

# Breakthroughs

RHODE ISLAND HOSPITAL • 2024

## TENACITY, TEAMWORK, AND TRIUMPH: A GRATEFUL PATIENT'S REMARKABLE JOURNEY

**O**n January 18, 2023, Allan Shapiro collapsed while helping his wife Marilyn bring groceries in from the car. "I didn't feel quite right after the fall and knew something was wrong," he recalls. "So, my granddaughter, Chana, took me to the emergency department at The Miriam Hospital, which is about a half a block away from where we live."

At the time, the 81-year-old would have no way of knowing that the accident was the first step in what would become a months-long fight for survival.

"As soon as we arrived at the emergency room, I noticed my grandfather was really having difficulty breathing and his fingertips were blue," Chana explains.

Sometimes, this can be a sign of heart failure, and tests quickly confirmed Allan had had a heart attack. It was likely a massive silent one and occurred maybe a week or more earlier. Even more concerning was the discovery of a large hole in the wall separating the two lower chambers of Allan's heart.

Allan needed an advanced level of care, and he needed it quickly.

An intra-aortic balloon pump was inserted in Allan's heart at The Miriam to control his blood flow—a measure taken to stabilize him enough for his transfer to Rhode Island Hospital. At this point, Allan's prospects for a successful outcome were still very much in doubt.

"We had a long discussion with Mr. Shapiro when he arrived about how complicated his problem was," says Neel Sodha, MD, Director of Cardiothoracic Intensive Care Unit at Rhode Island Hospital. "Oftentimes when patients have this issue, they die no matter what we do. This meant whatever path we chose would be high risk. But Mr. Shapiro wanted



Allan with his wife Marilyn and their grandchildren

aggressive care and his family was onboard with going down whatever road was necessary."

The first thing Dr. Sodha and team would do is replace the intra-aortic balloon pump Allan had with a left ventricular assist device (L-VAD), which allowed Allan's heart to flow more blood to his body and less to the side where the hole had formed. Surprisingly, he survived.

After almost two weeks of stabilization on the L-VAD to minimize the surgical risk, Allan underwent open heart surgery. During the complex procedure, Dr. Sodha and team addressed three separate issues: the blockages in Allan's arteries, for which they performed a two-vessel coronary artery bypass; the hole or ventricular septal defect separating the two lower chambers, for which they created a series of patches to restore continuity; and the ruptured outside portion of his heart, which they repaired as well.

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Allan's first time outdoors in four months



Allan after rehab



Allan and his care team

Post surgery, Allan went back to the cardiothoracic intensive care unit and remained in critical condition for an extended period. "He was about as sick as sick could be," says Raymond Cord MHP, PA-C, EMT-P, Senior Physician Assistant on the cardiac ICU Team.

His lungs struggled to respond, so he was put on a ventilator. His kidneys failed, and he was started on 24/7 dialysis. He experienced a gastrointestinal bleed that required multiple transfusions. Even the breathing tube that was removed two weeks after surgery had to go back in. During this time, Allan was mostly in a medically induced coma.

"Allan had an indomitable spirit, and he persevered, but struggled to improve," Raymond remembers. "It was always one step up, two steps back."

On April 12, 2023, Allan had a temporary tube placed in his neck to aid his breathing. Shortly thereafter, a glimmer of hope emerged. He started to improve and started to work with his therapy teams. Soon, he improved enough to breathe on his own. He worked his way off oxygen and began eating again, too.

**"This man is a miracle. We are part of his family now and they are part of our family."**

—Raymond Cord MHP, PA-C, EMT-P, cardiac ICU Team

Eventually—*after 109 days in the hospital*—Allan was well enough to be discharged to a skilled nursing facility, where he spent another 100 days. His determination and perseverance continued to see him through.

Throughout his journey, Allan relied on his loving family, loyal friends, spiritual leadership, and unwavering faith to keep his spirits up, and his dedicated multidisciplinary Lifespan team to deliver the sophisticated, compassionate care he so desperately needed.

Reflecting back, Allan's daughter, Marcie Ingber, sums up her father's experience this way: "At one point, there was less than a five percent chance my dad would survive. But he was determined to live, and his care team did everything in their power to make that happen. They were amazing."

For staff, the feeling is mutual. "This man is a miracle," Raymond flatly states. "We are part of his family now and they are part of our family."

## REUNITED AND IT FEELS SO GOOD



**“You don’t need to go to Boston to get world-class care. It’s right here.”**

—Mary Worrell

Don Dizon, MD and Mary Worrell

**W**hen Mary Worrell walked into Rhode Island Hospital to meet her “new” oncologist back in early 2022, it felt like she was meeting up with an old friend—because she was. “When I found out that he’d be taking care of me, I knew I was in good hands, and I knew I was in the right place,” she recalls.

“He” is renowned oncologist Don S. Dizon, MD, FACP, FASCO, Director of Women’s Cancers at the Lifespan Cancer Institute (LCI) and Director of Medical Oncology at Rhode Island Hospital. More than a decade prior, while practicing at a different hospital, Dr. Dizon successfully guided Mary through treatments for uterine cancer. Now, he’d be called on to save her life once again.

