked donated equipment and supplies flown over from the U.S., surgeons including Desai began screening the 600 patients with facial and congenital deformities

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who'd arrived at the hospital to be considered for treatment.

Only 40 of the most complicated cases would be selected for surgery through the mission, with priority given to infants with cleft lip and palate who meet American standard guidelines of being safe to operate on. Others would receive services donated later through Pune-based plastic surgeons who could perform the procedures at the government hospitals.

After selecting patients most in need, the two halves of the team reunited in the operating room for a four-day marathon, performing surgeries nonstop

*(continued on back page)*



## Resident Spotlight: Desi Schoo

### Exploring the Path of the Physician-Scientist

While **Desi Schoo**, a third year resident in the Department of Otolaryngology–Head and Neck Surgery, has always had a hunch he wanted to become a doctor, he also knew he wanted to do more than practice medicine: he wanted to make new medicine as well. “Doctors in training are often told by the time you graduate, everything you learn will be obsolete,” he says. “An easy way for me to combat this is to be on the forefront and try to make a real difference in the landscape of medicine through discovery.”

That’s why Schoo is spending part of his residency in the Vestibular NeuroEngineering Lab (VNEL) led by otolaryngologist–head and neck surgeon and researcher **Charley Della Santina**. Through a National Institutes of Health-sponsored T32 grant, which provides two years of dedicated research training to predoctoral and postdoctoral trainees, Schoo is serving as the clinical research coordinator for two first-in-human trials.

The first trial is a multi-center study of gene therapy for patients with bilateral profound sensorineural hearing loss, a condition which typically makes them candidates for cochlear implants (CIs). To determine if these individuals’ hearing might be improved without a CI, the researchers use a surgical technique to inject a viral vector into the inner ear. This vector acts as a carrier for ATOH1, a gene that’s responsible for forming hair cells, which are directly responsible for detecting sound waves and turning them into a signal the brain interprets as hearing.

In the second trial, patients are implanted with a stimulator intended to restore vestibular (inner ear balance) sensation, which is required to maintain clear, steady vision and posture. Based on technology

developed at VNEL and operating like a cochlear implant for the semicircular canals—part of the inner ear responsible for balance—this device turns information collected from miniature gyroscopes into electrical signals that stimulate the inner ear.

Throughout these trials, Schoo’s role has been multifaceted, involving patient selection, administering evaluations, data collection, and coordination of a large team of academic and industry colleagues. “It’s extremely rare for a resident to run two first-in-human trials,” says Della Santina.

“In doing so, Desi has gained such a depth and breadth of experience that he is poised to become a leader among otolaryngologists focused on this critically important phase of research.”

For Schoo, having this dedicated time to learn about running clinical trials has furthered his interest in becoming a physician-scientist who sees patients in the clinic, operates, develops new treatments in the lab, and launches clinical trials. “The beauty about being a physician-scientist,” says Schoo, “is being able to combine all your interests into one thing.” ■



Desi Schoo is serving as the clinical research coordinator for two first-in-human clinical trials. Above, Schoo examines patient Carla McDowell.

## MEET THE TEAM



Wojtek Mylardz discusses case with patient Matt Harcourt, who was diagnosed with squamous cell carcinoma and was treated by Johns Hopkins multidisciplinary experts near his home in Bethesda, Maryland.

## Navigating Head and Neck Cancer

In January 2016, a routine physical revealed a swollen lymph node on the left side of Matt Harcourt’s neck. Although the 46-year-old father of three had no symptoms, a biopsy by a local ear, nose and throat specialist near his home in Bethesda led to a diagnosis of squamous cell carcinoma of the oropharynx, or head and neck cancer. When he reached out to his friends for advice, they suggested seeing someone affiliated with Johns Hopkins Medicine.

His first appointment was with **Wojtek Mylardz**, a Johns Hopkins head and neck surgeon who practices at Suburban Hospital in Bethesda. On the same day, Harcourt also saw **Brandi Page**, a radiation oncologist who specializes in head and neck cancer at the Johns Hopkins Kimmel Cancer Center radiation oncology practice in Bethesda. **Nicholas Farrell**, a medical oncologist in private practice in



# Improving Access For Patients with Cochlear Implants

The Johns Hopkins Listening Center expands services to locations easily accessible from Virginia, Pennsylvania, Delaware and Washington, D.C.

After 15 years of implanting cochlear implants (CIs) in patients with severe hearing loss, **Charley Della Santina**, new director of the Johns Hopkins Listening Center, knows that adjustments by an expert CI audiologist and sustained interaction with an auditory rehabilitation therapist skilled in working with CI users are keys to success. Although most patients receive great benefit from their CIs, some miss out on these critically important parts of CI care and fail to reach their full hearing potential.

Ending therapy too soon typically happens not due to a lack of desire but rather to the real burdens imposed by a long commute, says Della Santina. “We’re of course easy to reach for patients who live near the city, and our international patients commonly live in Baltimore while they receive care at Johns Hopkins,” he says, “but our regional patients sometimes face a long drive. If each visit requires hours of driving and a full day off of work and school, participation in auditory therapy can be a challenge for families of children with CIs. Patients’



Team members of the Johns Hopkins Listening Center gather to help ensure the best possible outcomes for their patients.

parents tell me, ‘I love my audiologist and therapist, but I wish they were closer to my home.’”

