

Connections

A QUARTERLY NEWSLETTER FOR PRIMARY CARE PROVIDERS

FALL 2021

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New team streamlines care for sarcoidosis

FROM THE OHSU KNIGHT
CARDIOVASCULAR INSTITUTE

In the literature, you'll see references to sarcoidosis as a "rare disease." However, an explosion of modern research shows that this multisystem, autoinflammatory disorder of unknown etiology is growing in prevalence.

As available testing and treatment strategies improve, physicians are now more deliberately testing for sarcoidosis, especially outside of the lungs and lymph nodes. OHSU currently has a large and rapidly growing cohort of sarcoidosis patients.

To better serve these patients, OHSU has assembled specialists from 10 disciplines to form the OHSU Collaborative Sarcoidosis Program. We believe this co-managed approach is critical for avoiding fragmented care and unnecessary delays for patients. At the same time, this approach maximizes the unique perspective that each specialist team member brings to the evaluation of this multisystem disease and facilitates real-time decision-making. Finally, this co-management approach and combined multispecialty clinics consolidates patient visits into as few trips as possible. This results in streamlined care that is better for all patients, but especially for those traveling long distances within our large catchment area.

OHSU Collaborative Sarcoidosis Program Multidisciplinary Team

Advanced Heart Failure

Luke Masha, M.D., M.P.H.

Cardiology

S. Albert Camacho, M.D.

Cardiac Electrophysiology

Babak Nazer, M.D.

Dermatology

Jesse Keller, M.D., M.C.R.

Gastroenterology

Fouad Otaki, M.D.

Sarah Diamond, M.D.

Neurology

Michael Lane, M.D.

Ophthalmology

Eric Suhler, M.D., M.P.H.

Pulmonology

Daniel Seifer, M.D.

Sherie Gause, M.D.

Rheumatology

Julianna Desmarais, M.D.

Daniela Ghetie, M.D.

Thoracic Radiology

Chara Rydzak, M.D., Ph.D.

Anu Brixey, M.D.

Combined clinics and team review

Sarcoidosis most often affects the lungs, but can cause disease in the skin, eyes, nervous system and, often dangerously, in the heart. The OHSU Collaborative Sarcoidosis Program strategy results in timely patient evaluation by the appropriate specialties. With this multidisciplinary resource, we improve clinical outcomes as well as patient convenience and satisfaction. After initial patient consultation in a combined clinic, our process allows for expedient multidisciplinary review of challenging cases or new diagnostic dilemmas.

- **Combined Pulmonology/Rheumatology Clinic:** Our pulmonary sarcoidosis patients are often first seen in this joint clinic, usually seeing both specialists at the initial appointment. As an inflammatory condition, the only direct disease modifying therapy for sarcoidosis is immunosuppression. When required, early treatment improves outcomes and minimizes irreversible damage.
- **Cardiology and Electrophysiology Clinic:** Sarcoidosis patients with suspected cardiac involvement are seen by a cardiology team: a general cardiologist, an advanced heart failure cardiologist and an electrophysiologist evaluate our patients, often in a single setting. When sarcoidosis affects the heart, the result can be an abrupt onset of dangerously slow or fast heart rhythms and various forms of heart failure, is most often diagnosed at autopsy. Based on each patient's presentation, this cardiology team can recommend and provide treatment ranging from pacemaker/defibrillator implantation, antiarrhythmic medications, catheter ablation of arrhythmias, heart failure medications or even cardiac transplantation.

Your resource in care for sarcoidosis

The OHSU Collaborative Sarcoidosis Program can assist you by:

- Advising on appropriate selection of diagnostic testing and procedures.
- Screening for multiorgan involvement, e.g., cardiac, ophthalmologic, neurologic, etc.
- Assessing the need for aggressive immune-system modulation to avoid irreversible end-organ damage.
- Facilitating access to single-center and multicenter sarcoidosis research studies.
- Advanced interventional procedures to treat disease sequelae when appropriate.

