

MARCH 2026 | ISSUE 3

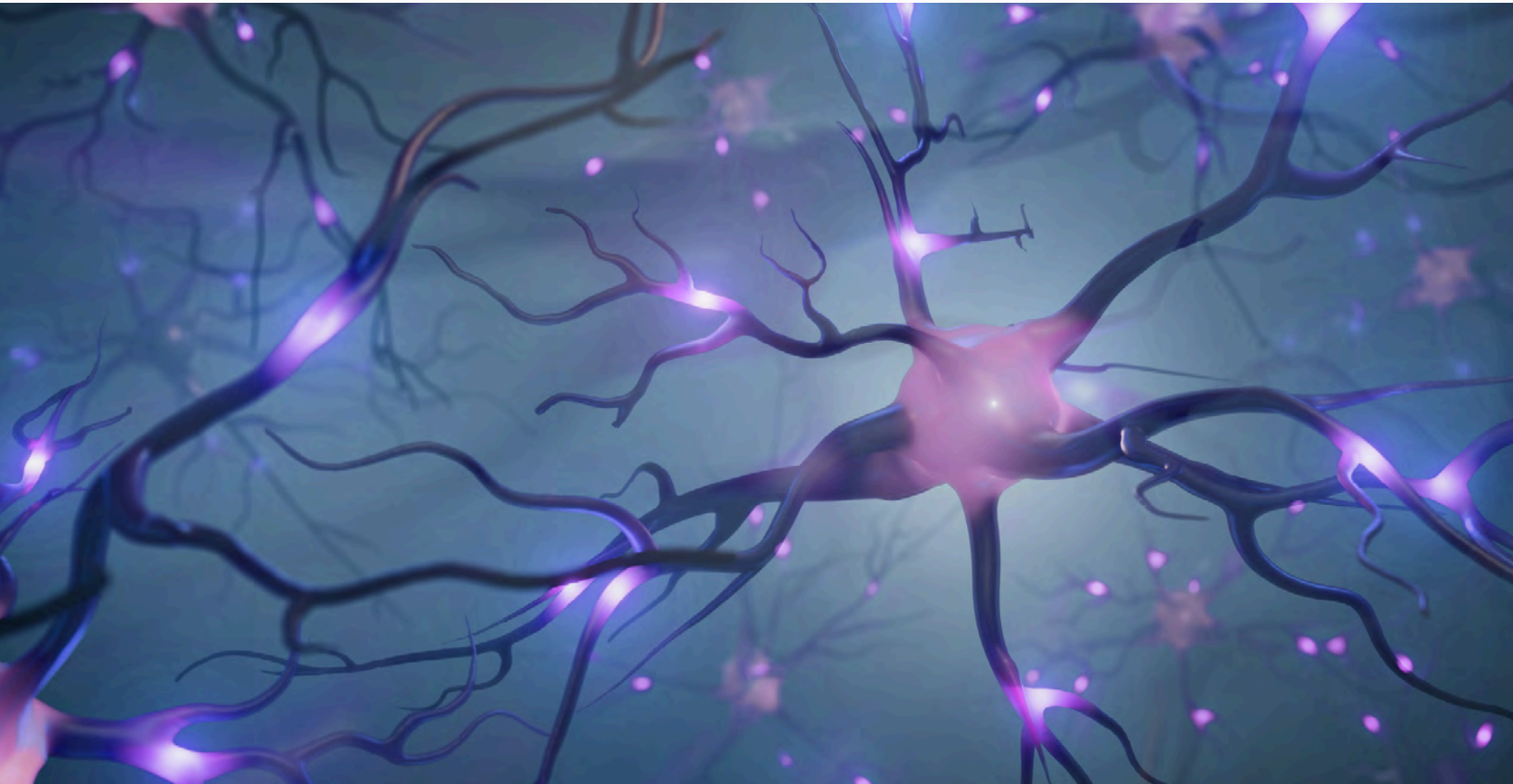
---

# THE GEORGE WASHINGTON UNIVERSITY

---

WASHINGTON, DC

The Clinical Neurosciences Newsletter



The GW Medical Faculty Associates  
2150 Pennsylvania Avenue  
NW Washington, D.C. 20037  
202-741-3000

