

CAPE FEAR VALLEY HEALTH *and* WELLNESS MAGAZINE

# MAKING ROUNDS

WINTER 2021



**CAPE FEAR VALLEY**  
HEALTH

[www.capefearvalley.com](http://www.capefearvalley.com)



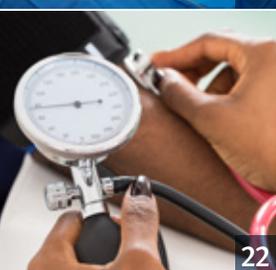
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# MAKING ROUNDS

THE OFFICIAL MAGAZINE OF CAPE FEAR VALLEY HEALTH

MAKING ROUNDS is published by the Marketing & Outreach Department of Cape Fear Valley Health System.

Cape Fear Valley is a non-profit community-owned health system. Please direct all correspondence to: Marketing & Outreach Department Cape Fear Valley Health P.O. Box 2000 Fayetteville, NC 28302-2000

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A Joint Commission  
**TOP PERFORMER**



## LETTER *from the* CEO

### Every one of us has a heart.

No heart beats forever. But no heart should fail too soon.

Here at Cape Fear Valley Health, every heart matters. And when your heart needs us, we are here for you.

That pressure or tightness in your chest could be a warning sign that you are having a heart attack. Or it could be that piercing ache in your chest or arms, the dull ache in your back, shortness of breath or when you experience lightheadedness. Any of these symptoms could be the early warning sign of a cardiac arrest.

Don't ignore these symptoms.

Call 911, and we'll be there. Thanks to grant funding provided by Cape Fear Valley Health Foundation, Cumberland County and Hoke County ambulances are set up with equipment that assesses your heart's condition and then transmits that information to our Emergency Department teams, even before the ambulance arrives at the hospital, saving you time when you arrive.

Heart health and heart care for all in this community and the Cape Fear region are paramount to all of us at Cape Fear Valley Health, and we are working hard each day in our cardiology development.

We have a comprehensive cardiovascular program with expert physicians. We have the latest developments in open heart surgery, including our Transcatheter Aortic Valve Replacement (TAVR) cardiac team for heart valve replacements. This highly specialized TAVR procedure takes a team to include cardiovascular surgeons, nurses and other professional health care staff. Most of our patients have felt better immediately and are up and walking within 4 hours of the procedure, and back home within 24 hours.

You will find testimonials of our heart health care in this edition of *Making Rounds* with the story of Jake Lineberry, a recipient of a TAVR procedure, and Samaya Ackerman, the young 19-year-old mother who suffered a cardiac arrest at a local restaurant while celebrating her wedding anniversary.

These successful outcomes and others are celebrated each year at our annual Heartfelt Banquet, where we invite our cardiac arrest patients to come and meet their care team and celebrate the second chance many of them say they have been given. Our last Heartfelt event brought together 250 people from six different counties. COVID-19 will make this year's event virtual, but it still will be celebrated Feb. 25, bringing together all the cardiac arrest survivors from 2020 with their medical teams in a virtual but meaningful and poignant way.

You also will read about our latest initiative, the Cardiology Fellowship Program, under the direction of Amol Bahekar, M.D., Program Director, and Sylvester Ejeh, M.D., Department Chair, who are training our next generation of cardiologists.

As Chief Executive Officer of Cape Fear Valley Health, I am proud of our heart health care initiatives and excited for our innovations of the future.

Every heart matters.

And here at Cape Fear Valley Health, we are right here for you and for the good health of your heart.

Mike Nagowski  
CEO, CAPE FEAR VALLEY HEALTH

# A Modern-Day

TAVR procedure has  
“The Wine Man”  
living life to the fullest

:: by Bill Kirby, Jr.

**Jake Lineberry looks into the mirror every morning and sees a full life ahead.**

He’s energetic. His is a life of vitality and gusto and tomorrows to come.

“I feel like a million dollars,” Lineberry says.

But that wasn’t always the case. This past summer, Lineberry was feeling listless and extremely fatigued. He was so tired he had to cut back on his shifts at Publix, the grocery chain at Tallywood Shopping Center, where Lineberry is known to customers as “The Wine Man” because of his knowledge of cabernets and chardonnays.

“It got where I wouldn’t stay at the store for my full shift,” Lineberry says. “I was probably working 30 hours a week. I would come home, sit on the couch and go to sleep. I was gaining weight. I felt my quality of life was really going down. I was thinking, ‘How many years have I got in life? How much lifetime have I got?’”

Lineberry wasn’t sure what was wrong; he just didn’t “feel right.” Then one August afternoon, he got his answer.

“It was a feeling I’ve never had,” Lineberry says. “It was like 500 pounds of weight on my chest. Just pure pressure. I took something for what I thought was indigestion.”



miracle





Thor Klang, M.D., shows Jake Lineberry a sample replacement valve.



When Lineberry looked into the bathroom mirror, he knew this was more than indigestion and drove himself to the emergency room at Cape Fear Valley Medical Center.

“They see me coming and holding my chest,” Lineberry says. “I got an EKG, and the next thing a doctor is telling me, ‘You’re having a heart attack.’”

He received a heart stent, but afterward Lineberry still felt pain in his chest and still had fatigue.

**“Doctors said my aortic valve needed to be replaced,” Lineberry said. “Mine was the size of a pea, and it should be the size of a grape.”**

Thor Klang, M.D., and the Cape Fear Valley Transcatheter Aortic Valve Replacement (TAVR) medical team would perform the surgical replacement of Lineberry’s valve.

Jake Lineberry, according to Dr. Klang, suffered the result of severe aortic valve stenosis.

“His valve area opening was less than 25 percent the size it should be,” Dr. Klang says. “Before TAVR, surgical aortic valve replacement (or SAVR), was the only effective treatment for Lineberry’s ailment.

While SAVR is an excellent treatment strategy for severe aortic stenosis, patients are usually hospitalized for a week after surgery, and it takes two to three months for the patient to fully recover and the breastbone to heal.”

Lineberry underwent his TAVR surgery on Sept. 23, when a new valve was inserted into his artery and guided up to his heart to replace the diseased aortic valve.

“During TAVR, a catheter is inserted through a blood vessel, usually the femoral artery in your leg, to deliver and implant the new valve,” Dr. Klang says. “While still a major procedure, it is much less invasive than a SAVR.”

The majority of TAVR patients are able to get out of bed within six hours and go home the next day. Lineberry was one of these lucky patients; he was discharged from the medical center on Sept. 24.

Lineberry now says he “feels like a million bucks.”

Dr. Klang, too, is impressed with the results.

“It is amazing to witness how many patients, who were previously so limited, are able to resume normal activities so quickly,” Dr. Klang says. “Initially, TAVR was only indicated for patients who were otherwise high risk for SAVR. But now it can be considered for a much wider group of patients, including those who are considered intermediate or even low risk for SAVR.”

The Cape Fear Valley TAVR surgical team performed its first valve replacement on Dec. 18, 2018, and in October of 2020, the 50<sup>th</sup> TAVR procedure was performed at Cape Fear Valley Medical Center. Dr. Klang says those numbers continue to grow.

“This is why TAVR is an amazing procedure for those who qualify for it,” says Sommer Royal-Smith, Comprehensive Cardiovascular Coordinator for Cape Fear Valley Health. “While it’s not the right fit for every aortic stenosis patient, we’ve seen



great results with our TAVR population. It’s designed to improve the patient’s quality of life, and it’s been amazing to see the before-and-after results.”

