

The Bulletin

OF THE HILLSBOROUGH COUNTY MEDICAL ASSOCIATION

November/December 2019



Ed Schuman '97



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Upcoming Events

Executive Council Meeting
6:00pm at the HCMA Office
 February 18, 2020

HCMA Contingency
Visit to Tallahassee
 January 22, 2020

Call the HCMA to RSVP
 for any of these events:
 813.253.0471.

HCMA Membership Dinners
6:30pm at the Westshore Grand
 February 4, 2020
 May 12, 2020
 September 1, 2020

23rd HCMA Foundation
Charity Golf Classic
Carrollwood Country Club
 April 2, 2020

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To submit an article, letter to the editor, or a photograph for *The Bulletin* cover, please contact Elke Lubin, Managing Editor, at the HCMA office. All submissions will be reviewed by Bulletin Editor, David Lubin, M.D. We encourage you to review *The Bulletin's* "Article Guidelines" which can be faxed or emailed to you.

The Bulletin is YOUR publication. You can express your views and creativity by participating.

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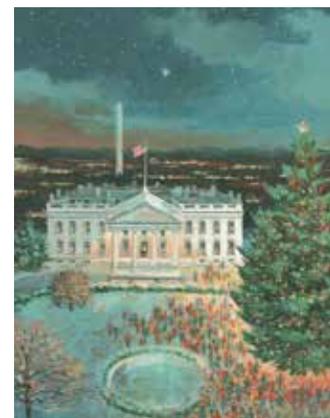
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ABOUT THE COVER

Artist Edward Lehman painted three White House State Rooms for Jacqueline Kennedy for Christmas gifts. Dr. and Mrs. Seeley commissioned Mr. Lehman to create art for the First Edition of "Season's Greetings from the White House." See page 14 to read about the Seeleys' incredible collection.

Please visit www.whitehouseholidays.com to order books and other memorabilia.



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President's Message

An Intentional Pause

Jayant Rao, MD
jdrao07@gmail.com



What is your personal mission?
Are you bringing your best self to those who matter most in your life?
Are you using your time the way you want to?
What is driving the choices you make?
Are you taking time out to take care of yourself?
Are you happy and fulfilled in your life?

These are just a few of the many questions I was fortunate to explore for myself at a recent BayCare-sponsored physician wellness retreat.

If you have never attended such a retreat, I HIGHLY recommend it. Together we attendees had the amazing opportunity to take a deep dive into ourselves - our motivations, our values, our goals, our purpose, and our vision for the future. The retreat leader framed it as taking “*an intentional pause*.” In other words, deliberately setting aside time in our hectic, over-scheduled lives to slow down and take stock of where we are, how we got here, and where we are going.

Anyone who's flown on a commercial airline is familiar with the standard safety instructions advising that in the event of an emergency, “put your oxygen mask on first before helping those around you.” Taking an intentional pause is the intellectual equivalent of doing just that and, similarly, committing this time for yourself will then allow you to be at your best for everyone else in your life.

Sadly, as a group, physicians tend to be notoriously TERRIBLE at dedicating time for such matters. The culture of medicine, much like that of the military, tends to promote an attitude of stoicism and self-sacrifice. Don't show your emotions. Be strong and resilient. Don't make any mistakes. Don't ask for help. Put the needs of others ahead of your own. These are just a few of the many ideals we are taught to uphold as physicians. While noble in many regards, these often-isolating cultural norms cause many physicians to suffer in silence. Physicians are typically loathe to ask for help or show any sign of weakness or vulnerability, lest others question their commitment, determination, or fitness for the job. This mentality has contributed in part to the current burnout epidemic we are facing today and

even more tragically, explains the results of a recent Medscape study that found that physicians commit suicide at a higher rate than any other profession.

Clearly, this is a problem that can no longer be ignored. So, why should you call a personal time out and take an intentional pause? Because doing so will empower you to live your best life, while conversely, not doing so might quite literally kill you!!

Now, perhaps you are thinking to yourself, “This personal retreat stuff sounds very nice and all, but where will I find the time???” As someone who is perpetually over-extended, believe me, I can relate. The truth is, you will never *find* the time. You will have to *make* the time!

Have you ever noticed how when life throws us a curveball (a flat tire, an unexpected illness, etc), we somehow manage to reshuffle things and get it handled? If we can create the time to deal with life's unexpected challenges, can we not also reorganize our schedules to commit some time for ourselves to delve into what matters most to us?

That's where the ‘intentional’ part becomes so vital. If you don't *deliberately* carve out your ‘pause’, I can assure you, it will never happen. If you don't take ownership of your time, life has a way of filling it for you. You will spend your time putting out fires and drifting aimlessly like a rudderless ship. This is a very reactive approach to life and can leave you feeling disempowered and unfulfilled.