## IN THIS ISSUE

**OUR NEWS - 2**

---

**WHAT'S NEW IN NEUROLOGY -  
3**

---

**INTERVIEW WITH DR. ELSA  
ALASWAD 4-6**

---

**2026 GRAND ROUNDS - 7**

---

**CONNECT WITH US - 8**

# OUR NEWS



The GW Epilepsy team's paper titled "Ictal Fear of Death with Preserved Context Dependent Speech and Postictal Amnesia in Focal Epilepsy" was published in Frontiers of Neurology (in press).



We are happy to announce the start of a collaboration between the multidisciplinary Functional Seizure and Neurological Disorders Clinic and the GW Outpatient Rehabilitation Service under the leadership of Mr. Michael Taber. This collaboration will facilitate scheduling and provide more rapid access to rehabilitation services specifically targeting functional neurological disorders. Please feel free to reach out directly to Dr. Yamane Makke with any referrals or questions.



Dr. Pritha Ghosh received the Distinguished Teacher Award and Dr. Victoria Vinarsky received the Pillar of Excellence Award



# WHAT'S NEW IN NEUROLOGY

PROVIDED BY DR. ARIEL LEFLAND

---

## WHAT'S NEW

**Bruton Tyrosine Kinase Inhibitors (BTKi) are emerging as a new class of disease modifying therapies in multiple sclerosis (MS), but further study is still needed.**

## WHY IT MATTERS

**Therapeutic options for primary progressive MS (PPMS) and secondary progressive MS (SPMS) remain limited. Ocrelizumab (Ocrevus) remains the only FDA-approved medication for the treatment of PPMS. While great progress has been made over the last 5-10 years in the treatment of relapsing disease, a complete understanding of the pathophysiology of progression in MS remains a barrier to finding effective therapeutics.**

**Therapies currently being investigated include BTKi's. BTK is a kinase expressed by many hematopoietic cells. Inhibition of BTK prevents B-cell-dependent T-cell activation and antigen-triggered B cell activation and decreases production of pro-inflammatory cytokines. BTK also plays a role in activation of microglia, which is also implicated in demyelination. BTKi's may have the ability to cross the blood brain barrier, which may be an important mechanism contributing to drug efficacy.**

**Some BTKi's have shown promising results in phase II trials for relapsing MS. Evobrutinib and tolebrutinib were found to decrease gad-enhancing lesions; however, evobrutinib did not decrease the risk of disability progression and tolebrutinib did not reduce relapse rate compared to teriflunomide. Tolebrutinib was studied in SPMS and showed a 31% relative risk reduction in 6-month confirmed disability worsening compared to placebo. Several other BTKi's are in development and phase III trials for SPMS and PPMS. Long term efficacy of these treatments remains a concern as do side effects, including hepatic toxicity. As of early 2026, the FDA has not approved a BTKi for MS. Understanding the mechanisms of progressive disease and finding therapeutics for SPMS and PPMS remain important areas of study in MS.**



Interview with

# Elsa Alaswad, MD



# Interview with Elsa Alaswad, MD

## Please tell us about your current role at GW?

I'm currently a Neurophysiology fellow at the George Washington University, and my training is a blend of EEG and EMG within a Clinical Neurophysiology framework. While I'm learning both, my primary interest is in EEG because I'm more drawn to central nervous system disorders than peripheral nervous system disease.

When I'm on the epilepsy/EEG portion of the fellowship, I spend a significant amount of time interpreting EEGs and strengthening my epileptology foundation. On the neuromuscular side, I'm in the EMG lab developing procedural skills, performing EMGs, refining my technique, and continuing to sharpen my neurological and physical examination skills. Overall, the fellowship is helping me grow into a stronger neurologist and is aligned with my long-term goal of becoming a neurohospitalist.