Jake Lineberry says TAVR is like a miracle.

“It’s given me a whole new look at life,” Lineberry says. “I can’t remember feeling this good. I’m more aware of what is around me. This valve has given me a quality of life I never thought I’d see again.”



# NO HEARTBEAT AND A YOUNG LIFE IN PERIL

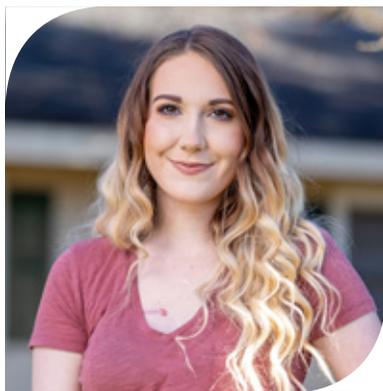
:: by Bill Kirby, Jr.

## Imagine, if you will, you are Samaya Ackerman.

You are the young wife of a soldier, and just six weeks ago gave birth to your firstborn child – an 8-pound, 7-ounce little girl and the light of your life.

“She didn’t remember having the baby,” Specialist James Ackerman still remembers, when his wife with those big brown eyes was recovering from a cardiac arrest. “I showed her a picture of our baby. She said, ‘She’s cute. Who’s that?’”

Samaya Ackerman, 19, has no memory of the evening of Sept. 18, 2020, when she collapsed while the couple was celebrating their one-year wedding anniversary at the Mash House Brewing Company, a popular restaurant near Cross Creek Mall.



“I was going to be busy all of October,” says James Ackerman, 23, a paratrooper assigned to the 82nd Airborne Division at Fort Bragg. “So, we decided to do it early. We were talking and having a normal conversation. We ordered our food and started eating. And then she said she started feeling a burning sensation in her throat. I told her to drink some water. She looked at me, looked down and said, ‘I think I’m going to pass out. I don’t feel good.’”

James Ackerman still can see the moment in his mind’s eye.

“She just passed out,” he says, “and fell to the floor. I looked in her mouth. She wasn’t choking on anything. I checked her pulse.”

There was no pulse, he says.

“I kind of froze,” Ackerman says. “I was freaked out.”

A restaurant manager rushed to the corner table.

“He wanted to know if everything was OK,” Ackerman says. “I said, ‘No,’ and started giving her CPR. Two nurses were at the restaurant. One was a trauma nurse and took over with CPR. A doctor was there, too, and he came over and started assessing her.”

Myron Strickland, M.D., is an obstetrics and gynecology specialist who has practiced in Fayetteville for 33 years. Dr. Strickland says he was just in the right place at the right time while having dinner with his wife.

“I look at it as if God put us there,” Strickland says.

Samaya Ackerman was a young woman in critical medical distress.

“SHE HAD,” STRICKLAND SAYS,  
“NO HEARTBEAT. NO BLOOD  
PRESSURE. HER EYES WERE FIXED.  
SHE WAS...DEAD.”

The doctor was performing cardiopulmonary resuscitation when paramedics arrived at the restaurant.

“I put the defibrillator paddles on her,” Dr. Strickland says. “We intubated her.”

There was no response from the stricken woman, who was rushed to the Cape Fear Valley Medical Center emergency room.

A CAT scan revealed no blood clots, and Samaya Ackerman was



placed on extracorporeal membrane oxygenation (ECMO) life support for patients who have suffered lung damage or shock after a massive heart attack.

An ECMO is employed when the lungs fail to provide enough oxygen to the body and cannot remove carbon dioxide even with use of a ventilator, according to the American Thoracic Society.

For Samaya Ackerman, the ECMO was critical.

“It’s a lifesaver,” says Michelle Keasling, Corporate Director of Cardiac Services at Cape Fear Valley Health. “And it takes a village.”

A village of ECMO team doctors and nurses and medical professionals who are always on call 24/7.

“We use protocols for the standard way we approach this,” Keasling says. “Everybody comes together and knows what they need to do. Once notified, that team gets the call so they can be ready no matter what time of day it occurs.”

Mari-Newton Dixon is coordinator of the ECMO team at Cape Fear Valley Health.

“After cardiac arrest, she developed pretty significant respiratory failure,” Dixon says. “I think the early ECMO saved her life. And I think God placed Dr. Strickland in the right place at the right time, and Mrs. Ackerman is doing great.”

“Look for the ER and ECMO team members, paramedics and Dr. Myron Strickland,” Keasling says, “to be recognized at the Virtual Heartfelt Banquet scheduled for Feb. 25.”

### **ECMO ‘Clearly Saves Lives’**

Dr. Samuel Fleishman, Chief Medical Officer for Cape Fear Valley Health, will tell you ECMO is making a profound difference.

“We have had an ECMO program here at Cape Fear Valley Health for the past three years,” Fleishman says. “It has been a great program and clearly saves lives.”

“Our ECMO program continues to grow and develop,” Fleishman says. “Currently, after we start ECMO here, we will transfer patients to Duke University Medical Center or UNC Hospitals for continued care. We are working towards building a program that can sustain these patients here until they recover fully.”

## 'Critical Condition'

Outside of the ER, with his wife in medical peril, a husband anxiously paced.

"When I got to the hospital, the surgeon came out and said they shocked her heart twice in the ambulance and three times in the hospital," Ackerman says. "They said she was in real critical condition."

Samaya Ackerman was medevacked to Duke University Medical Center around 2 a.m., her husband says, and there she was placed on another ECMO for continued care and recovery in the ensuing week.

"They called me later that morning and said blood was not circulating in her right leg and they might have to amputate" Ackerman says. "They put the ECMO tube in her, and it was there for five or six days. At the time, I still didn't know what was wrong with her. They started looking at her heart more and believed it may have been a heart arrhythmia."

James Ackerman says the ECMO initiated at Cape Fear Valley Medical Center was his wife's lifeline.

"They told me it's basically a second heart," he says. "The machine takes blood from the body and pumps it back into the body."

Samaya Ackerman did suffer from a cardiac arrest that led to a loss of some memory.

She didn't remember being in ICU or critical care or being a new mother.

"She remembered us getting married, coming to North Carolina and our home together," says Ackerman, who met his wife in Oklahoma. They were married Oct. 18, 2019, at Wrightsville Beach.

"She didn't remember having the baby. She thought she was in Oklahoma. She didn't remember where she was in the world. The hardest thing was she didn't remember our baby."

