



# Liver and Pancreas Institute for Quality

THE GEORGE WASHINGTON UNIVERSITY HOSPITAL

## 2019 Annual Report



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# A Message from the Director

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We are pleased to present the 2019 annual report for the GW Liver and Pancreas Institute for Quality (LPIQ).

We provide innovative and advanced care for patients with liver, pancreas, bile duct, duodenum and gallbladder diseases. We aim to become the premier center for advanced surgery for patients with pancreas and liver conditions. Access to care is integral to our mission and thus community engagement and education remain paramount. We pride ourselves on fostering an expansive network of physician partners to maintain collaborative care for our patients and want to thank each and every physician for their collaboration. In our annual report, we highlight some of the notable achievements accomplished during the 2019 calendar year. Visit us at [gwhospital.com/LPIQ](https://gwhospital.com/LPIQ) to learn more about our program.

Best,

*Dr. Lynt B. Johnson*



# 2019 Notable Achievements

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- 30% increase in new patient visits
  - 24% increase in pancreas resections (Whipple procedure, distal pancreatectomy, total pancreatectomy)
  - Initiated the modified ALPPS program (associating liver partitioning and portal vein ligation for staged hepatectomy) for extensive liver tumors
  - Initiated the vascular resection and reconstruction program for patients with locally advanced pancreas cancer
  - Initiated the first program in the District of Columbia, Maryland and Virginia (DMV) area with the Emprint™ microwave ablation GPS-enabled navigation system for targeted microwave ablations of liver tumors
  - Created a community/academic partnership for the GW Virtual Gastrointestinal Oncology Tumor Board with a multidisciplinary panel review consisting of surgical oncology, medical oncology, abdominal imaging, radiation oncology, pathology, gastroenterology, colorectal surgery, cancer genetics and interventional radiology
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# Introduction

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The Liver and Pancreas Institute for Quality offers innovative surgical approaches and advanced treatments for your patients with pancreas, liver, bile duct, duodenum and gallbladder diseases.

The LPIQ surgical team has combined experience of more than 40 years in the field of pancreas and liver surgery and treatments.

## → Meet the LPIQ Medical Team



**Lynt B. Johnson, MD**  
**Executive Director of the Liver and Pancreas Institute for Quality**

Dr. Johnson is Professor of Surgery and former Chairman of the Department of Surgery at Georgetown University Hospital. He has published over 135 scientific articles in the field of liver and pancreas cancers and transplant surgery, and is nationally recognized as an expert in hepatobiliary/pancreas surgery with special interests in advanced cancer surgery and minimally invasive techniques.



**Paul Lin, MD, FACS**  
**Vice Chairman of the Department of Surgery**

Dr. Lin is Associate Professor of Surgery and Chief of the Division of General Surgery. He specializes in advanced laparoscopic and open gastrointestinal (GI) surgery, including liver and pancreas surgeries and surgical oncology. His special interests include GI oncology, colorectal, pancreas, liver and gastric esophagus cancers.



**George P. Kim, MD**  
**Director, GI Cancer Program**

Dr. Kim is Associate Professor of Medicine in the Division of Hematology & Oncology. His special interests include gastrointestinal (GI) oncology, colorectal, pancreas, liver and gastric esophagus cancers.

# About the Liver and Pancreas Institute for Quality

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*Our team uses advanced techniques for treating the most complex conditions, including:*

- Innovative and complex surgery for pancreas cancer (Whipple) with major vascular reconstruction for locally advanced pancreas cancers
- Minimally invasive pancreas resection/Whipple for benign and malignant conditions
- Minimally invasive liver resection for benign and malignant conditions
- Emprint™ GPS Navigation Microwave Ablation for liver tumors
- Targeted precision drug therapies for certain gastrointestinal (GI) cancers
- Advanced stereotactic body radiation treatment
- Multidisciplinary oncologic pretreatment planning and clinical trials
- Advanced nurse practitioners and program manager for personalized care
- Specialized perioperative care
- Pancreatic cancer genetic testing in high-risk individuals (Ruth Paul Cancer Genetics and Prevention Service)
- Primary and second opinion for advanced pancreatic cancer

## → How Paulina overcame pancreatic cancer



After meeting with several gastroenterology specialists, Paulina Romo Leroux finally turned to Dr. Lynt B. Johnson to treat her pancreatic neuroendocrine tumor, a slow-growing type of pancreatic cancer, with a minimally invasive Whipple procedure. Today Paulina says she is back to eating, working and exercising like normal. She says she has so much gratitude

for Dr. Johnson, his staff and the people in the hospital who cared for her. "I felt I was in the right hands," she says. "This was a very challenging experience, but I believe I was so lucky, and it was worth it"





# Patient Volume Data & Program Growth

<b>Hepatobiliary Procedures</b> <i>CPT Procedure Code Activity</i>	Patient Volume: 2017	Patient Volume: 2018	Patient Volume: 2019
Whipple (48153)	3	18	25
Distal Pancreatectomy (48140)	4	13	17
Total Pancreatectomy (48155)	0	1	0
Liver Resection (partial) (47120)	17	21	17
Hepatectomy; Trisegmentectomy (47122)	0	1	2
Hepatectomy; Resection of Liver; Total Left Lobectomy (47125)	1	2	3
Hepatectomy; Resection of Liver; Total Right Lobectomy (47130)	0	3	3
Excision of Bile Duct Tumor, w/out primary (47711)	4	8	8
Excision of Choledochal Cyst (47715)	0	2	0
Anastomosis, Roux-En-Y or (Extrahepatic) (47780)	0	8	6
Anastomosis, Roux-En-Y or (Intrahepatic) (47785)	3	2	2
Hepatotomy-Drain ABSC/CYT (47010)	1	3	2
Liver Fenestration (47300)	4	3	1
Ancillary Procedures	—	—	7
<b>Total</b>	<b>37</b>	<b>85</b>	<b>93</b>

