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OCTOBER 2025

Sarah Rodela, MD

Internal Medicine
Atrium Health
Transition Clinic

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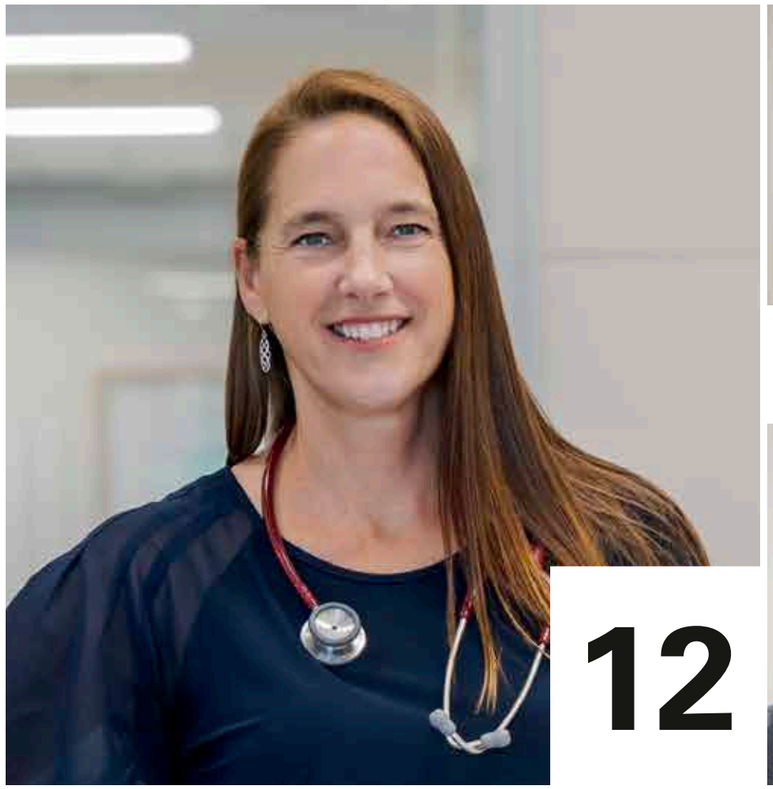

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PUBLISHER
Denise Hurley
denise@n2co.com

PHOTOGRAPHY:
Juan Zambrano Photography
juanzphotography@gmail.com

CREATIVE TEAM
N2 Company Design Team

Featured

Departments

PUBLISHER
Denise Hurley

denise@n2co.com
704-654-8042

PUBLISHING MANAGER
Kathleen Kopay

kathleen.kopay
@n2co.com
864-275-2929

PHOTOGRAPHER
Juan Zambrano Photography

juanzphotography@
gmail.com
704-912-7012

SOCIAL MEDIA
Kendall Covitz
Social Med Consultants

kendall@
socialmed
consultants.com
978-885-0505

from the PUBLISHER

As the calendar turns to October, a subtle transformation begins. The days grow shorter, and a crisp chill starts to permeate the air, signaling the arrival of fall in full swing. This month, with its rich tapestry of colors and traditions, ushers in a sense of both change and celebration, and I hope you can find time to enjoy it.

From Norwich, VT, Sarah Rodela, MD, practices Internal Medicine for the Atrium Health Transition Clinic. She grew up in a medical family; her mom is a nurse, and her dad is a physician, and she was always interested in physiology. She was drawn to Internal Medicine by the process of arriving at a diagnosis by asking the right questions, taking the time to listen to the patient, and testing out a differential diagnosis.

She has been practicing medicine for 24 years, and at Transition Clinic, she serves the most vulnerable patient populations with high medical complexity or socioeconomic barriers to care and often both. Their goal is to first engage these patients with care by meeting them where they are and then providing a different care experience than usual post-discharge care.

In 10th grade, Daniel Huttman, MD, an Orthopedic Surgeon with Novant Health Orthopedics & Sports Medicine, remembers telling his college counselor that he wanted to be a doctor. While in college, he volunteered his time at a community hospital ER in Charlottesville, VA, and spent time with an orthopedic surgeon in Atlanta, GA. These activities helped cement his decision to apply to medical school and pursue a career in medicine.

Though he did consider several other surgical specialties, he was drawn towards orthopedic surgery for the complexity and variety of the surgeries performed daily. Being able to perform the latest surgical techniques through both open and arthroscopic surgery, as well as restore function for patients, are two aspects of orthopedic surgery that set it apart from other surgical specialties for him.

This month's nurse, Genaro Paz, FNP-C, with Oncology Specialists of Charlotte, had a strong interest in human anatomy/physiology classes during college and always gravitated towards science and biology. During his freshman year of college, he had an unexpected surgery that gave him inspiration to pursue nursing because the nurses who attended to him in pre-op were very calming and compassionate, and it made him want to do the same for someone else one day.

Some of his primary responsibilities include assisting and collaborating with the physicians, performing history and physical assessments to accurately diagnose, developing and evaluating treatment plans, monitoring patient conditions, managing chemotherapy symptoms and side effects, and providing chemotherapy education for patients.

I hope you enjoy this issue. To learn more about who is being featured each month, follow us on Instagram @medicalprofessionals.charlotte.

As always, please reach out if you would like to nominate a healthcare professional to be featured, if you would like to provide content, or if you would like information on sponsorship opportunities.

Happy reading!

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Breast Cancer Hub

How long has your organization been around?

In a world where cancer often goes undetected until it's too late, Breast Cancer Hub (BCH) was founded in 2017 on the powerful belief that saving a life means saving a family. Registered in Concord, North Carolina, BCH is a GuideStar Platinum Certified, Top-Rated 501(c)(3) nonprofit. Every service is provided 100% free, and every donation directly fuels the mission, empowering donors to make a lasting impact.

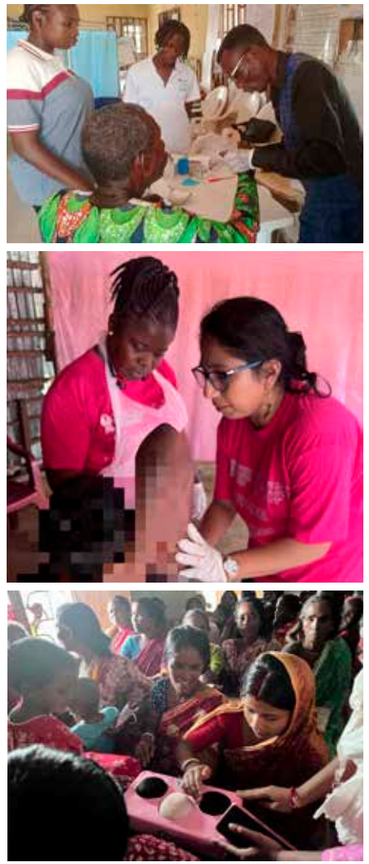
Why does it exist? What is the vision behind it?

Breast Cancer Hub (BCH) was founded to confront the challenges of late detection, stigma, and inadequate access to healthcare, driving cancer-related deaths. Guided by its vision, **SAVER —S** ave lives through **A** wareness, **V** olunteering, **E** ducation, and **R** esearch—BCH reaches underserved communities across the U.S., India, Africa, and beyond. It strives for a world where cancer is preventable, detected early, and where care is accessible, inclusive, and culturally sensitive. Through **grassroots, sustainable initiatives,** BCH provides patient-centered support, ensuring equitable access to resources and comprehensive care for all cancers, transforming lives and communities worldwide.

What does it do?

BCH is more than a nonprofit; it is a global movement bridging borders, cultures, and economic divides. Fighting Breast Cancer in Women, Men, and All Genders, and extending care to all cancers through BCH Wings, we serve humanity with 100% free services.

- Central to BCH's mission is **early detection and prevention.** Through accessible educational tools, screening cards, the BCH app, videos, and community talks, we empower individuals to identify symptoms early and support with timely action.
- BCH's unique **Villages Adoption Program** brings healthcare directly to underserved communities via door-to-door screenings. Patients with detected symptoms receive comprehensive support: diagnostics, transportation, treatment guidance, counseling, and ongoing palliative care, with the BCH team accompanying them throughout. Every case is carefully tracked to provide seamless, end-to-end care.
- Through **community outreaches and screening camps,** BCH reaches countless individuals—many uninsured or unaware—offering personalized guidance and counseling, with Dr. Lopamudra Das Roy directly accessible to provide advice and compassionate care.
- **BCH's handcrafted Patient Care Packages** provide comfort alongside care, featuring heart-shaped post-surgery pillows with ice/heat pack pockets, chemo port pillows, soft hats, and handwritten cards, reaching patients across the USA, including hospitals.
- BCH's **Patient Treatment Aid** offers support to **financially underprivileged patients** in Africa, India, and North Carolina, with dedicated follow-up.
- BCH fosters **support groups, offers medical treatment guidance and counseling, and shares survivor stories in diverse local languages.**
- Through **research** in clinical data and epidemiology, BCH works to reform healthcare policies and strengthen systems across the USA, India, Sierra Leone, and Nigeria.
- BCH's **student leadership programs** mentor future changemakers under Dr. Lopa, inspiring ethical, scientific, and meaningful service.
- BCH also responds to crises—**pandemics, floods, hurricanes** —offering masks, food, clothing, and vital safety education.