When to refer

- Patients with complex or multiorgan sarcoidosis disease requiring multidisciplinary care
- Patients with diagnostic studies suspicious for sarcoidosis requiring a second opinion
- Patients with known or suspected cardiac sarcoidosis requiring advanced imaging and/or voltage-guided endomyocardial biopsy



Contact us

The OHSU Collaborative Sarcoidosis Program provides the full spectrum of care for sarcoidosis. We will arrange for all of the appropriate specialists to see your sarcoidosis patient in as few clinic visits as possible. To refer a patient or to find additional information, please visit www.ohsu.edu/referral-service/sarcoidosis. Please call the OHSU Physician Advice and Referral Service at **503-494-4567**. To refer a patient, please fax to **503-346-6854**.

TPIAT successfully resolves some forms of pancreatitis

FROM THE OHSU KNIGHT
CANCER INSTITUTE



Brett C. Sheppard, M.D.

Dr. Sheppard is a surgical oncologist and the clinical co-director of the OHSU Brenden-Colson Center for Pancreatic Care. He is passionate about patient advocacy and focuses his research on early detection of pancreatic cancer.

Pancreatitis can be a debilitating disease, leaving patients unable to keep a job, take a vacation or even get out of bed. For some patients, a total pancreatectomy with islet cell autotransplant (TPIAT) can lead to dramatic improvement in quality of life.

The multidisciplinary TPIAT Program at OHSU offers this surgical procedure for adults ages 16+ with hereditary, chronic or recurrent acute pancreatitis. The procedure reduces or eliminates pain for most patients, while also keeping most of them insulin independent.

TPIAT available at OHSU

A complex procedure, there are only a handful of hospitals throughout the country that offer TPIAT. The procedure begins with a pancreatectomy. Then, the OHSU Islet Cell Processing Lab performs enzymatic dissolution of the pancreas to separate the islets, a step that takes about three to four hours. The islet cells are then infused back into the patient via the portal vein, directly to the liver. The islets then live on in the liver and produce insulin.

Most patients recover in the hospital for about two weeks. Then our team monitors patients weekly for the next month. Patients typically begin to reap the benefit of TPIAT about six months

after the procedure. Individual results vary based on age, underlying disease and physiologic condition of the pancreas. Some patients will be insulin independent; others with severe disease may continue to need insulin supplementation. Patients with long-term chronic pain have slower pain relief. All will need pancreatic enzymes supplemented for the rest of their lives.

Pre- and post-procedure patient care

Patients referred for TPIAT get a multidisciplinary review, including surgical, medical and psychological evaluations and pain management consultation.

TPIAT patients are shepherded through our program by our nurse navigator. Patients need to reside in the Portland metro area for the first month after the procedure for weekly follow-ups. Once they return to their home communities, our program will follow them closely for the first year. All TPIAT patients will be on insulin for the first three months after the procedure. Our team manages the weaning process for insulin and pain medication following TPIAT. All patients will have a gastric tube initially. Some patients may need the tube for gastric decompression and tube feeds; others may not.

Total Pancreatectomy with Islet Cell Auto-Transplant Team

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Endocrinology

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Rita Parsiani, Pharm.D.,
CBCES, BC-ADM

Leah Wilson, M.D.

Gastroenterology

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Medical Co-Director

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Yun Long Ong, M.S.N.,
ACNP-BC

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Thomas Kern, Ph.D.

Radiology

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Cory Wyatt, Ph.D.

Surgery

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Surgical Co-Director

David C. Woodland, M.D.

Patient Care and Program Coordinator

Lisa Bloker, RN, BSN

Nutrition

Savitha Chandra, M.S., RD

OHSU Islet Cell Processing Lab

Lisa Bloker, RN, BSN

Swati Mishra, Ph.D.

David C. Woodland, M.D.

Candidate profiles for TPIAT

A subset of pancreatitis patients will benefit from TPIAT. Most insurance plans, including Oregon Health Plan, will fund this procedure, but Medicare does not.