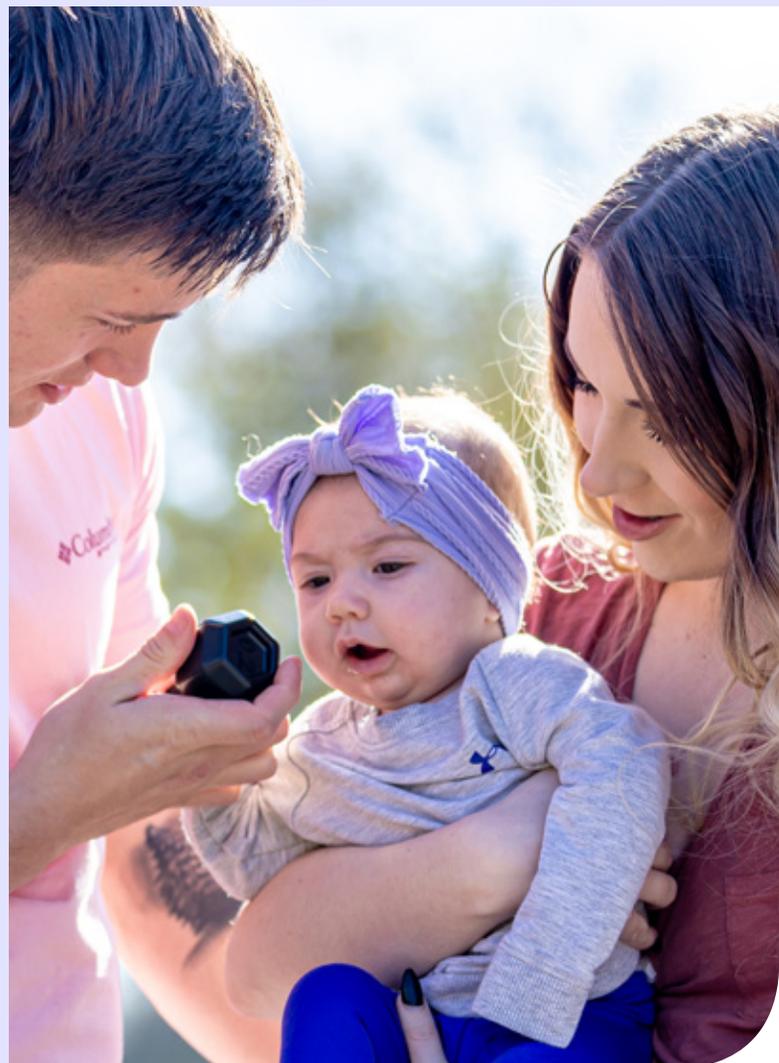
Slowly, she would recover.

"I'm good now," Samaya Ackerman says. "There's some numbness in my leg and chest. But I feel fine. I feel pretty normal. The only problem I have now is my memory. I don't remember anything from the week before it happened or the week after. They said they don't think I'll ever remember."

Today, James Ackerman is grateful for the medical care his wife received to include those nurses who first attended to his wife, to Dr. Myron Strickland, and to the entire Cape Fear Valley Health team.

"I say thank you," he says. "If not for all of them, I don't think my wife would be here, and I would be a single parent."

IMAGINE, IF YOU WILL, YOU ARE  
SAMAYA ACKERMAN WITH LIFE  
ANEW...A WIFE WITH A LOVING  
HUSBAND BY YOUR SIDE AND A BABY  
DAUGHTER CRADLED GENTLY IN  
YOUR ARMS.





# Your heart. Our Hands. One focus.

**When a hospital focuses on quality care, it's the patients who come out the winners.**

So when Healthgrades named Cape Fear Valley Medical Center one of America's 100 Best Hospitals for Cardiac Care *and* Coronary Intervention we knew our patients would benefit the most.

Patients treated at hospitals that receive the Coronary Intervention award have, on average, 46 percent lower risk of dying than if they were treated in hospitals that did not receive the award. The risk of dying was 27 percent lower at hospitals that received the Cardiac Care award.\*

  
**CAPE FEAR VALLEY**  
**HEART *and* VASCULAR CENTER**

[www.capefearvalley.com/heart](http://www.capefearvalley.com/heart)



\*Statistics based on Healthgrades analysis of MedPar data for 2015-2017



In 1997, a *Fayetteville Observer* editorial praised Cape Fear Valley Health Foundation for its diligent fundraising work, calling it a “flexible, innovative support resource” for quality healthcare throughout the region. A quarter century later, the statement still holds true.

:: by Sabrina Brooks and Bill Kirby, Jr.

The Health Foundation was the brainchild of former Cape Fear Valley CEO John Carlisle and the venerable doctors and business leaders he worked with during the early 1990s. They saw value in a nonprofit foundation that could lend additional financial support to the health system during times of need.

The needs have never been greater than today, due to ever-changing insurance reimbursements and federal regulations affecting how hospitals get paid. The Health Center has been a godsend for Cape Fear Valley at times.

The Cape Fear Valley Medical Center Foundation officially incorporated on Nov. 6, 1995. The founding incorporators included board members:

- Harold Godwin, M.D., President
- Tony Cimaglia, Vice President
- John G. Buie, Jr., Treasurer
- Leonard Hedgepeth, Secretary

Other well-respected board members and community medical leaders involved with the project included E.C. Garber, M.D.; Weldon Jordan, M.D.; Howard Laughlin, M.D.; John Pate, Andy Fox and Lucy Wofford.

Looking back, former board vice president, Tony Cimaglia, says the foundation’s creation was something truly important for not only the health system, but

also the community. He cites all the foundation’s achievements over the years.

“The past 25 years has certainly flown by,” Cimaglia said. “My serving on the board has been very rewarding, and the foundation’s work is something we can all be very proud of. I look forward to many more rewarding years to come.”

Former board treasurer, John Buie, couldn’t believe the foundation is celebrating its Silver Anniversary either.

“It’s hard to believe that the Cape Fear Valley Health Foundation is 25 years old,” he said. “It’s grown substantially and become an integral part of the healthcare network for the Cape Fear region. That the foundation is alive and well after 25 years is a testament to those persons with the vision to bring the idea to life.”

In addition to fundraising duties, the foundation was given oversight of the Friends of Rehabilitation at Southeastern Regional Rehabilitation Center (now Cape Fear Valley Rehabilitation Center) and Stanton Hospitality House at the time of incorporation. Stanton Hospitality House provides free, temporary housing for patients in need.

Over time, other community groups that worked with the health system came to fall under the foundation’s fold, as well. The groups included Friends of Children, Friends of the Heart Center, Friends of the Cancer Center and Friends of Nursing.

“  
Every day, the Foundation is busy working to fulfill its mission created back in 1995 by some very wise individuals. It has truly been a blessing to be part of such an influential organization in making a difference and improving healthcare in our community for all our citizens.

– Emily Schaefer  
Current President of  
Cape Fear Valley Health Foundation

As the foundation grew, so did its mission and vision for the community. Events such as the Friends of Children Golf Tournament and Friends of the Cancer Center Holiday Home Tour grew in popularity, helping bring in much-needed funds to enhance care provided to patients at Cape Fear Valley Medical Center.

By 2004, the Foundation embarked on its first capital fundraising campaign. The goal was to create a regional diabetes treatment center to help bring better specialized care to local diabetic patients.



The KampaIgn for Kids project raised money to support children's services at Cape Fear Valley Health.

The \$1.86 million goal was met, thanks to the hard work of the foundation board and staff. The Cape Fear Valley Regional Diabetes and Endocrine Center later opened in 2007 in downtown Fayetteville.

Another noteworthy foundation fundraising project was \$300,000 raised to help renovate The Children's Center at Cape Fear Valley Health.

The Health Foundation has also established numerous endowments over the years to support various aspects of care. The endowments include the Charles B.C. Holt Diabetes Endowment, the Irene Thompson Byrd Cancer Care Endowment, the Nursing Education Scholarship Endowment, and the Tom J. Keith Family Medical Research Endowment.



In November, 2014, the Irene Thompson Byrd Cancer Care Endowment was established with a gift from Jesse Byrd. *(pictured right)*

The community's support has helped the foundation raise more than \$6 million in recent years through signature events, and \$20 million overall, since 1995. All the money has stayed in the community so Cape Fear Valley can provide compassionate, quality healthcare to patients.