Every dollar directly fuels BCH's mission, supporting 100% free services and reaching underserved, untapped communities for maximum impact.

How did you become involved with it? Why did you become involved with it? What is your role/how have you been supporting it?

Dr. Lopamudra Das Roy is the Founder and President of Breast Cancer Hub (BCH). Her academic journey has been marked by distinction and discovery. She completed a postdoctoral fellowship at the Mayo Clinic, advancing research in breast and pancreatic cancers, before serving as a Cancer Research Professor at the University of North Carolina at Charlotte. She led pioneering studies, secured national grants, and mentored emerging scientists. Complementing her research, she earned an MBA from Northwestern University's Kellogg School of Management, equipping her to bridge science, leadership, and social impact.

Over time, Dr. Das Roy became acutely aware that countless lives are lost to breast and other cancers due to stigma, lack of awareness, late detection, and limited access to healthcare, proper diagnosis, and treatment. Driven by this, in 2017, at the height of her academic career, she made the extraordinary decision to resign and dedicate herself fully to humanitarian service, founding BCH to provide 100% free care.

Since 2018, she has reached over 300,000 people through grassroots initiatives across North Carolina, the U.S., India, Africa, and beyond. Her work spans awareness campaigns, early detection, community outreach, screenings, treatment guidance, palliative care, research, and youth mentorship. Leaving her young children behind, she travels alone to remote, underserved regions, confronting harsh conditions, limited resources, and serious personal safety risks, particularly as a woman. Despite these challenges, she perseveres to provide life-saving, compassionate care to those with no access, dedicating her life entirely to service.

How can the readership get involved or support it?

There are many ways readers can support BCH and join our mission: **Together We Save Lives.**

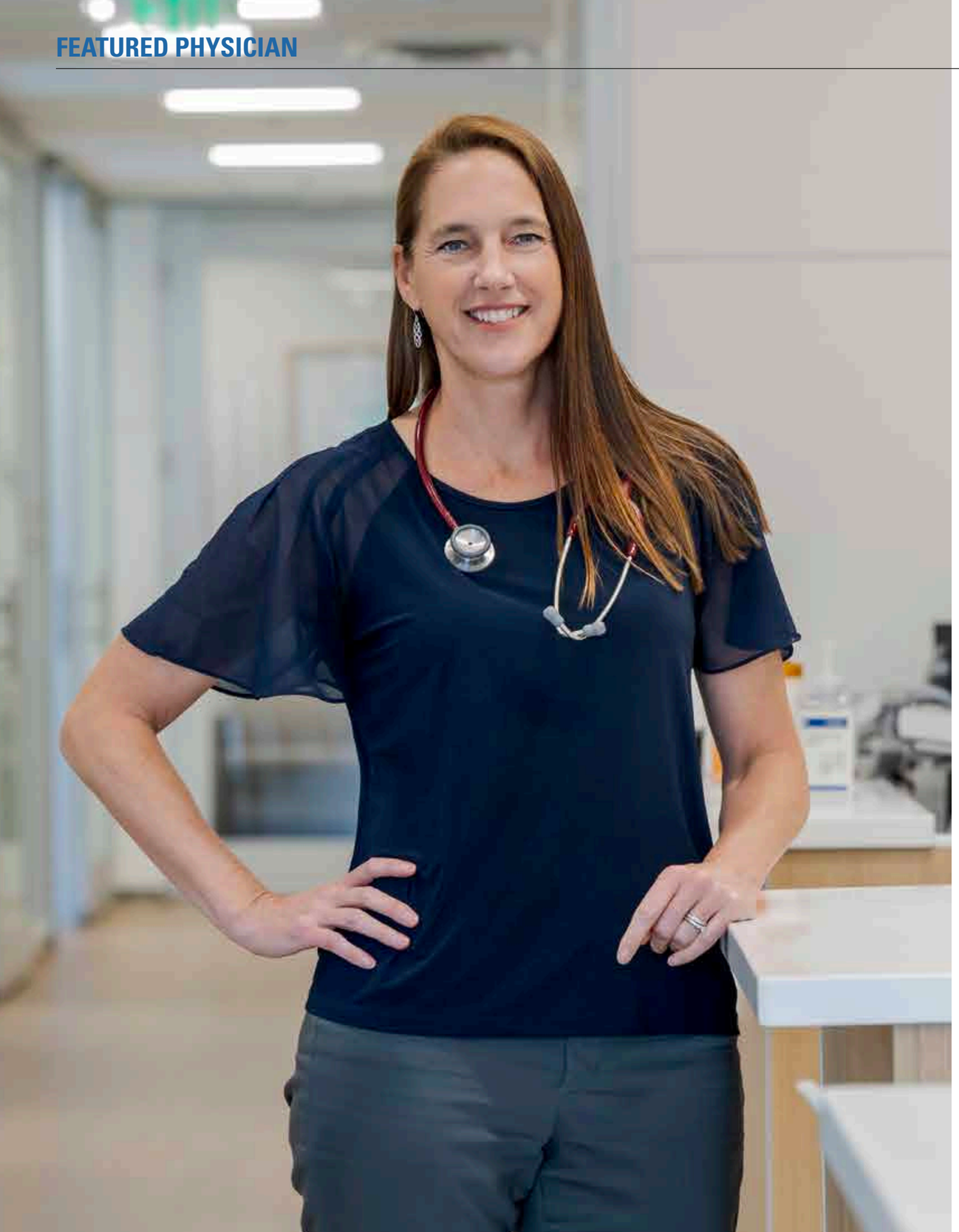
- Students can participate in leadership programs mentored by Dr Lopa, initiate BCH clubs in their schools, and help spread awareness on cancer prevention and early detection—building skills in leadership and social impact while saving lives.
- Medical professionals, cancer thrivers, caregivers, and survivors are invited to join our private support groups, where we provide treatment guidance, share experiences, and offer emotional strength to patients worldwide with complete privacy.
- Cancer thrivers can reach out as we publish their inspirational stories in local languages, encouraging others in their journey.
- Sewists can contribute to BCH's handcrafted care packages, or Hospitals/Medical Professionals can connect with BCH for Care packages for their patients.
- Readers can contribute to or join BCH's annual fundraiser, OctoberFest, which unites volunteers and small businesses in creative giving.

Is there anything else you would like the readership to know?

- To make awareness universal and inclusive, we launched the **"BCH KNOW YOUR BREASTS"** app, a breast self-exam reminder—available for the **FIRST TIME** in 27 LANGUAGES and designed for **ALL GENDERS.**

- Eighty percent of BCH services are anonymous, maintaining patient privacy. Public acknowledgment is given only for donor-supported initiatives, collaborative efforts, or when cancer thrivers voluntarily provide consent.

BREAST CANCER HUB



Sarah Rodela, MD

Internal Medicine - Atrium Health Transition Clinic

Atrium Health

FUN FACTS

- Her hometown is Norwich, Vermont.
- Her secret talent is making the second-best cake frosting, and she gives April Bostic Jackson credit for the recipe.
- She has been practicing medicine for twenty-four years.
- Their family pet, a sweet black lab named Ruby, died last May after 14 wonderful years.
- She played basketball at Bates College and was selected as a Kodak All-American her senior year. She still holds a few scoring records at Bates!

How did you get your start in medicine?

I grew up in a medical family; my mom is a nurse and my dad is a physician. I was always interested in physiology. What specifically drew me to Internal Medicine is the process of arriving at a diagnosis by asking the right questions, taking the time to listen to the patient, and testing out a differential diagnosis.

How did you find your way to Atrium Health?

My husband and I wanted to move away from New England and the cold, snowy winters. We fell in love with Charlotte and have made it our home since 2007. I worked as a Hospitalist for Atrium Health for 11 years before moving to outpatient medicine and joining the Transition Clinic in 2020.

What makes your practice unique in our community?

Transition Clinic is the only clinic of its kind in the region. We provide wrap-around care for medically complex and vulnerable patients for 30 days after hospital discharge. Our patients are supported by a team of physicians or APPs, a pharmacist, a nurse, and a social worker, all at the same visit. Other unique features include a weekly cadence of follow-up visits and the ability to bring care to patients' homes through partnership with community paramedics.