Who *isn't* a candidate:

- Patients who are actively drinking ethanol alcohol, using tobacco products or actively using other recreational drugs. Patients must be substance-free for one year.
- Patients who have had five years or more of chronic pain without effort to reduce opioid dependence. Even when the inciting pain source is removed, research shows that TPIAT for these patients may not result in pain relief.

Who is a candidate:

- Patients with hereditary pancreatitis. These patients are at high risk for developing pancreatic cancer. TPIAT can improve their quality of life and remove the risk for pancreatic cancer.
- Patients with chronic or recurrent acute pancreatitis who have failed other therapies.

When to refer

If TPIAT is an option, the earlier we see patients in this disease process, the higher the islet yield can be for better insulin independence. Our team is expert at nonsurgical care of pancreatitis and can discuss alternatives to surgery.

- Patients age 16+ who have disabling chronic pancreatitis or recurrent acute pancreatitis with or without a history of hereditary pancreatitis and who do not have the exclusion criteria.



Contact us

From the latest technology to the newest drugs that are increasing survival, OHSU Knight Cancer Institute, Oregon's only NCI-designated Comprehensive Cancer Center, offers a full range of options for oncology patients. We are always available to answer questions. Please call the OHSU Physician Advice and Referral Service at **503-494-4567**. To refer a patient, please fax to **503-346-6854**.

Quick relief and low risk with incision-free brain surgery for tremor

FROM THE OHSU KNIGHT BRAIN INSTITUTE



Ahmed M. Raslan, M.D., FAANS

As a neurosurgeon, Dr. Raslan treats a spectrum of neurological diseases. He focuses on brain mapping in addition to surgery for epilepsy, chronic neurologic pain and movement disorders.

Essential tremor is the most common movement disorder in the U.S., with an estimated 10 million people affected.

An incisionless neurosurgery is potentially life-changing for patients who have dominant tremor on one side of their bodies and whose disease has progressed to impact daily living. Using MR-guided high-intensity focused ultrasound (MR-HIFU), our surgeons can now perform extremely precise and accurate unilateral thalamotomies without burr holes, craniotomies or radiation. For patients, this means:

- **Immediate improvement in tremor:** Most patients have 70-80% improvement within the same day of the procedure.
- **Rapid recovery:** Most patients return to normal activity within a week.
- **Minimum side effects:** These include skin irritation, nausea and vomiting, temporary weakness or imbalance.
- **Discontinuing medical therapy:** Medications can be weaned following surgery.

MR-HIFU technology

The procedure combines image-guided, high intensity focused ultrasound ablation with real-time monitoring of temperature change in the brain during the sonication. This treatment takes about three hours and has submillimeter accuracy.

OHSU Parkinson Center and Movement Disorders Program is the only resource between San Francisco and Seattle for this treatment option. By expanding our portfolio of services for people with movement disorders, patients in our region who could benefit from MR-HIFU to control tremor will now be able to get treatment closer to home.

Safer procedure for the right patients

Many of the standard surgery risks don't apply with MR-HIFU, because there is no incision. There is:

- No general anesthesia
- Minimal pain/discomfort
- Low/no postop infection risk
- Discharge same day or next day

Considerations:

- Patients must meet standard MR protocols
- Patients must be awake during the surgery.
- Shaving the entire head is necessary for the procedure.
- Anticoagulation medications must be stopped for a few days.
- Tremor may eventually recur in some patients (15-20%), but the procedure can be repeated. Recurrence rate is based on the first three years of data.

MR-HIFU versus asleep deep brain stimulation

These procedures are complementary. The decision for one treatment over the other is guided by patient presentation and preference. Generally, asleep deep brain stimulation is the better option for patients with bilateral disorder or tremor in the central core. We know that many patients who are unwilling or unable to pursue DBS will consider MR-HIFU.