## Why have you chosen this route?

Initially, I was considering going directly into practice after residency, but after discussions with my GWU mentors, I developed a plan to pursue a one-year fellowship to position myself competitively for an academic neurohospitalist role.

The reality is that many academic positions increasingly prefer fellowship-trained neurologists, and I wanted to keep my options open and have more flexibility in the types of roles I could pursue.

As for why Clinical Neurophysiology rather than epilepsy specifically, I aimed at both deepening my EEG interpretation skills and readying myself for a broader neurologic practice.

## How does fellowship feel different from residency?

Fellowship is definitely its own world, it's not simply a continuation of residency. I don't feel like a PGY [post-graduate year level] anymore; I am enjoying a different level of autonomy. The environment is more collegial and I am treated more like a junior colleague than a trainee.

I enjoy a strong support from faculty and the Program Director, but there's a greater sense of responsibility, more involvement in clinical decision-making, and a clearer transition toward independent practice and functioning like an attending.



# Interview with Elsa Alaswad, MD

## What have been the most enjoyable and most challenging parts so far?

The most enjoyable part has been the learning itself, especially the time spent building procedural confidence in the EMG lab and continuing to grow in EEG interpretation. Another aspect I've really appreciated is the collegial culture. Working closely with faculty and co-fellows creates a supportive environment, and it feels like a team where people genuinely invest in one another.

A relatively challenging part for me has been the outpatient care component. As valuable as outpatient care is, my interests and strengths are more aligned with inpatient neurology. That said, it's still an important part of training, and it contributes immensely to my well-roundedness as a neurologist.

## What career path are you considering after fellowship?

I'm focused on both academic neurohospitalist positions and maintaining and developing my EEG skills.

## Beyond clinical work, are you involved in research or other projects you'd like to share?

Yes, I'm involved in a CIDP clinical trial with Dr. Richardson as a blinded assessor. It's been a meaningful experience because I feel like a valued member of the research team. In many clinical trials, the team is multidisciplinary, often with physical therapists, administrators, and coordinators, so being one of the investigators comes with a real sense of responsibility and contribution. It's rewarding to feel that your expertise is directly impacting innovations in health care.

## How long have you been at GW, and what do you like most about it?

I've been at GW since 2021, when I started residency. I also did my undergraduate studies at GW starting in 2010, then left for medical school, and later returned. Coming back felt pleasantly familiar. I knew the environment and Washington, D.C., and that made the transition into residency smoother.

What I like most about GW, though it sounds like a cliché, is the people. The relationships and friendships I've built here are the kind I expect to carry long-term. I also appreciate the balance between autonomy and support: there's enough independence to develop confidence as a physician, but strong attending support when you need it. That combination prepares you well for becoming an independent clinician.

## To close, is there a message you'd like to share with medical students and residents?

The biggest advice I'd give is: be yourself with patients. Professionalism matters, of course, but it's also important to remember that medicine is a human interaction. You're not only providing clinical care, you're connecting with another person and often serving as a source of support through a difficult time. Patients appreciate when you're genuine, when the interaction feels natural rather than overly scripted or robotic. And as AI becomes more integrated into healthcare, I think it's even more important to protect what can't be automated: empathy, presence, and the human side of being a physician.



**GW**  
**2026**  
**Clinical Neurosciences**  
**Grand Rounds**

**Date: Every Tuesday**  
**Location: Live Webcast**  
**Time: 8 A.M. E.S.T.**

**[GRAND ROUNDS LINK >>](#)**



Connect with us



*Thank you*

The GW Medical Faculty Associates  
2150 Pennsylvania Avenue  
NW Washington, D.C. 20037  
202-741-3000



THE GEORGE WASHINGTON  
UNIVERSITY **HOSPITAL**