Numbers only tell half the story, however. Real patient stories provide a clearer picture of how the foundation has imprinted its mark on healthcare at Cape Fear Valley. Such stories include:

- Twin boys born at just 26 weeks who are now thriving 10-year-olds, thanks to Giraffe beds bought by the foundation
- The cancer patient receiving chemotherapy who was days away from eviction, only to be told the foundation would help support her financially
- A heart attack patient whose life was saved, thanks to EKG equipment, bought by the foundation, radioed ahead to the cardiac catheterization laboratory
- Or the countless nurses, whose advanced training provided the life-saving care the patient needed

None of it would have been possible without the gracious community support to the Health Foundation. The support puts the "independent volunteer power of the community behind the center's operations," as the Fayetteville Observer editorial poignantly pointed out in 1997.

Today, the foundation is focused on making the new Center for Graduate Medical Education and Research a reality. The five-story, state-of-the-art educational and training facility will be erected on Cape Fear Valley Medical Center's main Owen Drive campus.

Once completed, the center will provide a \$25 million annual boost to the local economy. More importantly, however, it will help train the next generation of young doctors crucial in providing quality healthcare in any community – continuing the foundation's founding vision.

"What an incredible thing those original board members did for our community," said Emily Schaefer, the Health Foundation's current president. "Every day, the Foundation is busy working to fulfill its mission created back in 1995 by some very wise individuals. It has truly been a blessing to be part of such an influential organization in making a difference and improving healthcare in our community for all our citizens."

Cape Fear Valley CEO Mike Nagowski couldn't agree more.

"I've always said that all great health systems have something in common," he said, "and that is an equally great health foundation. And we wouldn't be where we are today without the Cape Fear Valley Health Foundation."

## History of CAPE FEAR VALLEY HEALTH FOUNDATION

On November 6, 1995, Cape Fear Valley Medical Foundation, Inc. filed Articles of Incorporation with the Secretary of State's office.

This action came after John Carlisle, CEO of Cape Fear Valley Medical Center, recruited several hospital trustees to lead the effort to establish the Foundation.

Original incorporators of the Foundation were:

- Harold Godwin, M.D., President
- Tony Cimaglia, Vice President
- John G. Buie, Jr., Treasurer
- Leonard Hedgepeth, Secretary

Initial groups to come under the Foundation's umbrella:

- Friends of Rehabilitation
- Stanton Hospitality House

Other groups operating under a Resolution of Agreement with the Foundation

- Friends of Children
- Friends of the Heart Center
- Friends of the Cancer Center
- Friends of Nursing

### 2004 – 2007

Capital Campaign to establish the Regional Diabetes and Endocrine Center, raising more than \$1.86 million. The center begins seeing patients on November 16, 2007.

### 2012

**March:** The Foundation is reorganized with new staff and roles established. Also, the Foundation is rebranded, and marketing efforts are increased.

**August:** Friends of Highsmith-Rainey Specialty Hospital was established.

### 2013

**January:** Engagement with the consulting firm, DeLauro and Associates, begins.

**September:** Stanton Hospitality House separates from Cape Fear Valley Health, and the Foundation and becomes an independent 501(c)3 organization.

### 2014

**January:** The Advisory Council is established, and board term limits are put into place.

**January:** Donor Wall at Cape Fear Valley Medical Center is updated for the first time in six years.

**April:** The Foundation hires its first Major Gifts Officer.

**June:** Pediatric Room Renovation mini campaign is initiated, and over \$300,000 is raised to support the room renovations.

**July:** The Foundation receives its largest unrestricted personal donation in history, \$50,000.

**July:** A planned gift from Peggy Holt establishes the Charles B. C. Holt Diabetes Endowment.

**July:** The Grateful Patients and Families program is established.

**September:** The Legacy Circle – a planned giving society – is established.

Community Leader's Luncheons begin – an opportunity for community leaders to hear from Mr. Nagowski about Cape Fear Valley Health.

**October:** Donations increase 50% over previous year, with unrestricted contributions accounting for much of the increase.

**November:** The Irene Thompson Byrd Cancer Care Endowment is established with a gift from Jesse Byrd.

**December:** Foundation assets reach the \$6 million mark.

### 2015

**May:** The Nursing Congress Academic Advancement Scholarship is established, and the first scholarships are awarded.

**August:** Foundation-Physician Partnership Engagement begins.

**August:** The Leadership Circle – an annual giving society – is established.

**November:** The Foundation celebrates its 20th year of making a difference in the health and wellness of our community.

### 2016

**March:** The Cato Nursing Scholarship is established with a \$25,000 from the Cato Corporation to endow the scholarship fund.

**September:** The Greatest Need Room Naming Campaign kicked off with an opportunity to sponsor a room in the newest patient care area at Cape Fear Valley Health.

1995

2000

2005

TOGETHER *we are building a STRONGER foundation*  
for HEALTH in the Cape Fear Valley REGION.

2017

**January:** The Caduceus Society is created, providing a philanthropic fund to engage the physician community.

**May:** Efforts begin to establish an endowment to support the Nursing Congress Academic Advancement Scholarship.

**September:** Foundation assets reach the \$7 million mark.

**November:** Gifts and pledges to the Irene Thompson Cancer Care Endowment reach the \$500,000 mark.

2018

**February:** The first Heartfelt Banquet is held to celebrate cardiac arrests survivors.

2019

**April:** Approval is received from the Thomas and Elizabeth McLean Foundation for a \$1,000,000 grant to support the Center for Medical Education and Research.

**May:** Approval is received from The Duke Endowment for a \$1,000,000 grant to expand the psychiatry resident program.

**July:** The history of Highsmith-Rainey Specialty Hospital is preserved a historical display in the lobby of the hospital.

2020

**March:** The COVID-19 global pandemic impacts traditional fundraising channels. The Foundation pivots to raise money in different ways and leads the health system's efforts to collect financial donations, donations of PPE and cloth masks, meals donations and other expressions of support for frontline healthcare staff.

**November:** Assets surpassed \$10 million mark.

2020 (FY) Total Gifts ..... \$3,660,873

FOUNDATION GIFTS 2020

Enhancing Patient Care and Facilities .....	\$544,290
Community Health Initiatives.....	\$407,400
Enriching Cancer Care .....	\$121,776
Endowment Growth for Sustainability .....	\$197,381
Training the Next Generation of Physicians .....	\$826,420
Enhancing Children's Services.....	\$141,091
Nursing Education and Enrichment .....	\$4,133
Support of Cardiac Care.....	\$20,110
Supporting Rehabilitation Services.....	\$7,547
COVID-19 Needs .....	\$512,553
Lighthouse Society* .....	\$45,437
<b>Total Investment .....</b>	<b>\$2,828,138</b>



56%  
Grants  
\$2,047,218



21%  
Public Contributions  
\$772,989



5%  
Major Gifts & Endowments  
\$197,392



8%  
Employee Giving  
\$279,905

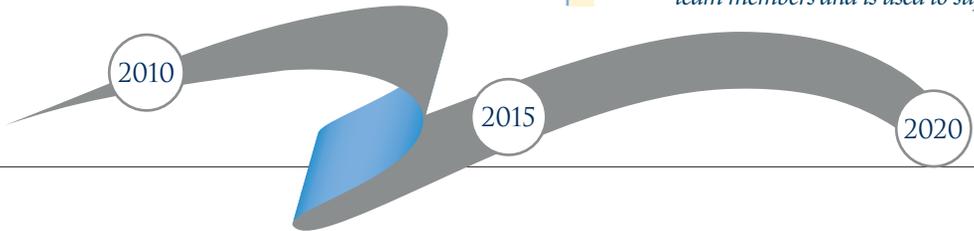


8%  
Signature Events  
\$278,280



2%  
Community Events  
& Fundraisers  
\$85,089

\*Support for the Lighthouse Society comes exclusively from Cape Fear Valley Health team members and is used to support employees facing a financial crisis.