“Dr. Dizon always took the time to listen to me and my family when we had questions and I felt as though he was fully engaged with me as a person and as a patient,” says Mary.

Initially, Mary underwent months of rigorous chemotherapy, a course that was similar to her previous treatments. But this time, it was not producing the desired results. So, Dr. Dizon introduced immunotherapy to Mary’s care regimen, which was intended to boost her body’s ability to find and destroy cancer cells.

The multimodal approach worked, and her cancer is now in remission.

“I remember Dr. Dizon saying to me ‘Mary, you’re not going to die from this cancer’, and he pinned a little origami flower that

he had created on my chest in celebration,” she recalls. “I was always a person who was very appreciative of my life,” she adds, “but for the first time, after hearing that news, I became excited about living in a way I had never been before.”

Mary was so moved by her patient experience at LCI that she and her family wanted to make a donation to help advance Dr. Dizon’s work. “Mary has always been grateful for the care she’s received, but I did not know she was making a gift,” he explains. “It was really a touching surprise.”

### **Working on tomorrow’s medicine, today**

Dr. Dizon heads a nimble, multidisciplinary team that’s committed to working on tomorrow’s medicine, today. Recent examples of their wide-ranging, holistic efforts include evaluating predictors of immunotherapies on clear cell carcinomas, studying the genomics of secondary tumors versus primary tumors, and measuring the impact on outcomes of providing childcare to guardians battling cancer.

Philanthropy, of course, is helping to fuel these efforts. “Funding like Mary’s and others enables us to pursue clinical research across the entire cancer spectrum—prevention, early diagnosis, treatment, and survivorship,” Dr. Dizon explains. “It helps us do innovative, important work, especially within rare ovarian and gynecological cancers.”

Another reason to support the hospital, Mary adds, is “Because it’s in our backyard. You don’t need to go to Boston to get world-class care. It’s right here.”

# ADDICTION MEDICINE FELLOWSHIP AT RHODE ISLAND HOSPITAL IS FIRST-OF-ITS-KIND IN STATE

**A** pioneer in the field of addiction medicine and science during his lifetime, the work of David C. Lewis, MD, remains at the forefront of addressing addictive disorders even after his passing in 2020 at age 85.

That's because in 2016—thanks to generous support from his family, faculty, physician colleagues, and the community—the David C. Lewis Fellowship in Addiction Medicine was established in his honor. It is the only program of its kind in Rhode Island that trains physicians in the treatment of substance use disorders. The fellowship is particularly unique in that it resides within the department of medicine, rather than psychiatry.



David C. Lewis, MD

It was Dr. Lewis who championed an approach to addiction as a physical disorder and not solely a mental condition, transforming treatment and highlighting the need for physicians trained in addiction medicine.

“This is vital work with ramifications far beyond better patient outcomes,”

says Laura Levine, MD, director of the fellowship program and physician at the Lifespan Recovery Center. “In a region with among the highest rates of drug and alcohol use in the country, no one is doing what we are.”

Based at Rhode Island Hospital, the fellowship offers experience across various clinical settings and with a diverse range of patient populations that includes youth and veterans. Along with training to treat patients with complicated addictions and their medical and psychiatric consequences, fellows pursue scholarly activities in the areas of research, medical education, and policymaking.

“Although one in five Americans has an addiction, few physicians are experts in addressing addictive disorders,” adds Dr. Levine. “We’re aiming to change that.”



## HOST A FUNDRAISER: HAVE A GREAT TIME, HELP A GREAT CAUSE

**A** casual outing kayaking with friends. Some playful competition at trivia night. Breaking a sweat in a group boot camp class.

Can you guess what these things have in common? If you said they're all enjoyable leisure time activities, you'd be right. But only partly right. They're also actual examples of the many community fundraisers people have held over the years in support of Rhode Island Hospital—which, collectively, have generated hundreds of thousands of dollars for research, education, and treatment advancements.

Sometimes referred to as third-party events, these community fundraisers are projects or get-togethers that individuals, groups, or companies have championed on their own because they are so invested in helping Rhode Island Hospital advance its mission of *Delivering health with care*.

Community fundraisers come in all shapes and sizes and can be just about anything—yard sales, lemonade stands, fun runs, musical events, sports exhibitions . . . you name it. And they don't have to be complicated or difficult. In fact, they can be a walk in the park. *Literally*, you could take a walk in the park with a bunch of your friends or coworkers—have everyone bring a small donation—and that could be a community fundraiser. Voilà!

**If you'd like to learn more about just how easy it is, call 401-444-6500 or email [developmentevents@lifespan.org](mailto:developmentevents@lifespan.org).**

*Breakthroughs*, a publication of the Rhode Island Hospital Foundation, is published for the friends and supporters of Rhode Island Hospital. For more information, please contact the Development Office at 401-444-6311.

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