## Data Highlights:

24% increase in Pancreas Resections in 2019

16% of all Whipple Cases were combined with Vascular Reconstruction of Portal Vein, Celiac Axis Branch

132% increase in Hepato-Pancreato Biliary Procedures since program inception

<b>Hepatobiliary Admissions</b> <i>Hospital DRG Activity</i>	Patient Volume: 2017	Patient Volume: 2018	Patient Volume: 2019
Cirrhosis Alcoholic Hepatitis W MCC (432)	16	20	20
Cirrhosis Alcoholic Hepatitis W CC (433)	28	29	35
Cirrhosis Alcoholic Hepatitis W/O CC/MCC (434)	7	1	7
Malignancy Of Hepatobiliary System Or Pancreas W MCC (435)	34	41	39
Malignancy Of Hepatobiliary System Or Pancreas W CC (436)	17	19	17
Malignancy Of Hepatobiliary System Or Pancreas W/O CC (437)	2	4	1
Disorders Of Pancreas Except Malignancy W MCC (438)	60	41	35
Disorders Of Pancreas Except Malignancy W CC (439)	73	87	90
Disorders Of Pancreas Except Malignancy W/O CC/MCC (440)	53	61	59
Disorders of Liver Except Maligcirralc Hepa W MCC (441)	30	22	33
Disorders of Liver Except Maligcirralc Hepa W CC (442)	23	28	30
Disorders of Liver Except Maligcirralc Hepa W/O (443)	12	12	9
<b>Total</b>	<b>355</b>	<b>365</b>	<b>375</b>

## Data Highlights:

3% increase in hospital admissions of patients with Liver and Pancreas Diseases in 2019

6% increase in hospital admissions of patients with Liver and Pancreas Diseases since program inception

# 2019 Year in Review

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## Major Committee Assignments & Board Memberships

American Hepatobiliary Association Annual Meeting, Moderator, Miami, FL  
American Hepato-Pancreatobiliary Association; 2018 – Present, Executive Council  
American Surgical Association Annual Meeting, Local Committee Chair; 2019  
Editorial Board, Surgery; 2012 – Present  
International Hepatobiliary Association, Abstract Reviewer  
National Board of Medical Examiners; 1988 – Present, Diplomat  
Southern Surgical Association, Audit Committee

## Publications

Haskins IN, Jackson HT, Graham AE, Chen S, Sparks AD, Lin PP, Vaziri K. The Effect of Bougie Size and Distance from the Pylorus on Dehydration Following Laparoscopic Sleeve Gastrectomy: An Analysis of the ACS-MBSAQIP Database. *Surg Obes Relat Dis* 2019, Oct 15(10): 1656-1661.

Measuring the Impact of Error Reporting by Residents using a HIPAA Protected App. Pomy B, Lin R, Baylis E, Lengkong V, Lin PP, Lee J. Association of Program Directors in Surgery, Surgical Education Week, Chicago, IL Apr 2019.

Rivas L, Zettervall SL, Ju T, Olafson S, Holzmacher J, Lin PP, Vaziri K. The Effect of Pancreaticojejunostomy Technique on Fistula Formation Following Pancreaticoduodenectomy in the Soft Pancreas. *J Gastroint Surg* 2019 Mar 23.

Werba G, Sparks A, Lin P, Johnson LB, Vaziri K. The PrEDICT-DGE Score as a Simple Preoperative Screening Tool Identifies Patients at Increased Risk for Delayed gastric Emptying after Pancreaticoduodenectomy. (Submitted)

## Invited Lectures

"Advanced Techniques in Surgery for Pancreatic Cancer,"  
*George Washington University Hospital, Dept. of Medicine, Grand Rounds, Washington, DC (Oct 2019)*

"ASCO Pancreatic Cancer Update,"  
*2020 Oncology Update Virtual Symposium, GW Cancer Center, Washington, DC (June 2020)*

"Financial Literacy: What you need to know as a trainee,"  
*Society of Black Academic Surgeons, Weill Cornell Medical College, New York, NY (April 2019)*

"Resection vs. Ablation for Small Hepatocellular Carcinoma: Debate,"  
*American Hepatobiliary Association, Annual Meeting, Miami, FL (Mar 2020)*

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# 2019 Year in Review CONT.

## Grants

A Randomized Phase II Study of Gemcitabine and Nab-Paclitaxel Compared with 5-Fluoracil, Leucovorin, and Treatment Naïve Metastatic Pancreas Cancer (GIANT). Site PI: G Kim. Sub-I: L Johnson  
Creon® (pancrelipase) therapy for subjects with exocrine pancreatic insufficiency (EPI) due to pancreatic cancer: A double-blind, randomized, parallel design with 2 dose cohorts of pancrelipase in resected pancreatic cancer subjects and an open label single dose cohort in non-resected pancreatic cancer Subjects. AbbVie Pharmaceuticals, Site PI: L Johnson

Phase 0 Image-Guided Neoadjuvant Surgical Research Study of Intratumoral Eloxatin (Oxaliplatin) in Liver Metastases of Colorectal Carcinoma. PI: J Jessup Sub-I: L Johnson Funding Amount: (Submitted)

To refer a patient, call 202-715-5168 or email  
[GWUHLPIQ@gwu-hospital.com](mailto:GWUHLPIQ@gwu-hospital.com)



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