# A Game CHANGER

Minimally invasive surgeries are gaining popularity in cancer patients who don't respond to traditional treatments

## Catherine Richards felt her gray-sky days were finally behind her last year.

The 69-year-old apartment complex manager had successful tracheal cancer surgery in 2018 and was well on the road to recovery. But then a follow-up screening discovered a fairly large mass in her liver. This was confirmed with biopsy to be cancer.

The news left her stunned and deflated.

“Your mind just goes blank,” Richards said. “To think they would tell you that, after already having cancer once.”

The mass was 17 centimeters, or nearly 7 inches, in diameter. The sheer size of it is daunting to most doctors, and her specialists at Duke University Medical Center considered surgery a risky proposition for their still-frail patient.

Undeterred, Richards returned home to get a second opinion from her oncologist, who ultimately referred her to Murali Meka, M.D., Director of Interventional Radiology and Nuclear Medicine at Cape Fear Valley Health.

Given the size of the tumor in Richards’ liver and unresponsiveness to chemotherapy, there were not many treatment options. Dr. Meka agreed to treat her with Radioembolization/Y90 treatment. This minimally invasive procedure destroys liver cancer cells using radiation microbeads released into the tumor through the arteries.

Radioembolization is often considered for patients who are not good candidates for traditional surgery, as well as for those with tumors that are unresponsive to chemotherapy.

During the procedure, a tiny catheter is placed into the arteries that feed the liver mass. Through this catheter, microbeads tagged with the radioactive isotope yttrium 90 (Y-90) are released to deliver radiation directly to the tumor. These microbeads are so tiny, they are smaller than a strand of human hair.

The microbeads travel approximately 1 centimeter into the tissue, thus localizing the radiation and destroying cancer cells while leaving healthy organs unaffected.

Richards’ treatment was as successful as she had hoped. After just two treatments, her tumor decreased from 17 centimeters (the size of a watermelon) to 4 centimeters (the size of a lemon).

Since the procedure was outpatient, it allowed Richards to be discharged the same day.

“My patients don’t experience pain from the procedure or the

tumor,” Dr. Meka said. “They lead a good quality of life with their families for the time they have remaining.”

Interventional oncology, such as Dr. Meka’s radioembolization procedure, has experienced vast advancements in the recent past. It has particularly gained importance in treating stage 4 cancers, serving as a supplement to traditional cancer treatments and at times, helping as a pain-relieving measure.



Other interventional oncology treatments include chemoembolization and bland embolization, similar to the procedure Richards received, and ablative treatments.

Ablative treatments involve destroying cancerous tumors with extreme heat, extreme cold, or chemicals. These can be used to treat cancer in liver, kidneys, lungs, soft tissues and bones.

Dr. Meka chooses the kind of treatment based on the type of tumor, size, number, extent, and the entire clinical scenario.

The primary benefits of these procedures are their short operating times and minimal invasiveness. Most of these patients are not suitable candidates for invasive surgery due to the stage of cancer and also unresponsiveness to regular chemotherapy. Patients are usually glad their bodies undergo less trauma or stress while on the operating table, meaning less pain and reliance on pain medication.

Patients should consult with an oncologist on an individual basis about the risks and benefits of any procedure.

Richards did, and she’s now sold on minimally invasive procedure such as radioembolization. It changed her life and made her feel so well, she decided to remarry at age 69.

Now she can look forward to blue skies again.

“I am so happy I had it,” Richards said.

# Going” “You’ve Got to Keep Going”

:: by Lia Tremblay

**After the Pearl Harbor attack that prompted the United States to join World War II, Dec. 7, 1941 was famously described as “a date which will live in infamy.”**

It was also the day Thomas Durkin, then just 18 years old, decided his destiny. Although he’d taken a job with the railroad after his graduation from high school, that day inspired him to



follow the footsteps of his older brothers, right into the military.

A keen interest in aviation led him to the Army Air Forces, a component of the U.S. Army that

would eventually become the Air Force. He reported to Atlantic City, N.J., for basic training, where he and his fellow recruits encountered their first test: the immunization line.

“One step forward, simultaneous shots in each arm, and repeat,” Durkin recalled about the line of shirtless recruits.

As his turn approached, he was startled to see the young man in front of him pass out and crumple to the floor. The medics shrugged and gestured to Durkin to keep the line moving. So he pressed on and got his shots.

“What could I do?” he said. “We had to keep going.”

Durkin, who is now 97 years old, has made “keep going” a common refrain throughout his life. He kept going through pilot training, where he learned to fly single- and twin-engine aircraft through daylight and darkness. He kept going through missions

to bomb heavily defended targets in Germany, Austria and Romania — at one point having his oxygen mask torn away by shrapnel. He kept going when the war was won, accepting his commission as a second lieutenant while many of his peers moved on to civilian life.

In 1947, during one of the worst blizzards in New York City’s history, he married the Staten Island girl he’d traded letters with while overseas. Together, he and Anne kept going through two more wars. They raised three daughters while moving from one duty station to the next, until his retirement from the Air Force at the rank of major in 1965 and kept going through his second career – 20 years in the civil service, inspecting Air National Guard units and teaching classes on bio-chemical war defense.

Years later, Durkin would face an entirely different battle. After being diagnosed with prostate cancer, he learned that radiation therapy was his best weapon against this new enemy. After an initial hesitation, he started it and kept going.

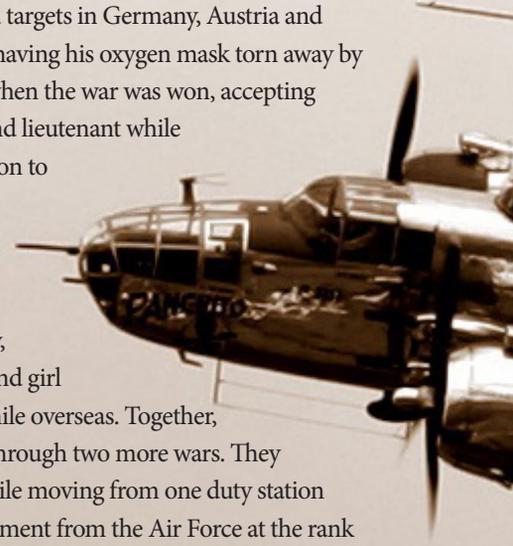
He’s now cancer free and is the namesake for a new program at the Cape Fear Valley Cancer Treatment and Cyberknife Center. The Thomas F. Durkin Veterans Program will help support veterans of all ages who are receiving cancer care.

His name on the program represents not only his own experience as a veteran conquering cancer, but also his passion for volunteering after the end of a remarkable career.