What are your goals for your patients and your practice?

Transition Clinic serves the most vulnerable patient populations- those with high medical complexity or socioeconomic barriers to care, and often both. Our goal is to first

engage these patients with care by meeting them where they are and then providing a different care experience than usual post-discharge care. Once engaged with Transition Clinic, we focus on educating them about their medical condition with the goal of empowering better self-care and self-advocacy in the long term. The final crucial piece is to improve access to care. This includes ensuring access to affordable medications and primary care, connecting them with community resources and specialty or other follow-up care needs.

How would you describe the culture in your practice?
Our guiding principle is to meet patients where they are. We conduct visits at home, in the clinic, at a family member's home, or even in a shelter or parking lot. We utilize virtual technologies and partner with community paramedic programs within Atrium and county agencies to expand our services to historically underserved patients. Not only do we leverage new virtual technologies, but we also paradoxically strive to provide "old-school" access to the care team.

How would you define quality care?
For care to truly be quality, it must first be accessible. A prescription does a patient no good if it sits at the pharmacy because the patient doesn't have a way to pick it up or can't afford it. Similarly, an appointment with a provider is not useful if the patient can't get there. A carefully crafted medical regimen is not effective unless the patient is engaged with and educated about the plan.

In your opinion, what are some of the biggest issues facing primary care providers today?
Patients discharged home from the hospital these days are sicker and have many more needs. More people are living at home with advanced illness and with limited resources. Appropriate, quality care of these patients requires massive coordination between multiple service lines, and Primary Care has to innovate to better serve this need.

What motivates you?
I see a huge gap in care from the moment a patient is discharged from a complex but often short hospital stay, and when they next connect with a health care provider. Patients end up at home, not feeling well, without medications or an understanding of what is going on with their health. Transition Clinic aims to bridge this gap. I am re-energized every time I see a patient come to have a better understanding of their health, or can help them attain access to affordable medications, because I know these small things have a major long-term positive impact on health.

What concerns, if any, keep you up at night?
I worry that access to healthcare relies increasingly on technology (phone, wifi) that not all people have. We need to be sure to build processes and systems that have equal access for all patients.

Are there some practical actions you have initiated in your doctor-patient time to help your patients have a more productive experience?
I try to start every new patient visit by taking time to listen and find out exactly what a patient understands about their recent health crisis and what their top priority is. The simple act of slowing down and listening is very therapeutic for patients.

What keeps you engaged when things get hard in your practice?
I focus on small wins. It is easy to get bogged down in problems and everything that isn't working well. When that happens, I try to pause and reflect on how far we have come as a team and on the things we have achieved already.

How do you try to maintain a balanced life outside of work?
My family helps keep me honest and balanced. I try to teach my kids by example. I want them to see me work hard and be dedicated to a job that has inherent value beyond a paycheck, but I also want them to see me taking care of myself by getting enough sleep, exercising daily, and caring for my family and friends. I have also come to know that we won't find a perfect balance every day, and that is okay.

Have you ever been close to quitting or changing careers? If so, how did you stay engaged and push through?
I feel lucky to have a profession that allows me to support myself and my family while also having the opportunity to positively impact the health and wellness of those in my community. When I was feeling burned out as a hospitalist seven years ago, I pivoted to a new role in Transition Clinic, where I could build off my clinical experience but also challenge myself in something new.

How have you seen the practice of medicine change over the years?
Patients are discharged from acute care hospitalizations much more quickly, sicker, and with more needs. Simultaneously, insurers are covering less post-acute inpatient care. The result is an increased need for higher-level care at home. Within my organization, we are growing many programs to support care in this space, we call it Continuing Health, and it includes tight partnerships between services like Hospital at Home, Transition Clinic, community paramedicine, home health nursing, Primary care, and others.

In what ways do you hope to see practicing medicine evolve in the future?
Current advances in virtual care and leveraging technology in healthcare are hugely beneficial and convenient for many patients. However, we need renewed focus on improving care for marginalized and vulnerable patients who don't have consistent access to technology like cell phones, which are necessary to access that type of care.

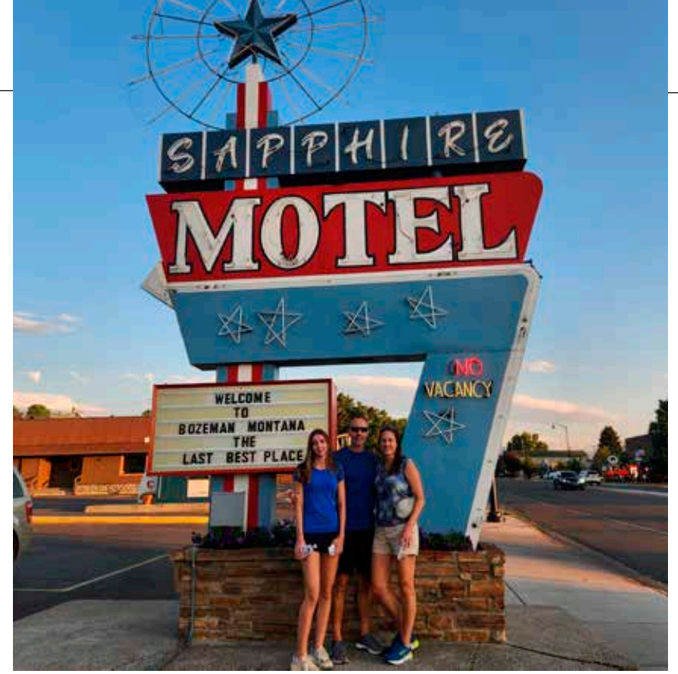
What are some of the most rewarding aspects of your profession?
My best days are when my team and I have bridged a gap in care and, with seemingly small interventions (like providing access to and teaching someone how to use insulin), made a big impact on current and future health for a grateful patient.

What methods do you employ to keep improving your knowledge and experience?
Over the last several years, I have taken advantage of many of the leadership courses. The curricula have allowed me to continue to learn and grow as a physician, leader, colleague, and person.

Do you have a career highlight?
I am very proud of the recent growth of Transition Clinic from two locations in 2023 to six locations in 2025. We are innovating using video technologies and community paramedicine to bring our care model to rural and underserved areas.

If you could offer any advice to younger physicians, what would it be?
Expect to put in the time to gain clinical and life experience. Then find a niche and become an expert in the one area you find true passion or purpose in. The happiest physicians I know are the ones who cultivate a specific interest and work that into their job description.

Do you have any physicians who have influenced you over the years?
My dad, Herbert Bonkovsky, is an internationally known clinical hepatologist, teacher, mentor, and clinical investigator. He developed the first treatment for acute porphyria, which is still used today. He is the hardest working person I have ever met, with a brilliant mind and caring heart. I strive to match my practice of medicine to his example.



GETTING TO KNOW THE DOC…

When you were younger, what did you think you were going to be when you "grew up? "
There was a time when I thought I wanted to be a judge.

Your first job.
Picking blackberries at a Nashoba Valley winery for 10 cents a pound.

Tell us about your family.
My husband of 20 years, Jason, works as a pilot for JetBlue Airways. His superpower is that he can fix anything around the house or yard. My children both attend Ballantyne Ridge High School in Charlotte. Justin, 15, is a sophomore and is busy year-round with football and lacrosse. Kailyn, 14, is in 9th grade, is on the tennis team, and is excited for the opportunities High School will provide. I am very fortunate to have my parents and mother-in-law also living in Charlotte.

Indoors or outdoors person?
I love being outdoors. One of my favorite weekend activities is a long run along Four Mile Creek and McMullen Creek Greenways.

The last thing you researched on the internet.
Great Hikes in Yellowstone National Park.

Your guilty pleasure.
Watching sitcom reruns like Brooklyn 99 with my family.

Favorite snack.
Pawleys Island Pimento Cheese. When I moved to Charlotte from Massachusetts in 2006, I hadn't heard of pimento cheese. Now I can't live without it.

The last book you enjoyed.
My Friends by Fredrik Backman.

A movie you could watch on an endless loop.
The Princess Bride.

A fun adventure you have been on.
In July, we took a family RV trip to Yellowstone and Grand Teton National Parks. Highlights include: a float down the Snake River, swimming in glacial Lake Jackson, hiking along Yellowstone Canyon trails and lots of unplugged time with my family.

The best advice you have ever received.
"This too shall pass" with emphasis that both good and bad times in life are temporary. We need resilience in hard times and humility in good times.

Something in life you are happy you did.
I almost quit basketball in the 8th grade because I was worried I would not have enough time for academics. But I,persevered and athletics were a big influence on my student life. When we are young, we think sport is about the sport. But competitive athletics teach resilience, grit, teamwork, and delayed gratification. From basketball, I gained confidence and learned to push my limits. All these lessons have served me well during my career.