MR-guided high-intensity focused ultrasound for the brain

Ultrasound can create physiologic change by depositing heat via multiple beams of sound waves. The Food and Drug Administration approved MR-HIFU for essential tremor in 2016, adding tremor-dominant Parkinson's disease in 2018. Medicare approved the treatment in 2020.

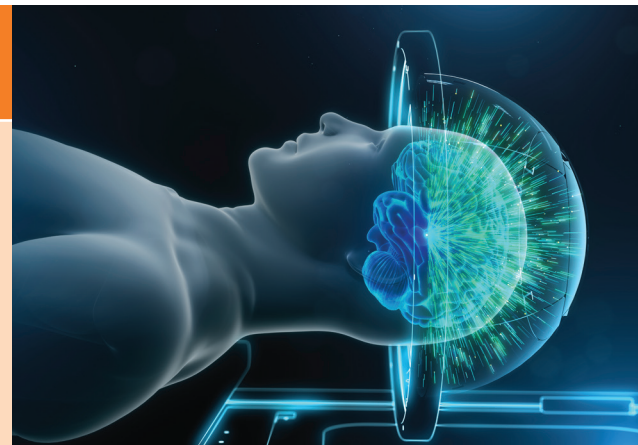
How it works

During the procedure, the patient wears a helmet that is fixed to the stereotactic frame. To keep the patient motionless, pins secure the helmet. We provide a local anesthetic for the placement of the pins. Through the helmet, cold water circulates around the scalp. The surgeon uses low energy sonications to pinpoint the target, typically the ventral intermediate nucleus. To ablate the target, the surgeon uses multiple beams of acoustic energy that pass through the scalp and skull to create a tiny, discrete lesion without damaging surrounding tissue. This is a gradual, stop-start process that requires feedback and testing with the patient (i.e., drawing spirals or raising arms) to assess tremor improvement throughout the treatment. The surgeon also receives real-time feedback about temperature changes in the brain.

When to refer

Our team will evaluate your patients for all options available for tremor, from medication to surgery. Appropriate candidates for MR-HIFU for tremor include:

- Confirmed diagnosis of medication-refractory essential tremor over age 22
- Confirmed diagnosis of medication-refractory tremor-dominant Parkinson's disease over age 30



Contact us

Copy to The OHSU Brain Institute is your partner in diagnosing and treating all neurologic disorders. To refer a patient, please fax to **503-346-6854**.

Fetal surgeons expand in-utero interventions

FROM OHSU DOERNBECHER CHILDREN'S HOSPITAL



Stephanie Dukhovny, M.D.

The director of the Fetal Therapy Program, Dr. Dukhovny is a maternal-fetal medicine specialist and geneticist. She specializes in pregnancies with fetal anomalies.

Comprehensive care for fetal anomalies

The OHSU Doernbecher Fetal Therapy Program's multidisciplinary team provides extensive diagnostic evaluations, genetic review and delivery planning for a wide range of fetal anomalies. Fetal intervention is a rapidly changing field. With these experienced surgeons in place, we will be positioned to implement new surgeries and procedures as the discipline moves forward.

When an anatomical survey ultrasound uncovers a fetal anomaly, parents and even providers can feel overwhelmed.

For the last decade, the multidisciplinary Fetal Therapy Program at OHSU Doernbecher Children's Hospital has provided a responsive resource for early diagnosis, intervention and treatment planning for fetuses with congenital conditions. Our program sees 300–500 new patients a year who have a wide range of fetal anomalies. We are excited to expand our capabilities to help patients by adding two fetal surgeons to our team. Andrew Chon, M.D., a maternal-fetal medicine specialist, and Raphael Sun, M.D., a pediatric surgeon, will add the insight of their respective disciplines to the program.

Full spectrum of care close to home

With two fetal surgeons on board this fall, OHSU will be one of five programs nationally to offer comprehensive care for mother, fetus and neonate in one location. We are excited to include this last area of expertise for a fully comprehensive program, so patients in our region in need of complex fetal surgeries will no longer have to travel to distant hospitals for care.