“When he retired, my mom said, ‘Don’t expect to be under my feet,’” his daughter Patty Morgan recalled. “He played golf once a week nearly every week. He played well, too, having three holes-in-one under his belt when he ‘retired’ from the game at 92!”

Durkin also volunteered at the VA weekly.

“He loved visiting ‘his guys’ in long-term care because ‘many



# “You’ve Got to Keep Going” “You’ve



don't see family or friends,” Morgan said. “He wanted to be there for them. And he was for more than 20 years.”

He has also given his time generously to other causes: delivering Meals on Wheels, offering free tax preparation services for people in need, working with Habitat for Humanity and teaching adult participants in a literacy program.

Volunteering has been a pleasure to Durkin, but it has also echoed his mantra during the quiet retirement years: “You have to keep moving. You just keep going.”

He and Anne both faithfully attended and volunteered for many years at St. Patrick Catholic Church in Fayetteville. They kept going for 68 years in all, until her passing in 2015.

Despite a remarkable life, including feats of daring during wartime, Durkin bristles at the suggestion that he's a hero. He insists everyone he served with had every bit of the courage and determination that he did, driving trucks, digging ditches or flying planes.

“Tom absolutely refuses to conceive of himself as a hero,” said his son-in-law, Michael Morgan. “It bothers him to no end that people might think of him that way.”

With nearly a century under his belt, Durkin lives independently to this day and doesn't expect much of a fuss about that either. It's just what you do – you keep going.



# Under Pressure

*:: by Donnie Byers*

**High blood pressure is a prevalent problem in the U.S., but especially among African Americans. According to the American Heart Association, more than 40 percent of African American men and women have the condition.**

To make matters worse, this race group tends to develop high blood pressure, or hypertension, at an earlier age. This can lead to more serious health problems later in life.

Scientists aren't exactly sure why African Americans are so disproportionately affected, but they believe several factors come into play. They include genetic, lifestyle and dietary differences. African Americans are particularly sensitive to salt, which is known to elevate blood pressure.

Other factors can include advanced age, excessive weight, smoking, diabetes and a family history of high blood pressure. The more risk factors a person has, the greater the likelihood he or she will develop high blood pressure during their lifetime.

From a healthcare standpoint, the goal is to prevent high blood pressure through diet and exercise before it becomes a problem. Once it does, medication is needed.

High blood pressure medication has been around since the late 1940s, but the earliest drugs were often ineffective for a large number of people. Continued research has led to highly effective, more modern types of drugs, such as

# er sure

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## African Americans often require different medications for high blood pressure

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enzyme inhibitors and calcium channel blockers.

Enzyme inhibitors, such as angiotensin converting enzyme (ACE) inhibitors, work by dilating or widening blood vessels to decrease blood pressure and improve blood flow. Calcium channel blockers lower blood pressure by preventing calcium from entering cells in the heart and arteries. Some also allow blood vessels to relax and open, as well.

But just like with older drugs, not all newer drugs work for everyone – especially when it comes to different races.

“Different ethnicities have different responses to medications,” said Dustin Bryan, PharmD, “so we have to treat high blood pressure with different classes of drugs sometimes.”

Bryan is the Pharmacy Residency Director for first-year pharmacy residents at Cape Fear Valley Health. He says studies show African Americans respond well to calcium channel blockers but not to enzyme inhibitors. As a result, doctors often prescribe diuretics instead.

Diuretics, sometimes called water pills, work by ridding the body of salt and water. This is done by helping the kidneys release more sodium into the urine while going to the restroom. The sodium takes water with it from the blood, decreasing the amount of fluid flowing through blood vessels and arteries. Blood pressure drops, as a result.

Doctors often prescribe a combination of drugs to treat high blood pressure, but most patients start with just one. A second or third can be prescribed later if the first drug doesn't work well enough.

There is one situation where certain types of drugs are universally prescribed and that is when it comes to diabetics. Enzyme inhibitors or calcium channel blockers are typically given to these patients.

Bryan said these types of drugs are used because they help preserve kidney function. That's important because diabetics are at higher risk for renal failure. Diabetic patients often have regular bloodwork tests to ensure medications aren't harming their kidneys.

Regardless, anyone taking high blood pressure medication should follow certain safety guidelines:

- Always talk to a personal physician before stopping a medication
- Pregnant women or women planning to get pregnant should talk to doctors about possible side effects
- Diabetics should know that certain medications can spike their blood sugar
- Different kinds of high blood pressure medications can have different side effects. Talking to a doctor about any medication can be beneficial

Generally, once a patient starts high blood pressure medication, they will have to stay on it. Patients with well-controlled blood pressure can lose all their progress within days if they decide to stop medication without talking to their doctor first.

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To learn more about high blood pressure, visit the American Heart Association's website at [www.heart.org](http://www.heart.org).



# For He's a Cardiac Fellow

*:: by Donnie Byers*



**William Sanchez-Garcia, M.D., has always lived and worked in big cities all his life.** He grew up in the Dominican Republic capitol of Santo Domingo, before moving to the Bronx, N.Y., to do his medical residency training. So, his culture shock upon arrival at Cape Fear Valley Medical Center was certainly understandable.

No big-city traffic or congested housing problems to deal with. No high cost of living either. However, within the hospital walls, one could easily think they were in a busy metropolis.

“To my surprise,” he said, “the disease activity and population health are similar to much larger cities like in New York.”

The aspiring cardiologist came to Fayetteville to train under a new cardiology fellowship program at Cape Fear Valley. Launched in July, it's the first fellowship program in the health system's 65-year history. Its goal is to provide specialty training for the next generations of cardiologists who will hopefully stick around and practice in the region.

There's a national shortage of doctors, as more and more age out of the workforce while the U.S. population continues to grow. Medical subspecialists, like cardiologists, are in smaller numbers, so there's a greater demand for them. That makes it an appealing career choice for young medical school graduates, but the road to becoming one is far from easy.

All doctors must complete four years of undergraduate education, along with four years of medical school. Then they typically train three to seven years in a residency program to learn the specialty they want to pursue.

If a doctor wants to become a subspecialist, even more training is required through fellowships. Lasting one to three years, the additional education allows young doctors to train intensely in their chosen subspecialty before practicing medicine unsupervised.

Not every doctor is accepted into fellowship programs, however. Fellowship slots are reserved for top doctoral graduates, or essentially the best of the best. Anyone who chooses this path must be committed to extra education and providing the best medical care possible.

Dr. Sanchez-Garcia knew early on in medical school that fellowship training would be in his future. But he's not daunted by the challenges he expects to face during the next three years in Fayetteville.

On any given day, the young doctor arrives at Cape Fear Valley Medical Center at 7 a.m. to start training. Mornings include an hour-long conference with two other fellows currently in the program and their attending physician instructor for the day.

They'll discuss heart and vascular diseases and conditions, treatments, and research topics before doing patient rounds in the hospital. It's done as a group with the instructor, medical residents and medical students. The goal is to teach the pupils how to identify and treat a wide range of cardiac illnesses and conditions.

The cardiology fellows spend most of their days learning invasive and non-invasive cardiac treatments, such as electrocardiograms, stress tests and cardiac catheterization procedures. The three also participate in virtual training through monthly conference calls with faculty at UNC Hospitals in Chapel Hill. But most of their training is hands-on with local cardiologists, such as Sylvester Ejeh, M.D., FACC, FSCAI.