So, rather than squandering your time reacting to what life throws at you and taking it for granted that ‘someday’ you'll have more time to pursue your dreams, I invite you to take an intentional pause and get clear about your purpose and your priorities. Then, consciously minimize any activities that don't further your mission and, instead, dedicate your time to that which is most important to you. Don't wake up in another year or two or ten and wonder where all the time went. Instead, be like an artist with a blank canvas before them and choose each stroke with intention and purpose.

This is a path of meaning, fulfillment, and accomplishment. A life you can look back on with pride and peace of mind knowing that you utilized the gifts, talents, and opportunities that were bestowed upon you and made the most of them. As any athlete can attest, there is no better feeling than knowing win, lose, or draw that you left it all out on the field. That is the life I

(continued)

President's Message (continued)

hope to lead myself and wish for each of you and yours. That is a life well-lived.

As physicians, we have proudly dedicated our lives to serve the wellbeing of others. Why not honor that pledge by doing everything you can to bring your best self to the people who count on you, both at work and at home.

So, in conclusion, with the New Year just around the corner, take charge of your life! Commit to taking an intentional pause and re-center, recharge, and refocus. Go out and make 2020 your best year ever! Your friends, family, significant other, coworkers, and patients will thank you for it!

Special thanks to BayCare, OneTeam Leadership, and especially to Bruce Flareau and Nicholas Beamon for an amazing, life-altering experience. I am grateful for the opportunity to explore my life and my future and hope I can inspire others to do the same.

HCMA Foundation Physician Wellness Donations

Many thanks to these additional contributors to the HCMA Physician Wellness Program!

For more details about the program, and how to help, contact Debbie Zorian, HCMA Executive Director, at 813.253.0471 or DZorian@hcma.net.

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Pamela Baines, MD

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Physicians Wellness

Burnout Management Moment

7 Ways Pets Improve Your Health

When you come home to a purr or wagging tail at the end of a stressful day, the sudden wave of calm you feel isn't just your imagination. Research suggests that your fluffy friend truly is good for your physical and mental health. "Pets often provide unconditional acceptance and love and they're always there for you," says Gary A. Christenson, MD, chief medical officer at Boynton Health Service at the University of Minnesota. "There is a bond and companionship that makes a big difference in mental health," not to mention the extra exercise you get from walks and playtime.

- Pets may lower your cholesterol
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- Pets may prevent allergies in children
- Pets relieve depression

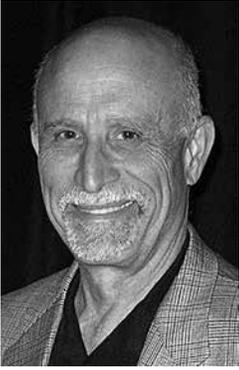
The full article originally appeared on Health.com May 11, 2014.

Editor's Page

What's in a name?

David Lubin, MD

Dajalu@aol.com



Take a look at the following four words. Three represent names of drugs and one is comprised of seven letters chosen randomly from my Scrabble game. Can you guess which one? (Answer at the end)

- 1-Duobrii
- 2-Ruzurgi
- 3-Iadaxii
- 4-Cablivi

I've always (not so much now, except when I see ads on TV) wondered how they came up with new drug names. Maybe you have too. Well, here's how.

In the late 80s Lilly finally marketed Prozac. Its chemical name was *N-methyl-3-phenyl-3-[4-(trifluoromethyl)phenoxy]propan-1-amine*, but Lilly made an application to the United States Adopted Names (USAN) Council (of which other countries have similar entities), and suggested the name *fluoxetine*. The generic name was OK'd and then the company worked on a brand name, which is usually done in conjunction with a marketing company.

The USAN Council (more about this "Council" later) has some rules when naming meds. You can't call something "curitol."

- Prefixes that imply "better," "newer," "more effective," or those that evoke the name of the sponsor, dosage form, duration of action, or rate of drug release should not be used.
- Prefixes that refer to an anatomical connotation or medical condition are not acceptable.
- Certain letters or sets of letters also aren't allowed at the beginning of new generic names. These include *me*, *str*, *x*, and *z*.

Every name has two main parts. The back half of the drug name is the same for all drugs in a particular class; there are a whole raft of cholesterol-lowering drugs that end in *-vastatin*: atorvastatin (Lipitor), fluvastatin (Lescol), rosuvastatin (Crestor), simvastatin (Zocor), and several others. Some other class suffixes include:

- *-oxetine* for a class of antidepressants, such as fluoxetine (Prozac).
- *-sartan* for a class of blood-pressure-lowering drugs, such as losartan (Cozaar).
- *-afil* for a class of drugs used for erectile dysfunction, such as sildenafil (Viagra).
- *-lukast* for a class of anti-asthma drugs, such as montelukast (Singulair).
- *-azepam* for a class of anti-anxiety medications, such as diazepam (Valium).
- *-coxib* for a class of anti-inflammatory pain relievers, such as celecoxib (Celebrex).
- *-dronate* for a class of drugs that prevent calcium loss, such as alendronate (Fosamax).
- *-formin* for one class of diabetes drugs, such as metformin (Glucophage), and *-glitazone* for another class, such as rosiglitazone (Avandia).
- *-prazole* for a class of stomach acid reducers, such as esomeprazole (Prilosec).
- *-conazole* for a class of anti-fungals.
- *-vir* for antivirals, with a number of subclasses, including *-amivir* for a class that includes the anti-flu drug zanamivir (Relenza), *-ciclovir* for a class that treats herpes such as famciclovir (Famvir), and *-navir* for antiretrovirals for HIV treatment, such as indinavir (Crixivan).
- *-stat* for enzyme inhibitors, with a whole bunch of subclasses — for instance, *-becestat* means it's a beta secretase inhibitor (doesn't that help you? It would if you were a pharmacist).

And the suffixes can be based on particular descriptive terms, such as *imod* for *immunomodulators*. And sometimes they're just made up. The prefix can be pretty much anything as long as it's subject to the USAN Council's rules and approval. It shouldn't have any resemblance to the brand name or be offensive in any language. And again, once the generic name is accepted, it's up to the company and its marketing firm to throw some letters together for the brand name.

(continued)

Editor's Page (continued)

So exactly who comprises this Council with the relatively important task of naming generic meds? Ten to fifteen top chemists, scientists, or health professionals? Nope. The director of the Council (a quasi-public department within the AMA) is Stephanie Shubat. So, we can thank the AMA for codes and generic names. Her colleague is Gail Karet. They're camped out in the AMA offices in Chicago and are pretty much responsible for naming all the generic drugs. Their recommendations go out to the five person USAN Council, which operates primarily via email and meets in person twice a year.



Stephanie Shubat & Gail Karet

They try to make sure that the generic names remain significantly different from the brand names, so as not to confuse consumers. When that happens, patients can often just ask for the brand rather than the less expensive generic drug, for example, when Pfizer named their generic celecoxib Celebrex in the 1990s. One generic that started with "privi" was denied since it sounded like an outhouse, and they avoid generic names with the letters W, K, H, J, and Y because they can create confusion abroad for non-English speaking people, and may have different pronunciations.

So which one is the Scrabble word?

1-Duobrii is a dermatological for plaque psoriasis.

2-Ruzurgi is used to treat Lambert-Eaton myasthenia syndrome (LEMS).

4-Cablivi is used to treat thrombotic thrombocytopenic purpura (TTP).

That leaves 3-Iadaxii as the Scrabble word, and not very point worthy except for the 8-point X, unless you land on a double or triple word square and also get 50 extra points for using all your letters. Then again, you do get rid of 2 A's and 3 I's.



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Executive Director's Desk

When You're Smiling...

Debbie Zorian

DZorian@hcma.net



*When you're smiling
The whole world smiles with you
And when you're laughing
Oh, when you're laughing
The sun comes shining through...*

For those of you old enough to remember, trumpeter, composer, and jazz vocalist, Louis Armstrong sang this simple, catchy, upbeat song in 1963. Others artists prior to him such as Billie Holiday and Nat King Cole were also known to sing the popular song, but I closely identify the famous lyrics with the iconic Louis Armstrong whose own smile was known to light up a room.

Fast forwarding to current times, the charismatic Canadian (and one of my favorite entertainers) Michael Bublé sang the song on The Tonight Show with Jimmy Fallon in November 2018. He was promoting his new album *Love*, and at the same time announced his 27-city tour of North America which launched right here in Tampa at the Amalie Arena two months later. Yes, I was there, and yes, he sang *When You're Smiling*. I admit to doing just that for over two hours straight, even during intermission!

I find it true that it's almost impossible to feel melancholy when you're smiling. Although, in today's overwhelmingly hectic world, problems and stress can keep us from incorporating those needed smiles in our daily lives. Medical experts believe that smiling can trick the body into helping you elevate your mood because the physical act of smiling actually activates neural messaging in your brain. A smile can trigger the release of mood-boosting neurotransmitters such as endorphins and serotonin which act like a natural anti-depressant. And while the release of endorphins is increased, the stress hormone cortisol is reduced.

The words of an unknown poet who wrote the following sums it up perfectly:

*A smile is cheer to you and me
The cost is nothing – it's given free
It comforts the weary – gladdens the sad
Consoles those in trouble – good or bad*

*To rich and poor – beggar or thief
It's free to all of any belief.
A natural gesture of young and old
Cheers on the faint – disarms the bold
Unlike the most blessings for which we pray
It's one thing we keep when we give it away.*

If smiling alone can have such a positive effect on us, think about the powerful health benefits of allowing laughter and humor into our lives as well. We all know that laughter has long been recognized as the best medicine for what ails us. It draws people together in ways that trigger healthy physical and emotional changes in our bodies.