Something you're excited about in the next 12 months.
I am looking forward, albeit with some trepidation, to my son getting his driver's license.

Interests/hobbies outside of work.
Running, tennis, and volunteering at my kids' school.

A place on your bucket list.
Iceland in the winter to see the Aurora Borealis.

Favorite sports teams?
Any team my kids are playing on. Go Ballantyne Ridge Wolves!

Anything your parents taught you that sticks with you today?
"To those whom much is given, much is expected." I believe we have an obligation to contribute to our community and do good works in our professional and personal lives.

Personal accomplishment you are most proud of.
I am proud of the home life I have built with my husband and of our two exceptional children.

Charities you are involved with or support.
I support NC MedAssist, which provides OTC and prescription medications for uninsured patients in North Carolina. This is truly life-saving work that has a huge impact on thousands of patients a year. I donate my time to support Charlotte Mecklenburg Schools. I believe that strong public schools are necessary for vibrant and healthy communities. We owe it to our kids and our community to support our public schools with investment of our time, energy, and money.

For advanced breast reconstruction, options need to be considered at the time of mastectomy referral.

Early conversations about breast reconstruction and sensation preservation are essential to guiding patients through personalized post-mastectomy care.

When a patient faces a mastectomy, one conversation that needs to happen early is whether to pursue breast reconstruction and sensation preservation. When this conversation starts, patients need help understanding their options and getting connected early with a surgical team capable of delivering advanced, individualized care based on how they want to experience their bodies after recovery.

"It helps to start asking questions such as, 'Will you want to undergo breast reconstruction, and what type, to restore and possibly enhance shape and size,'" said Amelia Merrill, MD, board-certified and fellowship-trained breast surgeon at Novant Health Cancer Institute in the Charlotte region. Also: "'Will you want to consider nerve grafting to restore sensation?' Our team of surgeons is equipped to guide patients through both decisions."

At Novant Health, breast reconstruction services are expanding across the system, giving patients access to nationally recognized techniques and expert surgeons without requiring extensive travel. With a full spectrum of implant-based and autologous reconstruction procedures, along with advances in sensation-preserving surgery, Novant Health offers comprehensive solutions tailored to each patient's needs.

A full range of reconstruction options

Almost half of women who undergo mastectomies as part of breast cancer treatment choose to have breast reconstruction. One study shows that, of those women, the majority prefer implant-based reconstruction, which can involve faster recovery times.

Novant Health offers the latest implant techniques, including **pre-pectoral direct-to-implant (pDTI) reconstruction**. This process is sometimes referred to as "breast in a day." The approach requires close collaboration between the breast surgeon and the plastic and reconstructive surgeon and careful patient selection. The breast or breasts are removed while carefully preserving the remaining tissue, so the permanent breast implant can be placed in front of the chest muscle during the same surgery.

pDTI is an efficient way to make a beautiful breast, but there's no promise of a single surgery, notes Tripp Holton III, MD, a plastic and reconstructive surgeon at Novant Health New Hanover Regional Medical Center in Wilmington. Additional surgeries or procedures can be required should the patient experience an unlikely complication or should they elect to undergo any future procedures to review or refresh their result. Even for patients requiring multiple surgeries with this method, the option to avoid tissue expanders and the additional visits can be quite liberating.

Women who will undergo radiation may be good candidates for autologous tissue reconstruction. Novant Health surgeons perform advanced microsurgical techniques such as **DIEP flap** (using abdominal skin and fat) and **latissimus dorsi flap** procedures. These approaches create natural, durable outcomes while reducing long-term complications associated with implants alone.

In addition, **oncoplastic surgery** is an option for women undergoing lumpectomy. This combined approach — tumor removal with simultaneous reshaping of the breast with maneuvers like a breast lift or reduction — can preserve the nipple and improve cosmetic results. Women may opt to have a mastopexy lift or breast reduction on the day of a lumpectomy to eliminate a second surgery.

One major advancement across reconstruction options is **nipple preservation.** With better imaging and targeted treatments, nipple preservation is becoming a more common option when there is no cancer in or near the nipple.

"When adequate blood supply is maintained, nipple preservation provides patients with a more natural and aesthetically favorable outcome," said Blair Wormer, MD, board-certified plastic and reconstructive surgeon at Novant Health Appel & Wormer Plastic Surgery. "Preserving the nipple can also help women feel more like themselves after mastectomy — they haven't lost every part of their natural breast."

Innovations in sensation preservation

Generally, mastectomy results in significant loss of breast sensation, which can be both emotional and uncomfortable. Novant Health surgeons are implementing **a newly investigated nerve grafting option** called Resensation, which in select patients may restore some sensation in a woman's breast tissue while reducing the risk of long-term postoperative pain.

"The breasts may feel as if they are not part of the body," Dr. Merrill said. "Resensation attempts to restore some of the lost sensation to the skin and improve quality of life. We already have great reconstruction outcomes, so this is one step further."

"Resensation attempts to restore some of the lost sensation to the skin and improve quality of life. We already have great reconstruction outcomes, so this is one step further."

— Amelia Merrill, MD
Board-certified and fellowship-trained
breast surgeon at Novant Health Cancer Institute

For optimal outcomes, nerve-grafting techniques should be performed at the time of mastectomy and reconstruction. At this time, the injury to the nerves is freshest and the distance for new nerve growth to travel is the shortest. The chances of Resensation success are much lower after the mastectomy has already been performed.

Early discussions may lead to fewer surgeries and better outcomes

Early conversations between referring physicians and patients about reconstruction and sensation-preservation options are essential when considering mastectomy care. Novant Health surgeons are committed to working with referring physicians to ensure patients are able to make fully informed decisions, connect with the right surgical team and undergo advanced techniques at the optimal time. By addressing these choices as part of their mastectomy care plan, patients are more likely to achieve better functional and cosmetic outcomes, avoid multiple surgeries and experience a smoother recovery.

To learn more about nerve grafting or refer a patient to **Dr. Amelia Merrill**, call **980-302-6500** or fax **980-302-6505**.

To refer a patient to **Dr. Blair Wormer** for general plastic surgery, call **704-316-5025** or fax **704-316-5022.**

Menopause in the Differential:

Why Every Specialty Must Recognize It

Ariel Haddad, DO, MSCP
Helia Health

Introduction

A 47-year-old woman presents to her gynecologist for her annual well-woman exam. She reports menses are still regular but lighter. In the last year, she was referred to cardiology for palpitations, psychiatry for new-onset panic attacks, and rheumatology for polyarticular joint pain. Three specialties, three complaints, and one unifying etiology that has not yet been connected until this visit: perimenopause.

The Scope of the Issue

With longer life expectancy, women now spend 3-10 years in perimenopause and more than one-third of their lives in the postmenopausal state. Despite this, medical training devotes little time to the impact of the transition. Surveys show many women feel their concerns are dismissed and often go years before menopause is identified as the cause. Every specialty encounters menopause-related symptoms, and timely recognition is an excellent opportunity to reduce unnecessary testing, enhance clinical efficiency, and improve quality of life.

Early Recognition Matters

Perimenopausal symptoms can appear much earlier than many clinicians expect. Recent research shows that more than half of women ages 30 to 35 report moderate to severe perimenopausal symptoms, with prevalence rising further in the late 30s. These ages correspond to the decline in ovarian reserve. Although hormone levels may still appear within normal ranges during perimenopause, it is the more erratic, fluctuating ovarian hormones that can cause symptoms before menstruation ceases. For this reason, clinicians should not dismiss menopause-related complaints solely based on age, menstrual cycle patterns, or laboratory testing. Keeping perimenopause in the differential for younger women presenting with vasomotor, mood, cognitive, or sleep changes can reduce delays in recognition and avoid unnecessary investigations.

Systemic Manifestations of Menopause

Key areas where menopause impacts clinical practice beyond vasomotor symptoms and vaginal dryness:

- Cardiovascular health: Estrogen has a favorable effect on vascular tone and lipid profiles, leading to an increase in hypertension and dyslipidemia during the menopause transition. Palpitations occur in 20–40% of perimenopausal women and 15–54% of postmenopausal women. Recognizing the link can prevent unnecessary testing and provide reassurance.

- Musculoskeletal syndrome of menopause: Estrogen is an anti-inflammatory factor that prevents generalized arthralgia. More than 70–80% of women experience joint and muscle symptoms, and 40% will have no structural findings on exam or imaging.

- Mental health and sleep: Female sex hormones influence serotonin, dopamine, norepinephrine, and GABA. These fluctuations contribute to higher rates of depression, anxiety, and insomnia.