Andrew Chon, M.D., is an obstetrician, gynecologist and maternal fetal specialist. He has advanced training in fetal surgery.



Raphael Sun, M.D., is an expert in prenatal anomalies. Along with pediatric surgery, he also specializes in fetal surgery including in-utero interventions, such as twin-to-twin transfusion syndrome and prenatal neural tube defect repairs.

Expanding options in fetal surgical interventions

Though the Fetal Therapy team can effectively treat most fetal anomaly cases, the addition of Drs. Sun and Chon allows us to offer families in the region highly intricate surgical procedures for fetal diagnoses amenable to intervention.

Beginning in January 2022, we anticipate offering additional fetal procedures, beginning with twin-twin transfusion syndrome (operative fetoscopy, laser photocoagulation). Over time, we anticipate adding procedures, such as:

- Acardiac twins (radiofrequency ablation or fetoscopic laser cord occlusion)
- Alloimmune thrombocytopenia (medical/needle)
- Alloimmunization and fetal anemia (intrauterine transfusion)
- Amniotic band syndrome (operative fetoscopy)
- Bronchopulmonary sequestration (ultrasound-guided laser)
- Cardiac abnormalities (ultrasound-guided stenting, direct fetal medical therapy)
- Chorioangioma (operative fetoscopy, laser photocoagulation)
- Congenital pulmonary airway malformation (shunt, sclerotherapy)
- Congenital diaphragmatic hernia
- Congenital high airway obstruction (operative fetoscopy, laser perforation)
- Congenital neck masses (fetal intubation)
- Iatrogenic preterm premature membrane rupture (amniopatch)
- Lower urinary tract obstruction (shunt)
- Pleural effusions (shunt)
- Renal anhydramnios (amnioinfusions)
- Selective intrauterine growth restriction type II (operative fetoscopy, laser photocoagulation)
- Open spina bifida (fetoscopic repair either via complete percutaneous or laparotomy-assisted)
- Twin anemia-polycythemia sequence (individualized case-by-case for operative fetoscopy, laser photocoagulation)
- Vasa previa, type II (operative fetoscopy, laser photocoagulation)

When to refer

- Any patient with pregnancy affected by a major fetal anomaly or an ultrasound abnormality of any kind



Contact us

OHSU Doernbecher Children's Hospital specialists are always happy to speak with you. Please call the OHSU Physician Advice and Referral Service at **503-494-4567** with questions. To refer a patient, please fax to **503-346-6854**. To contact our program directly at fetalcare@ohsu.edu and learn more at <https://www.ohsu.edu/doernbecher/fetal-therapy-program>.

No delays to walking with new MIS bunion procedure

FROM OHSU HEALTH ORTHOPAEDICS AND REHABILITATION



Bopha Chrea, M.D.

Dr. Bopha Chrea is an orthopaedic surgeon with fellowship-training in Foot and Ankle. Her clinical interests include minimally invasive surgical techniques, trauma and sports injuries. She sees patients at OHSU and Adventist Health Portland, an OHSU Health partner.

Convenient care close to home

Our three fellowship-trained Foot and Ankle surgeons provide care across the OHSU Health system. Our surgeons see patients at locations throughout the Portland metro, including OHSU and partners Adventist Health Portland and OHSU Health Hillsboro Medical Center.

For mobile and active people, being off their feet for two to six weeks is one of the biggest challenges of standard bunion surgery. With the minimally invasive techniques now available at OHSU Health, we can get those patients back up and going almost immediately.

Outpatient MIS osteotomies

Our patients who receive minimally invasive osteotomies are discharged the same day. Patients can walk as soon as swelling and pain subsides. They wear an orthopedic shoe initially. We change the dressing two weeks postop, and then follow the patient for any further needs.

With minimally invasive techniques, the small burr holes minimize risks of infection, pain, wound complications and stiffness. Most health insurance carriers cover this procedure. We are excited to bring this highly subspecialized capability to Oregon.