Dr. Ejeh is Cape Fear Valley's Chief of Cardiology. He joined the



program's core faculty early on because he enjoys teaching and wants the health system to continue growing as an academic medical center.

Cape Fear Valley launched its medical residency program five years ago, through a partnership with Campbell University's Jerry M. Wallace School of Osteopathic Medicine. Dr. Ejeh says it was only a matter of time before Cape Fear Valley launched a fellowship program as well.

"It's good that we have this program," he said, "because, in combination with our residency program, we can now train and retain physicians who will take care of the people in this community."

With just three fellows, the fellowship program is relatively small. But it expects to grow to nine fellows by 2022.

Amol Bahekar, M.D., is the fellowship program director. He says Cape Fear Valley having a cardiology fellowship is pretty amazing, considering it's the health system's first.

"They're one of the most sought-after and important subspecialties out there," he said.

The interventional cardiologist remembers his own fellowship experience, first in Chicago and then in New Orleans. He describes it as an enriching time, as he learned about complex cardiovascular diseases and how to treat them.

"This is a proud moment for Cape Fear Valley," he said. "We're kind of paving the way for other subspecialties at the health system, so the onus is on us to be successful. We've got a lot of people looking up to us."

## CAPE FEAR VALLEY HEALTH : NEWS *briefs*

### Get Your Health Information Faster with myChart!

The 21st Century Cures Act is a law that was enacted by Congress to promote healthcare in a variety of ways: promote research for preventing and curing illnesses, promote drug and medical device development and improve health service delivery in general. Recently finalized provisions of the law are now being implemented that require that authorized electronic health information (EHI, or any Protected Health Information that is stored in an electronic format) be easily accessible by patients in an automated, timely and secure manner.

Cape Fear Valley Health is ready to accommodate our patients and their requests for EHI. Our patient portal, myChart, gives you timely availability and ease of access to lab and test results, radiology results, physician notes, and more. You can even pay your bill, send your physician a message and schedule or change your next appointment online!

Ask about a myChart account today!  
And for questions about myChart, scan the QR code or call 1-866-860-2098.



### Cape Fear Valley Earns 2020 Most Wired Recognition

The College of Healthcare Information Management Executives (CHIME) is pleased to announce Cape Fear Valley Health has earned two quality awards and achieved Level 8 status under the 2020 CHIME Digital Health Most Wired™ recognition program. The two quality awards are for Acute Care and Ambulatory setting.

The CHIME Digital Health Most Wired program conducts an annual survey to assess how effectively organizations apply core and advanced technologies into their clinical and business programs to improve healthcare in their communities.

More than 30,000 organizations were surveyed for the 2020 Digital Health Most Wired program, which included four

separate surveys: domestic, ambulatory, long-term care and international. The surveys assessed the adoption, integration and impact of technologies in healthcare organizations at all stages of development, from early development to industry leading.



### Autryville Fire Department Plans Helipad to Service Southeastern North Carolina

Residents of Sampson and Bladen counties and Southeastern North Carolina can soon rest easier at night knowing that in case of medical emergency, a trip to the emergency department can happen in minutes.

The Autryville Fire Department is partnering with Cape Fear Valley Health, Barnhill Construction, Med-Trans Corporation, Terry Spell Mechanical, Gradient Land Water Innovations, and Talbert & Bright Aviation Solutions to build an FAA-certified helipad on the land next to the fire station.

The project was spearheaded by long-time Autryville resident, Terry Spell.

The helipad will not only increase regional access to air medical services for the region, but it will also provide a fixed, safe location for helicopters to land. This will allow for coordinated response by first responders in case of a variety of emergencies.

## Cape Fear Valley Reimplements Visitor Restrictions

On Dec. 14, 2020, Cape Fear Valley Health made the decision to reimplement visitor restrictions in order to protect staff and patients from risk of COVID-19.

All Cape Fear Valley Health System locations, including hospitals and outpatient clinics, will be closed completely to visitors until further notice with the following exceptions:

- Labor & Delivery: Laboring mothers may have one support person/coach for the duration of their stay. If the support person/coach leaves the premises for any reason, he or she will not be allowed back into the building.
- Pediatric patients: A legal minor may have one parent or guardian with them.
- Patients who need a healthcare decision maker or require communication assistance may have one assistance person with them.
- End-of-life patients may have one 1-hour visit with up to four people.

Even in the above situations, visitors with symptoms of a fever or respiratory illness symptoms, including cough or shortness of breath, should remain home. Hospitals will screen visitors for signs and symptoms of illness.

This policy is subject to change. To view our current visitation guidelines, please visit: [www.capefearvalley.com](http://www.capefearvalley.com).

## Cape Fear Valley Receives Breast Care Center Accreditation

The Breast Care Center at Cape Fear Valley Health has been re-accredited by the National Accreditation Program for Breast Centers (NAPBC) through the American College of Surgeons.

Cape Fear Valley's accreditation process was done by virtual survey – a first for the NAPBC. The accreditation is for three

years. Cape Fear Valley's Breast Care Center originally received accreditation in 2010, and again in 2013 and 2016.

Accreditation is given for providing the highest level of quality breast care, as determined by a rigorous evaluation process and performance review. It also shows a firm commitment to offering patients every significant advantage in the battle against cancer.

For more information about the NAPBC, visit [www.accreditedbreastcenters.org](http://www.accreditedbreastcenters.org). To learn more about Cape Fear Valley's Breast Care Center, visit [www.capefearvalley.com/woman-children/mammography/breastcare.html](http://www.capefearvalley.com/woman-children/mammography/breastcare.html) or call (910) 615-6944.

## Cape Fear Valley Specialty Receives ACHC Accreditations

Cape Fear Valley Health Specialty Pharmacy Services has achieved accreditation through Accreditation Commission for Health Care (ACHC). Accreditation is a process through which healthcare organizations demonstrate compliance with national standards.

Accreditation by ACHC reflects an organization's dedication and commitment to meeting standards that facilitate a higher level of performance and patient care.

Cape Fear Valley Specialty Pharmacy is now dually accredited through both ACHC and URAC (the health system earned this accreditation in August). These accreditations demonstrate a commitment to excellence for patients of this service, which focuses on providing medications that treat complex, chronic diseases and are often hard to find, high cost, and/or difficult to manage.

ACHC is a nonprofit organization that has stood as a symbol of quality and excellence since 1986.

CAPE FEAR VALLEY HEALTH : NEWS *briefs*

## Cape Fear Valley Breaks Ground on New Inpatient Adolescent Psychiatric Unit

On Dec. 10, Cape Fear Valley Health broke ground on the new Dorothea Dix Care Unit for Adolescents (DDC Unit) at Cape Fear Valley Health.

The new 16-bed inpatient adolescent psychiatric unit will service children ages 12-18 and was generously funded by the Division of Health and Human Services through the Department of Mental Health.

Construction should take 10 months, and the unit is expected to open to patients in September 2021. John Bigger, Corporate Director of Psychiatric Services at Cape Fear Valley Health says if it were to open tomorrow, it would be full.

“Fayetteville is the fifth largest city in North Carolina, and home to Ft. Bragg, the largest military installation in the U.S.,” Bigger said. “Currently, children in our area must travel 70 miles to Raleigh or 110 miles to Jacksonville for inpatient psychiatric treatment. The DDC Unit at Cape Fear Valley will provide state-of-the-art mental health treatment to one of Cumberland County’s populations that needs it most, adolescents.”