- Cognition: "Brain fog", or subjective cognitive decline, often presents as memory lapses or difficulty concentrating. This can be distressing, particularly for those women at a higher risk for dementia. Recognition and reassurance that this is common during menopause can help reduce the associated anxiety.

- Metabolic and weight changes: Menopause is associated with annual weight gain of about 1.5 pounds, with an even larger impact on body composition. Because of the effect of estrogen on adipose tissue and glucose regulation, women experience increased fat mass and a disproportionate rise in visceral adiposity.

Treatment Overview

Hormone therapy is the most effective treatment for vasomotor and genitourinary symptoms as well as the preservation of bone density. When started in healthy women under 60 or within 10 years of menopause, it has a favorable benefit–to–risk profile. Despite persistent misconceptions, data show it is safe and effective for most women, including those with a family history of breast cancer. For those who cannot use hormone therapy, alternatives such as SNRIs and newer neurokinin-3 receptor antagonists provide options. Lifestyle approaches, including exercise, nutrition, stress management, and sleep optimization, remain foundational.

Clinical Pearls for All Physicians

1. Ask about menstrual history and other menopausal symptoms. A simple question can reveal the unifying cause of fragmented complaints.

2. Refer when needed. It should not be expected that all clinicians are comfortable prescribing hormone therapy, but timely referral to a clinician who is comfortable in doing so can aid in a more streamlined health care experience.

3. Acknowledge the patient experience. Validating symptoms and providing education builds trust and improves care. When the traditional health care system leaves a woman feeling misunderstood, she is more apt to turn to treatment modalities that are unregulated, lack evidence, and are often expensive.

The Call to Action

Menopause is common, consequential, and highly treatable. Every specialty encounters it and should be aware of symptoms beyond the commonly discussed hot flashes or vaginal dryness. The opportunity is here to take more optimal care of women at midlife, and the rewards for patients and clinicians alike are immense.

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DANIEL HUTTMAN, MD

Orthopedic Surgery
Novant Health Orthopedics & Sports Medicine

How did you get your start in medicine?
In the 10th grade of high school, I remember telling my college counselor that I wanted to be a doctor. While in college, I volunteered my time at a community hospital ER in Charlottesville, VA, and spent time with an orthopedic surgeon in Atlanta, GA. These activities helped cement my decision to apply to medical school and pursue a career in medicine.

How did you choose your specialty?
While in medical school, I was exposed to every medical specialty through month-long rotations, and I tried to see myself as a physician in that specialty during that time. While I did envision my career as a surgeon entering medical school, what drew me towards orthopedic surgery was the complexity and variety of the surgeries that we perform daily. Being able to perform the latest surgical techniques through both open and arthroscopic surgery, as well as restore function for patients, are two aspects of orthopedic surgery that set it apart from other surgical specialties in my mind.

Were there any other specialties you considered?
As previously mentioned, I felt a strong desire to be a surgeon. I did consider several of the other surgical specialties as a medical student. In the end, the depth and variety of surgical procedures offered in orthopedic surgery won out as my desired surgical specialty.

Tell me about Novant Health Orthopedics & Sports Medicine and how you landed there.
Novant Health Orthopedics & Sports Medicine is a group of orthopedic physicians serving the Charlotte and greater Charlotte area who are highly specialized within the field of orthopedic surgery. The physicians have all completed orthopedic subspecialty training after residency, which allows us to focus on specific areas of interest within the field of orthopedic surgery to best take care of our patients. I am specialty trained in orthopedic shoulder and elbow surgery and was brought into the Charlotte market to focus on the treatment of shoulder and elbow pathology. Specifically, I was recruited to the area for my expertise and experience with shoulder replacement surgery so that Novant Health Orthopedics & Sports Medicine can continue to offer the best patient-centered, evidence-based orthopedic care to Charlotte.

What makes your practice unique in our community?
Our practice is unique in that we truly work as a group, focusing on our areas of expertise to ensure that our patients are taken care of by an expert in that area of orthopedic surgery. We understand that patients deserve the best care possible, and we work together to ensure that patients are getting just that. We also offer urgent care walk-in services seven days a week that allow patients to have immediate access to orthopedic care when they need it most.

Tell me about one of your favorite successes as a physician.
My most rewarding patients are those who come in with severe shoulder pathology who may feel that, based on how long they have had symptoms or how poor their function is, they don't have much hope for improvement or a successful surgery. However, with recent advances in the field of orthopedic shoulder replacement surgery, we now have many options to improve patients' pain, function, and quality of life. Being able to meet patients' needs, however big or small, is how I judge a surgery to be successful.

What do you find are your biggest challenges?
The biggest challenge working in orthopedics is knowing the limitations of what I can offer patients. Despite advances in both orthopedic techniques and technologies, some patients have problems that are beyond the scope of what we can reasonably treat. But as a physician who went into medicine to help people, I want to be able to tell every patient that I have something to offer them. Sometimes, the best I can offer is to recommend that they not undergo surgery, as their problem is not something I expect to improve with surgery. That can be difficult for both the patient to hear and for me to offer as the final treatment option.

Describe a typical day for you.
During a typical day in clinic, I will see between 30–40 patients, possibly more depending on what comes into our urgent care clinic. On the days that I am in the operating room, I will typically have between 4–7 surgeries, depending on the complexity and variety of surgeries being performed.

How do you define quality care?
Quality care for me is being able to exceed the expectations of the patient. Every patient and every patient encounter is unique. At each visit, I make sure to explain what I believe is going on with the patient and go over all the available treatment options. Then I can work with the patient to determine the best course of action moving forward. Once we decide on a plan of action, ensuring that patients are improving and are satisfied with the care I have provided is of utmost importance to ensuring high-quality, patient-focused healthcare.

What motivates you or excites you about what you do?
Being at the forefront of advancements in orthopedic shoulder and elbow care and being able to offer the most up-to-date, evidence-based care is what gets me excited about work every day. The ability to help patients get back to their lives and to be able to do the things they want to do again is the most satisfying part of my job.

cine to recharge for the next day. Outside of work, I enjoy spending time with my wife and children, trying out new restaurants, playing sports such as golf and pickleball, and watching my kids participate in sports and school activities. Being able to do these things and take my mind off medicine helps ensure that I keep my focus while at work, and I can take care of patients to the best of my abilities each and every day.

How has practicing medicine in your specialty changed over the years?
The technological advancements over the past ten years in orthopedic surgery have been the biggest change that I have seen in my career. Whether it is using patient-specific instrumentation or the evolving surgical techniques to treat shoulder and elbow pathology, the field of orthopedic shoulder and elbow surgery is always moving

forward. It is important to me that I keep up with these advancements so that I can offer each patient the best treatment.

Do you have any medical role models who have influenced you along the way?
I have had several mentors, both during my residency and fellowship, whom I continue to keep up with and discuss patients with often. These physicians have helped shape both my surgical skills and the course of my career, and I frequently lean on them for advice. To be able to be considered their "peer" at this point in my career is truly an honor.

If you were not practicing medicine, what profession do you think you would have chosen?
Well, I have always had a love for baseball since a very young age. If I could have chosen any other career, I think it would be professional baseball. Unfortunately, that career didn't choose me back. But I'm happy with how things worked out for me despite that.

What would you like to communicate to primary care and referring physicians?
First off, we wouldn't be able to practice as orthopedic surgeons without their support, so the first thing I would say is "thank you". They are some of the most important providers when it comes to referrals into our practice. Please continue to send us your patients with orthopedic complaints. We will work them up from an orthopedic standpoint and take care of their complaint from there. If you need help from an orthopedic perspective, please don't hesitate to reach out to us because we are always available if needed.

If you could offer any advice to younger physicians, what would it be?
The field of medicine, and specifically for me, orthopedic surgery, is very rewarding. It is a long road to get to where you want to be, and every day brings new patients to treat and challenges to overcome. But at the end of the day, it is one of the most rewarding professions to be able to give your time and talent to help someone with their health. My advice is to remember why you chose to go into medicine and remember that the rewards will come and will make all the sacrifices you have made worth it in the end.

What are some of your hobbies or interests outside of work?
Outside of work, I am a big sports fan. I grew up an Atlanta Braves fan and still root hard for them to this day. I enjoy playing a variety of sports, including golf. I also enjoy playing trivia with my family and friends, something that I have incorporated into my daily routine at work with the staff in the office and operating room. Otherwise, I enjoy traveling with my wife and children.

Tell me about your family.
I grew up one of four boys in Atlanta, GA. My parents and brothers all still live there. I am married to my wife, Lindsay, an avid pickleball player, and we have two daughters, Natalie, 12, and Alexandria, 9, who are in 7th and 4th grade this year. We all enjoy playing and watching sports and trying to stay active at home and on the road. We also have a two-year-old Australian Labradoodle named Luna.