OHSU Health Hillsboro Medical Center Orthopedics and Rehabilitation (formerly Tuality Healthcare)

Provider at this location:

- Lara Atwater, M.D.

OHSU Orthopaedics and Rehabilitation, South Waterfront

Providers at this location:

- Lara Atwater, M.D.
- Bopha Chrea, M.D.
- James Meeker, M.D.

Adventist Health Portland Orthopedics, East Portland

Provider at this location:

- Bopha Chrea, M.D.

When the MIS shoe fits

In selecting good candidates, our team triages referrals based on each patient's presentation. General indications for bunion surgery include:

- Debilitating pain
- Pain despite modifications and exhausting alternatives
- Radiographic worsening

We can correct moderate-to-severe bunions with minimally invasive procedures. However, there are many parameters to consider and more than 100 approaches to bunion surgery. We select the most suitable option for the individual to get optimal results.

Beyond bunions

Minimally invasive techniques are the future in the Foot and Ankle discipline. The American Orthopedic Foot and Ankle Society dedicated a whole day of the 2020 conference to minimally invasive surgery techniques. We are now able to achieve the same results with small poke holes that previously required big dissections. Examples include:

- Early great toe arthritis (cheilectomy)
- Minimally invasive calcaneal osteotomies for flatfoot/cavus foot
- Exostosis resection
- Transfer metatarsalgia

When to refer

Please refer any patient with a clinical need for bunion removal.



Contact us

We are available to answer questions about all treatment options for orthopaedic issues. Please call the OHSU Physician Advice and Referral Service at **503-494-4567**. To refer a patient, please fax to **503-346-6854**.

Advice and referrals

To refer a patient, please fax to 503-346-6854.

For physician advice for adult patients, please call 503-494-4567 or 800-245-6478.

For physician advice for pediatric patients, please call 503-346-0644 or 888-346-0644.

The OHSU Physician Advice and Referral Service is staffed 24/7 by professional and friendly referral specialists, skilled in providing quick connections to the right provider or program. Our goal is to work in partnership with you and communicate regularly regarding your patient's care plan and progress.

Our specialists can provide:

- A direct link to our transfer center.
- Information about your patients admitted to OHSU.
- Patient appointment verification.
- Information about any health care program, clinical trial or educational opportunity.
- Answers to your questions about OHSU Connect, our secure web portal for referring providers (OHSU Connect Help Desk hours: 8 a.m. to 5 p.m., Monday through Friday).
- Other resources such as maps, directories, physician CVs and patient education materials.

We've added a feature on our site highlighting our new providers. Go to www.ohsu.edu/connections to read about who has joined OHSU this year.

OHSU Provider Relations

Our provider relations managers are your personal contact with OHSU and are dedicated to keeping you connected to OHSU clinical programs and staff.

Your provider relations manager can provide:

- Patient updates and scheduling with OHSU clinical specialists and new or existing clinical services.
- Assistance with enrollment and training for OHSU Connect.
- Information on accessing OHSU's medical library and patient education resources.
- Assistance with scheduling convenient one-hour continuing medical education sessions in your clinic.

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Clinical trials

OHSU offers many opportunities for participation in ongoing research and clinical trials. Our clinical studies rely on the thousands of participants who volunteer each year and the providers who help enroll them.

To learn more about OHSU clinical trials, visit www.ohsu.edu/clinicaltrials.

Continuing medical education

The OHSU School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for medical professionals.

For more information and a complete list of upcoming CME sessions, visit www.ohsu.edu/cme, or to be notified of upcoming events, email cme@ohsu.edu.

NOV.
5-6

Cardiology for the Primary Care Provider Conference at Salishan Lodge
www.ohsuhealth.com/cardiologycme

JAN.
21-22

Annual Hematology and Breast Cancer Update
www.ohsuknightcancer.com/hemcme

Connections

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