To shorten those long commutes, the Listening Center is expanding to Washington, DC; Bethesda, Md.; Green Spring Station in Lutherville, Md., (north of Baltimore); and Kent Island on Maryland’s Eastern Shore.

Johns Hopkins audiologist **Pamela Cain**, who specializes in care of CI patients, started piloting the expansion program in Bethesda and at Sibley Memorial Hospital in Washington D.C., two years ago. “I get a lot of positive feedback from patients who prefer to get their care at these locations,” she says. “It allows us to reach and help people who weren’t getting necessary services before.”

Auditory rehab therapist **Deborah Bervinchak** will lead the Listening Center’s new expansion onto the Eastern Shore. Bervinchak, who lives on Kent Island, knows the nuisance of a long commute. “I drive 90 minutes to Hopkins each way. It’s exhausting, and I don’t have children in the car,” she says.

“Having a more convenient location will make it easier for our patients to get the rehab they need on a regular basis.”

The Listening Center is also improving access for patients by streamlining care. New clinic coordinator **Kimberly Mooney** is working to make appointments more efficient by scheduling providers from different disciplines on the same day. Rather than patients undergoing imaging study, consulting with an audiologist, and seeing a surgeon in three different appointments, for example, they can have all three visits in a single trip. The Listening Center team also communicates closely with a patient’s referring audiologist to ensure well-coordinated care.

“Making access to expert care as easy as possible is part of our mission to help Listening Center patients achieve their full hearing potential,” says Della Santina. ■

Bethesda, was also on the treatment team.

Mydlarz suspected that Harcourt’s cancer originated in his left tonsil, a hypothesis confirmed by a physical exam and biopsy. A PET scan revealed that the cancer had spread to some of the lymph nodes in Harcourt’s neck, making it less likely that surgical treatment would be curative without the addition of radiation and chemotherapy.

Mydlarz shared the case at head and neck tumor board conferences at Suburban Hospital and The Johns Hopkins Hospital, where team members discuss complicated cases. “Every head and neck cancer patient benefits from the expertise of all the Johns Hopkins specialists, whether they receive treatment locally or in Baltimore,” Mydlarz explains.

In early June, Harcourt began a seven-week course of daily radiation and weekly chemotherapy. Page used cutting-edge radiation technology to ensure his treatments were delivered with pinpoint accuracy. “Our goal is to avoid as many side effects of treatment as possible,” she says. “Our specialized radiotherapy staff, which includes a speech and swallow therapist as well as a clinical social worker and dietitian, works hard to ensure the best short- and long-term outcomes. It’s so important to have all of these care components available in one place close to home.”

For Harcourt and all of Suburban’s cancer patients, another benefit of staying close to home is the support of oncology nurse navigator Barbara Doherty. “On day one, Barbara introduced herself as

‘the person to go to when you don’t know where to go’ and that she is,” Harcourt says. “There wasn’t a question she couldn’t answer on the spot. Her expertise was invaluable.”

Today, all indications are that Harcourt’s treatment was successful, although he is still adjusting to the effects of the radiation on his voice, salivary glands and sense of taste. He is hopeful these side effects will improve in time and that he will soon be declared “cancer free.”

“While having cancer is a terrible experience, I can’t say enough great things about everyone involved in my care,” says Harcourt. “The physicians, nurses, and radiation and oncology technicians made the whole thing more bearable because of their knowledge and professionalism. They all chose this profession because they care about people and it shows.” ■



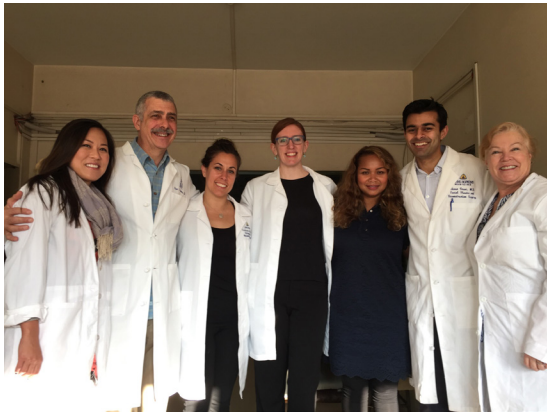
“EVERY HEAD AND NECK CANCER PATIENT BENEFITS FROM THE EXPERTISE OF ALL THE JOHNS HOPKINS SPECIALISTS, WHETHER THEY RECEIVE TREATMENT LOCALLY OR IN BALTIMORE,”

- WOJTEK MYDLARZ

For information, call 443-287-2124.

## THOSE WHO GIVE

*Medical Mission to Pune (continued from page 1)*



Several Johns Hopkins colleagues joined medical professionals from across the U.S. for a weeklong medical mission. Their aim: to help children born with cleft lip and palate in India, which has some of the highest rates of the conditions in the world.

from early morning until late evening.

“It’s obviously physically tiring, but you’re running on adrenaline,” Desai remembers. “Everybody is just working to do whatever they can to get cases done, and to do as many as humanly possible – it brings out the best in everyone.”

In the end, he adds, those 40 patients received life-changing surgery that they wouldn’t have been able to access otherwise. Additionally, 38 patients received speech therapy with Pietsch and Abrams, who also gave lectures at the local university.

“Medical missions such as this are one of the things I look forward to most in my practice,” Desai says. “It’s why most of us went into medicine in the first place: to help people.” ■

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