Do you have a guilty pleasure?
I'm a sucker for a good Taco Tuesday night.

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Personalized Medicine for Breast Health

Anup Parikh, MD
Charlotte Radiology

Breast cancer remains the most common cancer among women, emphasizing the importance of personalized screening and breast health care strategies. With Charlotte's growing population, the demand for specialized breast imaging tailored to individual risks continues to rise, especially for women with dense breast tissue.

The Importance of Annual Screening Mammograms Starting at Age 40

Routine screening mammograms starting at age 40 significantly reduce breast cancer mortality. Digital Breast Tomosynthesis (DBT), known as 3D mammography, is an advanced screening technology that enhances cancer detection by up to 25% and reduces unnecessary callbacks by about 15%. The American College of Radiology (ACR) recommends DBT as the gold standard for annual breast cancer screening, as it increases detection of smaller, early-stage cancers and leads to better outcomes.

Regular screenings allow physicians to detect breast cancers at earlier stages, leading to less invasive treatments, improved survival rates, and a higher quality of life for patients. Patient adherence to annual mammograms is critical for maximizing these benefits, making ongoing patient education and engagement essential components of personalized breast care.

The Challenge of Dense Breast Tissue

Over 40% of women have dense breast tissue. Dense tissue not only reduces mammographic sensitivity—dropping from about 86% in fatty breasts to around 60% in extremely dense breasts—but also increases a woman's risk of developing breast cancer by up to fivefold.

In recognition of this, the FDA implemented a breast density mandate in 2024 requiring healthcare providers to inform patients about their breast density status. This regulatory change emphasizes the importance of supplemental screening methods to adequately manage breast health in women with dense tissue.

Tailored Screening for High-Risk Patients

For women identified as having dense breasts or a higher lifetime breast cancer risk (20% or higher), additional screenings are crucial:

- **Breast MRI:** Highly sensitive, MRI detects an additional 15-20 cancers per 1,000 women screened. However, standard MRIs are typically reserved for high-risk patients due to cost, procedure duration, and insurance coverage variability. Despite these limitations, breast MRI remains a critical tool for high-risk women.

- **Abbreviated Breast MRI (ABMR):** ABMR provides similar cancer detection rates to standard MRI but offers faster, less expensive scans, typically completed in under 10 minutes. This makes ABMR an excellent option for women with dense breasts who may otherwise avoid screening due to the longer, traditional MRI procedure.

- **Automated Whole Breast Ultrasound Screening (ABUS):** FDA-approved specifically for dense breast screening, ABUS is a non-invasive option that detects 3–4 additional cancers per 1,000 screenings compared to mammography alone. ABUS is ideal for women who cannot undergo MRI due to medical or personal constraints.

Artificial Intelligence is Enhancing Breast Imaging

Artificial Intelligence (AI) is revolutionizing breast imaging by improving accuracy and efficiency. Technologies such as ProFound® AI (iCAD) increase cancer detection by 6% and reduce unnecessary recall rates by 7%. Additionally, newly FDA-approved AI tools like Clarity offer precise, individualized five-year breast cancer risk assessments directly from mammograms, surpassing traditional risk assessments. These advancements empower radiologists to better identify patients requiring further imaging, significantly personalizing patient care.

AI technology is not intended to replace radiologists but rather to enhance their capabilities, allowing more time and attention to complex diagnostic cases and patient communication. Addressing misconceptions about AI's role is an important educational component of personalized medicine.

Expanding Community Access

To address growing community needs, Charlotte Radiology opened its 18th breast center location earlier this year in Fort Mill. Combined with mobile mammography, these centers serve over 140,000 women every year in the greater Charlotte area, providing screening and diagnostic mammography, supplemental screening, and other breast health services. The goal is to ensure that advanced breast imaging services are more accessible to women throughout Charlotte and surrounding regions, providing expert care with advanced technology, reducing travel burdens, and improving patient compliance with screening recommendations.

Collaboration and Education

Effective personalized breast health requires collaboration among primary care providers, OB-GYNs, and radiologists. By employing comprehensive risk assessment tools, healthcare providers can recommend tailored imaging strategies that reflect individual patient risks and preferences. Educating patients about breast density, personal risk factors, and available screening methods is essential to informed decision-making and patient empowerment.

Providing clear, understandable educational resources about supplemental imaging options helps patients navigate their breast health journey, improving compliance and screening outcomes.

Looking Ahead

Advancing personalized breast care through innovative imaging and AI technologies is transforming breast cancer detection and improving patient outcomes. By continually embracing technology advancements and fostering collaboration among healthcare providers, we can ensure women receive high-quality, tailored breast care for years to come.

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GENARO PAZ, FNP-C

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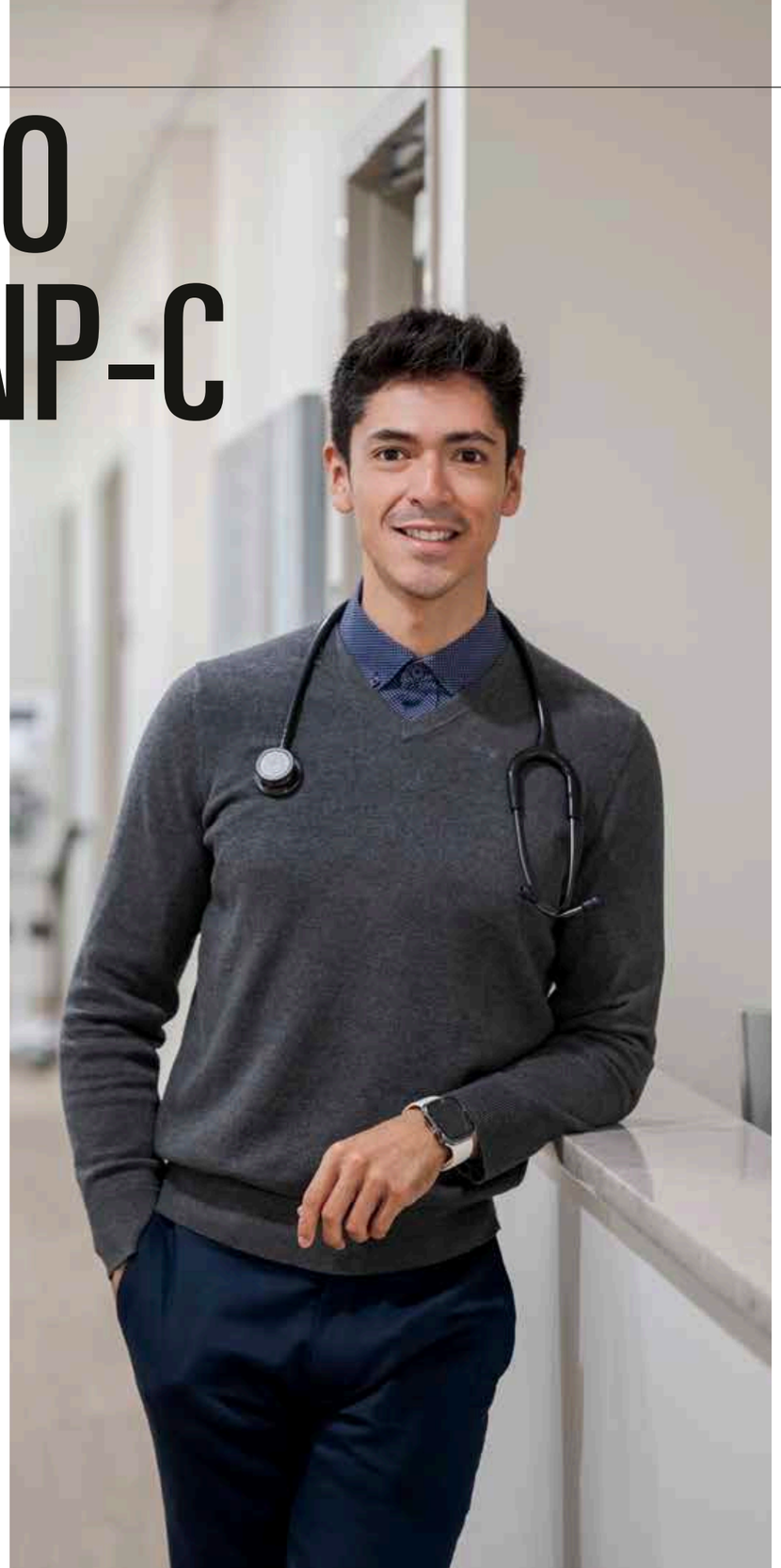


What inspired you to go into nursing?
Unlike many of my fellow nurses, I did not have that special family member who inspired me to become a nurse. I am the only nurse/medical professional in my family. I would say that my initial desire to pursue a career in nursing stemmed from my strong interest in human anatomy/physiology classes during college; my mind always gravitated towards science and biology. However, I did have a life event that gave me more inspiration to go into nursing. I had an unexpected surgery during my freshman year of college, and even though it was a fairly simple and quick procedure, I was extremely apprehensive and anxious. The nurses who attended to me in pre-op were very calming and compassionate. The way they helped control my anxiety, and the manner in which they provided comfort and reassurance, was a special moment that I hold dearly. It made me want to do the same for someone else one day.