The lack of open inpatient psychiatric beds across the state can cause children in crisis – and their families – to wait in the

Emergency Department until a bed is available. That wait can take up to five days, or longer. More available beds will mean shorter wait times for the entire region.

The new unit will be staffed by psychiatrists and residents associated with the Cape Fear Valley Psychiatric Residency Program that was established in conjunction with Campbell University in 2018.

## Cape Fear Valley Earns ‘A’ For Patient Safety

Cape Fear Valley Medical Center has been awarded an ‘A’ grade for patient safety.

Awarded by The Leapfrog Group, the score recognizes the hospital’s efforts in protecting patients from harm and providing safer healthcare. The grade was announced for the spring 2020 Leapfrog Hospital Safety Grade scoring period.

Cape Fear Valley Medical Center has scored an A for six straight grading periods.

The Leapfrog Group is a national nonprofit organization committed to improving health care quality and safety for consumers and purchasers. The Safety Grade assigns an ‘A,’ ‘B,’ ‘C,’ ‘D’ or ‘F’ grade to hospitals across the country based on their performance in preventing medical errors, injuries, accidents, infections and other harms to patients in their care.

Developed under the guidance of a national Expert Panel, the Leapfrog Hospital Safety Grade uses 28 measures of publicly available hospital safety data to assign grades to more than 2,600 U.S. acute-care hospitals twice per year. The Hospital Safety Grade’s methodology is peer-reviewed and fully transparent, and the results are free to the public.

To see Cape Fear Valley Medical Center’s full grade details and to access patients tips for staying safe in the hospital, visit [www.hospitalsafetygrade.org](http://www.hospitalsafetygrade.org).

## CAPE FEAR VALLEY HEALTH : *NEW physicians*

### Pediatrics

Kalpana Singh, M.D.

Cape Fear Valley Medical Center

**Pediatric Critical Care:** Nicklaus Children's Hospital, Miami, Fla.

**Pediatrics:** Columbia University Medical Center, New York, N.Y.

**Medical Degree:** Lady Hardinge Medical College, New Delhi, India

**Board Certifications:** Pediatrics

### Family Medicine

Benjamin Finch, DO

Cape Fear Valley ExpressCare

**Family Medicine:** Madigan Army Medical Center, Joint Base Lewis-McChord, Wash.

**Medical Degree:** Pacific Northwest University of Health Science, Yakima, Wash.

**Board Certifications:** American Board of Family Medicine

### Podiatry

Hannah Sahli, DPM

Cape Fear Valley Podiatry

**Podiatry:** AdventHealth East Orlando, Orlando Fla.

**Medical Degree:** Kent State University College of Podiatric Medicine, Independence, O.





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*Local high school students in Cumberland, Harnett, Hoke and Bladen counties who donate blood with Cape Fear Valley Blood Donor Center will be entered to win a car donated by Powers Swain Chevrolet!*

- Donations can be made at our center or any Cape Fear Valley Blood Donor Center mobile drive to enter to win. Visit [www.savingliveslocally.org](http://www.savingliveslocally.org) for list of mobile drives.
- Powers Swain Chevrolet Blood Drive, 4709 Bragg Blvd., Fayetteville Friday, January 15, 10 a.m. to 4 p.m. (must have photo identification)
- Donors will receive a T-shirt and a token of appreciation during January, National Blood Donor Month
- Sweepstakes to win a Chevy Spark runs through May 15, 2021.
- Winner will be randomly selected and awarded in accordance with official rules. Official Rules available at the Blood Donor Center.
- Donors will be eligible to receive one entry for each donation during the sweepstakes period. Friends or relatives may donate on a high schooler's behalf to earn bonus entries.

# Clinical Trials

## Patients *Needed*

Carolina Institute for Clinical Research, a partnership between Cape Fear Valley Health and Wake Clinical Research, is currently accepting patients for several new clinical trials.

To learn more about the trials or to apply, contact CICR at (910) 302-8151.

### COVID-19

Have you or a loved one been diagnosed with COVID-19? Dr. Judith Borger is currently conducting several inpatient and outpatient trials for COVID-19 investigational treatments. Join the fight against COVID-19.

### COVID-19 Testing and Vaccine

COVID-19 Vaccine research is now being done at CICR. Interested volunteers can sign up to be included in a clinical trial. Participants will be compensated for their time.

### Endometriosis Study

Dr. Connette McMahan and the EDELWEISS clinical research study are evaluating the effectiveness and safety of an investigational drug to treat endometriosis-related pain. You may qualify if you're a woman aged 18-49, have endometriosis-related pain during your period and at other times during your menstrual cycle and have had endometriosis surgically confirmed within the last 10 years.

### Hot Flash Study

Do you or a loved one suffer from moderate-to-severe vasomotor symptoms (hot flashes) associated with menopause? Dr. Connette McMahan and the Skylight clinical study are seeking eligible candidates for a non-hormonal, investigational drug for hot flashes. See if you may be eligible.

### Urinary Tract Infection Study

Pain or burning during urination? You may have a urinary tract infection (UTI). Consider a clinical research study with Richard Ferro, M.D., testing the safety and effectiveness of an investigational drug in women with UTI symptoms.

### Gonorrhea Study

Yellow discharge/burning/pain? Gonorrhea can cause serious health problems. Dr. Connette McMahan is conducting a study for patients with gonorrhea.

## Mobile Blood Drives

### Fayetteville and Hope Mills

#### Central Baptist Church

6050 Plain View Hwy, Dunn  
Wednesday, Jan. 13, 3-6:30 p.m.

#### Union United Methodist Church

2212 Nursery Rd., Lillington  
Thursday, Jan. 14, 3-6:30 p.m.

#### Powers Swain Chevrolet

4709 Bragg Blvd., Fayetteville  
Friday, Jan. 15, 10 a.m.-4 p.m.

#### Advanced Physical Therapy Solutions

501 Executive Pl., Fayetteville  
Monday, Jan. 18, Noon-4 p.m.

#### BreakThrough Physical Therapy

4140 Ramsey St. Suite 110, Fayetteville  
Tuesday, Jan. 19, 10 a.m.-1 p.m.

#### BreakThrough Physical Therapy

1562 NC-24, Cameron  
Thursday, Jan. 21, 8-10 a.m.

#### VFW Post 670

3912 Doc Bennett Rd., Fayetteville  
Friday, Jan. 22, 4-7 p.m.

#### Trinity United Methodist Church

6974 Raeford Rd., Fayetteville  
Saturday, Jan. 23, 10 a.m.-2 p.m.

#### Fayetteville Heart Center

2301 Robeson St. #301, Fayetteville  
Wednesday, Jan. 28, 10 a.m.-2 p.m.

#### Parker Pawn & Jewelry

413 NC-210, Spring Lake  
Thursday, Jan. 28, 3:30-6:30 p.m.

#### Stedman Baptist Church

7750 Clinton Rd., Stedman  
Saturday, Jan. 30, 1-4 p.m.



For more information, please call (910) 615-5433 or visit [www.savingliveslocally.org](http://www.savingliveslocally.org)



### CAPE FEAR VALLEY BLOOD DONOR CENTER

3357 Village Drive, Fayetteville  
*across from the Emergency Department*

Monday – Friday, 9 a.m. – 5 p.m.  
3rd Saturday of every month, 9 a.m. – 3 p.m.



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Rachael Santillan  
Photographer