How long have you been a nurse?
I have been a nurse for nearly eight years, and currently in my first year as a nurse practitioner. I graduated from Western Carolina University with my BSN degree and obtained my MSN-FNP degree from the University of Cincinnati in 2024.

Tell me about your first nursing position.
My first nursing position was in a medical-surgical unit at a small regional hospital, where I worked for one year. I was a little disappointed that I did not get hired in the more sought-after specialties that new graduates seek, like ICU, ED, progressive care, etc., but I was also excited to begin my nursing career. In retrospect, I am grateful for my time working as a med-surg nurse because I established foundational nursing skills necessary for my success, and it was truly a stepping stone for my professional development. I feel like it prepared me very well for the more advanced hem/onc specialty, which I have worked in since my first year of nursing.

How long have you been with Oncology Specialists of Charlotte, and how did you find your way there?
I have been at OSC for almost six months as an NP. However, I also worked there as an infusion nurse a few years ago. Initially, I met Dr. Favaro when he rounded in the inpatient oncology unit. I had worked as an inpatient nurse my entire nursing career, but had an interest in working as an infusion nurse. One day, when Dr. Favaro was doing his inpatient rounds, I approached him to express my interest in joining his practice, and subsequently, I joined OSC.

Tell me about your past roles.
Before I became an NP, I spent my entire nursing career as an inpatient bedside nurse and have worked at three different hospitals. I worked one year in med-surg, and the rest of my career has been in hem/onc. I've also worked for one year as an infusion nurse at my current practice, OSC.

What are some of your primary responsibilities now?
Some of my primary responsibilities include assisting and collaborating with the physicians, performing history and physical assessments to accurately diagnose, developing and evaluating treatment plans, monitoring patient conditions, managing chemotherapy symptoms and side effects, and providing chemotherapy education for patients.

What are some of the challenges of your job?
Personally, one of the most challenging parts of my role is keeping up with the educational demands of cancer care. There have been immense medicinal advancements, and every day, there is an introduction of

new drugs and therapies in cancer treatments. The evolution in cancer treatments requires me to partake in continuous learning and educational sessions to stay up to date and informed on the most effective cancer treatments/therapies available to our patients.

What do you feel is your greatest skill as a nurse?
I would say one of my best skills as a nurse is my ability to listen to my patients. I feel like this skill fosters trust, respect, and a stronger partnership. I like to encourage patients to express their concerns and needs as this conveys a sense of genuine care from my part.

What do you enjoy most about your job?
Getting to know patients on a personal level helps create rapport and comfort. When I get to know them on a personal level, I develop a good sense of their preferences and wishes in regard to their medical care. This helps promote a strong patient/provider relationship and ultimately trust.

What do you find most rewarding about your job?
When I help my patients improve their well-being, either physically or emotionally, whether it is alleviating their physical pain or providing emotional comfort, it provides me with a sense of accomplishment. I've always felt that my purpose as an oncology nurse is to support and help my patients heal in every way possible. When I can accomplish that, it is certainly a fulfilling experience for me.

What have you learned being a nurse?
Working as a nurse has helped me become more compassionate and empathetic, not only in my profession but also in life. One thing that has helped me have more compassion and empathy is putting myself in my patients' situations, feeling what they are feeling, and experiencing their adversities. This helps me truly understand their emotions and feelings. Working in oncology, I find it essential to look at things from a patient's perspective. These experiences have taught me the importance of kindness and sympathy towards others.

If you had not chosen nursing, what profession do you think you might have chosen?
I always find this difficult to answer, but if I weren't a nurse, I would've been a registered dietician because it was my second choice as my college major. I've always been passionate about healthy nutrition and eating; it's something I incorporate into my personal life.

What advice would you share with someone thinking of entering the nursing field?
Just like many other medical professions, nursing is a very rewarding career yet challenging. The most notable challenges that I experienced were the rigorous schooling and the demands of the role; however, nursing also offers many great opportunities, including medical specialization, professional growth, and career advancement. I benefited from the career advancement opportunities, going from med-surg RN to a specialized NP role in hem/onc. I would encourage prospective nursing students to pursue a career in nursing, as it can be a very rewarding career; it certainly has been for me.

How do you like to spend your free time?
During my free time, I enjoy exercising and staying active, traveling to other countries, and spending time with friends and family.

What is your guilty pleasure?
Sleeping in late on weekends.

Asthma & Allergy Specialists Pleased to Announce the Addition of Thomas Offerle, MD to the Team

Tell us a little about yourself and how you got your start in medicine.
I was born and raised in a close-knit family and community in Greenville, South Carolina, and have had ties to the Charlotte area my whole life. Growing up, I developed a strong interest in science and biology during high school. Combined with my extroverted nature and love of connecting with people, I knew early on that becoming a physician was the right path for me.

I attended Clemson University for my undergraduate degree, where I met my wife, Hannah. After college, I moved to Charleston to attend the Medical University of South Carolina (MUSC), followed by a pediatrics residency at Emory University in Atlanta. Most recently, I completed my Allergy and Immunology fellowship at the University of Virginia and have relocated with my family to Charlotte.

How did you land at Asthma & Allergy Specialists, PA?
The first draw for my wife and me was the city of Charlotte. As a child, I have fond memories of Panthers games, school field trips to Discovery Place, and riding my first roller coaster at Carowinds. After training, a move back to the Carolinas felt like coming home.

When I explored career options, Asthma & Allergy Specialists stood out immediately. During my visit, it was clear that the practice delivers high-quality care while fostering deep, long-standing relationships within the community. It felt like a natural and easy fit.

What makes your practice unique in our community?
I've had the opportunity to live and practice medicine in three different Southern states, in both urban and rural settings. Additionally, my fellowship program emphasized treating both adults and children, which allows me to care for entire families over time. This continuity of care—paired with a broad clinical experience—equips me to understand and address the allergic and immunologic challenges facing our diverse community.

I'm honored to be joining Asthma & Allergy Specialists, a practice that has proudly served the Charlotte community for nearly 40 years. Known for its commitment to excellence in the diagnosis and treatment of allergies, asthma, and pulmonary conditions in both adults and children, this practice has built a legacy of compassionate, high-quality care. With an outstanding allergist, two board-certified pulmonologists, and an excellent nurse practitioner, Asthma & Allergy Specialists has long been a trusted resource for patients and families.

I'm excited to uphold this tradition of excellence while also bringing new areas of focus to the practice. Some additional conditions treated include allergic dermatitis, patch testing, food allergies, eosinophilic esophagitis, basic primary immunodeficiency, and medication/drug allergies.

What do you enjoy most about your work?
One of my favorite aspects of medicine is the opportunity to form lasting relationships. In allergy and immunology, I'm trained to treat both children and adults, which allows me to build trust and continuity with individuals and families over time. To me, good healthcare is founded on that trust. Without it, care can easily become ineffective and burdensome.

I also love the teaching aspect of my job. Most physicians have spent a decade or more in training before beginning their careers, and one of the most rewarding parts of my day is using that knowledge to empower patients, helping them make informed decisions that they feel are right for their health.

What is your goal for your patients and the practice?
First and foremost, I want to help people—that's the reason I went into medicine, and it remains my top priority. Beyond that, I aim to build meaningful, long-term relationships and share knowledge with patients and the community.

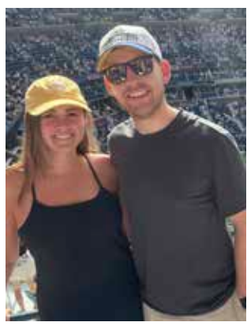
What would you like to communicate to primary care and referring physicians?
Allergy and immunology is a specialized field with unique complexities that can be difficult to navigate in the fast-paced world of primary care. My goal is to serve as a reliable resource to our internal medicine and pediatric colleagues, helping to ease their burden while supporting comprehensive, collaborative care. I deeply value the relationships with our referring providers and believe they are essential to creating the best outcomes for our shared patients.

What do you enjoy outside of work?
Outside of the clinic, my favorite thing to do is spend time with my family and friends. My wife and I recently welcomed our first child, Graham, in June, and since moving to Charlotte, we've been grateful to reconnect with many longtime friends.

I also enjoy staying active—growing up, I played a variety of sports, and I still love playing basketball, soccer, and tennis recreationally. My wife often teases me for picking up new (and often random) hobbies. Piano lessons didn't stick, so now I'm learning how to play chess!

We're excited to explore all that Charlotte has to offer—from restaurants to local events—and have enjoyed settling into our new home and neighborhood. So far, Charlotte has struck a great balance: it has the feel of a small town, with all the amenities of a vibrant, growing city.


The AAS Physicians: Dr. William Ashe Jr, Dr. Hugh Black II, Dr. Thomas Offerle & Dr. C. Thomas Humphries.



PEDIATRIC OCCUPATIONAL THERAPY & BOWEL AND BLADDER DYSFUNCTION

Sarah Evanko, MSOT, OTR/L
Child & Family Development

Caroline Ward, OTD, OTR/L
Child & Family Development

Constipation may cause issues with toileting in up to thirty percent of children, according to the Mayo Clinic. An even greater number of children struggle with potty training, day/nighttime wetting, urinary frequency, withholding urine or stool, urinary urgency, incomplete emptying, or fecal incontinence. Bowel and bladder dysfunction in children is sensitive and can pose challenges for the whole family. Unpredictable bowel and bladder habits can make it challenging for children to fully engage in everyday activities such as school, recreation/leisure, and social participation. These bowel and bladder problems can be challenging to address as they are usually not isolated to dysfunction of the pelvic floor muscles. To holistically evaluate bowel and bladder dysfunction for children, specially trained occupational therapists will consider a child's motor coordination, sensory processing, strength, feeding/eating habits, sleep, daily routines, mental health factors, and current toileting habits. Occupational therapists (OTs) may be uniquely poised to address pediatric bowel and bladder dysfunction through a holistic and client-centered approach.

GOOD TO KNOW

Understanding how toileting falls within the scope of occupational therapy is essential when considering OT's role in addressing these dysfunctions. According to the American Occupational Therapy Association, toileting and toilet hygiene is an activity of daily living (ADL) defined as "obtaining and using toileting supplies, managing clothing, maintaining toileting position, transferring to and from toileting position, cleaning body, and caring for menstrual and continence needs, as well as completing intentional control of bowel movements and urination and, if necessary, using equipment or agents for bladder control". Improving a child's performance of their ADLs through rehabilitative or habilitative intervention is a cornerstone of an occupational therapist's practice. OTs with specialized training in pediatric bowel and bladder disorders gain additional knowledge of the musculature of the pelvic floor and a deeper understanding of typical bowel and bladder development and function. This allows for skilled, tailored evaluation and treatment of common conditions impacting a child's ability to toilet independently and effectively.

To holistically address complex bowel and bladder challenges, pediatric pelvic floor practitioners must address the functioning of the child's musculoskeletal system. Even toileting concerns that start behaviorally can alter the structure and functioning, which is why pelvic floor therapists will address both concerns. Pediatric pelvic floor therapy uses noninvasive techniques to improve the strength and coordination of muscles involved in toileting. If a child is unable to maintain an upright position while toileting, general core and postural strengthening may be needed to support healthy digestive function. Some children may need to be taught how to relax their pelvic floor muscles to support the release of urine or stool. In pediatrics, teaching how to contract and relax pelvic floor muscles is often paired with diaphragmatic breathing activities that are engaging for children, including blowing bubbles, pinwheels, balloons, or musical instruments.

In addition to musculoskeletal considerations, a child's dietary habits can play a significant role in bowel and bladder function. Eating and feeding challenges are common treatment areas for pediatric occupational therapy that are important to consider when working with children with bowel and bladder dysfunction. Some foods and drinks are bladder irritants, which can increase urinary urgency and give children less control over their bladder. Other foods contain high levels of soluble or insoluble fiber, which can both bulk up and soften stool. Water intake is important for urine and stool production and output, and the timing of water intake throughout the day can also play a role in treatment. Occupational therapists can work with children and parents to identify possible dietary issues, including bladder irritants, lack of fiber, decreased diversity, or limited water intake. Through interventions including food chaining, sensory exploration, and behavioral support, OTs can play a role in supporting a diet that is conducive to healthy bowel and bladder function.

Occupational therapists are often considered the experts in sensory processing, which refers to how individuals interpret and respond to information from their environment. Interoception is the sense that allows people to understand what is happening inside their bodies. Children with poor interoceptive processing may have trouble identifying when they are hot, cold, hungry, thirsty, sick, tired, or when they need to use the bathroom. These children may not recognize the urge to use the bathroom and will fail to make it to the bathroom in time. Additionally, there are many sensory factors to consider that may impact a child's comfort in the bathroom, including bright lighting, strong odors, loud sounds, or tactile discomfort from toilet paper or clothing. These children may benefit from the support of an OT to develop adaptations or modifications to the toileting environment to help them feel comfortable and regulated in the bathroom.

Pediatric occupational therapists with pediatric bowel and bladder dysfunction training are uniquely equipped to identify and treat the broad range of developmental areas that directly impact healthy toileting habits.

Building Health Through Community-Based Research:

The Family Medicine Research Network

Rebecca Hayes, MD, MBA-HM, CPE, FAAFP, Interim Chair, Department of Family Medicine, Atrium Health

"Research success is not measured solely in grants and publications, but also in the relationships that sustain meaningful inquiry." – Dr. Tapp

Putting Practice into Research

Family medicine is where most patients first turn for healthcare — and where the most pressing questions about everyday health and wellness arise. The Department of Family Medicine at Atrium Health has built a robust tradition of advancing primary care research through community engagement and practice-based collaboration. What began nearly two decades ago with the launch of the Mecklenburg Area Partnership for Primary Care Research (MAPPR) has grown into a nationally recognized practice-based research network (PBRN) dedicated to answering the questions most relevant to patients, providers, and communities.

Why Practice-Based Research?

Clinical trials often draw on highly selective patient populations—well-insured, middle-to-upper income, and with limited comorbidities. In contrast, practice-based research brings studies into real-world primary care practices where patients reflect the true diversity of our communities: a spectrum of ages, income levels, insurance status, and health complexities.

As Hazel Tapp, PhD, Vice Chair for Research and Director of the Center for Primary Care Research, explains, "If we want more evidence-based practice, we need more practice-based evidence." This guiding principle drives the department's PBRN to design and implement research that is relevant, inclusive, and impactful.

A Collaborative Approach

The backbone of the network is a model of shared decision-making and community engagement. Patient and provider advisory groups meet regularly to help shape research questions, refine study design, and guide implementation. For example, the Asthma Stakeholder Advisory Board, launched in 2013, continues to ensure that studies addressing asthma management reflect the needs and perspectives of patients and families.

This participatory approach not only improves the quality and equity of research but also enhances sustainability by embedding findings into everyday practice.

Current Studies Driving Innovation

The Family Medicine research team is currently leading and contributing to a diverse portfolio of projects, many funded by NIH and PCORI, that address pressing issues in chronic disease and primary care:

- **Coach McLungs™** – An app-based intervention for pediatric asthma. Early results show improved asthma knowledge and management among participating families.
- **PREVENTABLE** – One of the largest NIH-funded pragmatic trials, studying the role of statins in preventing dementia, disability, and heart disease in older adults.
- **Heart 2 Heart BP and RHYTHM-BP** – Statewide trials testing innovative, team-based models for hypertension control, including home monitoring and pharmacist- or community health worker–supported care.
- **iTREAT** – A national PCORI-funded study comparing asthma treatment strategies.
- **PRECIDENTD** – A pragmatic trial evaluating GLP-1 receptor agonists vs. SGLT2 inhibitors for cardiovascular and renal outcomes in type 2 diabetes.

Together, these projects reflect the network's mission: to improve health through innovative research and collaboration, with values that are patient-centered, inclusive, and rigorous.

Beyond the Numbers: Building Relationships

Research success is not measured solely in grants and publications, but also in the relationships that sustain meaningful inquiry. Community partners such as transplant coordinators, asthma advocates, and patients living with chronic conditions contribute invaluable insights. As highlighted in the most recent newsletter, these partnerships have led to publications and practice changes that extend beyond the clinic walls.

Equally important is the cultivation of future physician-researchers. Faculty such as Thomas Ludden, PhD, Director of Data Analytics and Population Health, mentor medical residents as they meet scholarly requirements and develop skills to translate evidence into practice.

Looking Ahead

The future of family medicine research lies in continuing to bridge the gap between academic discovery and community application. By embedding clinical trials, implementation science, and community-based participatory research within primary care, this ensures that evidence is generated where it matters most: in the practices where patients seek care every day. This work positions the department as a national leader in practice-based research and, more importantly, as a trusted partner to the communities it serves.

"By embedding clinical trials and community partnerships in primary care, we ensure evidence is generated where it matters most." – Dr. Tapp

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