Research regarding the beneficial effects laughter has on our health is abundant. Laughter brings about positive feelings that remain with us even after the laughter subsides. More than just a respite from sadness and pain, laughter gives us the courage and strength to find new sources of meaning and hope. And it's true that laughter is contagious. Just hearing laughter primes our brain and the domino effect begins.

As the HCMA focuses on the overall well-being for its members through our Physician Wellness Program, encouraging topics such as this will be incorporated in our endeavors to help members deal with stress and burnout. The facts below confirm just how emotionally, mentally, and physically beneficial merriment can be:

- Laughter stops distressing emotions, relieves physical tension, and boosts mood.
- Laughter helps us relax, recharge, and shift perspective.
- Laughter strengthens the immune system, decreasing stress hormones and increasing immune cells and infection-fighting antibodies.
- Laughter triggers the release of endorphins, the body's natural feel-good chemicals which promotes an overall sense of well-being.
- Laughter protects the heart by increasing blood flow which improves the function of blood vessels and lowers blood pressure.
- Laughter lightens anger's heavy load, enabling us to move on from confrontations without holding onto bitterness or resentment.

(continued)

Executive Director's Desk (continued)

- Laughter draws us closer to others, which can have a profound effect on all aspects of our mental and emotional health.
- Laughter may even help us live longer! Doctors have found that people with a humorous and positive outlook on life tend to fight diseases better than people who are pessimistic.

With so much power to heal and renew, the ability to laugh easily and frequently is a tremendous resource for all mankind. And even in the most difficult of times, a simple smile or hearty laugh can go a long way toward making us and others feel better. Best of all, this priceless medicine is fun, free, and easy to use.

As we are nearing the end of another year, many people worldwide will be pondering their past and counting their blessings while making plans to improve the coming year by

focusing on their mental and physical wellbeing. Personally, I will make it a point to include more smiles and laughter on my “goals to stay healthy” agenda for 2020.

If smiling is something that doesn't come natural to you but you wish it did, put in your earbuds, choose the infamous song, and listen as Louis Armstrong sings...

Or, if a bout of laughter can help alleviate stress you may be feeling at any given time or day, pick up your *Bulletin*, turn to this page, and glance at the photo below. It might be just enough to do the trick...



***MAY YOUR HOLIDAYS AND NEW YEAR BE FILLED
WITH SMIRKS AND SMILES, GIGGLES AND GUFFAWS!***

Warmest wishes from the HCMA Administrative staff: Elke, Kay, Jean & Debbie

Committee Update

Government Affairs Committee

Michael Cromer, MD
Chairman, Government Affairs Committee
drmcromer@gmail.com



Clearly communicating the main legislative issues that are important to our patients and our members is one of the key missions of our committee and of the HCMA. Since the last Legislative Report the committee members have been busy communicating with our legislators. We realize that we have to stay relevant and let them know that we want them to help us protect our profession and our patients.

Committee members have been meeting individually with our legislators during the last couple of months and on December 4th we will hold our annual Pre-Legislative Session Luncheon to again consolidate our presence and our issues in front of all of the key legislators and their staff.

Lastly, we have chosen Wednesday, January 22, 2020 as the date when we will have a contingency of physicians travel to Tallahassee and meet again with our legislators and attend committee meetings and legislative sessions of the House and Senate. This is a very beneficial way of strengthening our relationship and effectiveness with those who are voting on bills that have an impact on our profession and our patients. We welcome anyone who would like to travel with us and see first-hand how this system works and want to be involved in this process. If you are interested in visiting legislators in Tallahassee on January 22nd, please contact Elke Lubin at the HCMA office: 813.253.0471 or ELubin@hcma.net.

2020 Florida Legislative Session

January 14 – March 13

Hillsborough Legislators' Contact Information:

Google: "Hillsborough County Legislative Delegation"

To apply to serve as Doctor of the Day:

Mavis Knight
Office of Legislative Services
111 West Madison Street, Room 874
Tallahassee, Florida 32399-1400
knight.mavis@leg.state.fl.us
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If you are interested in serving on the HCMA Government Affairs Committee or in joining the HCMA contingency in Tallahassee during the legislative session on January 22nd, contact:

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– A Member’s All American Collection –

White House Holidays

Mary Seeley

MLS42@aol.com



Historians owe more to collectors than we usually recognize. Collectors are men and women of purpose and passion. They fall in love with a person or category or theme. They pursue and accumulate books, papers and artifacts—the memorabilia that symbolize and illuminate the objects of their affection. In doing so, they enrich the historical record and very often rescue evidence that might otherwise have vanished down the memory hole.

–Arthur M. Schlesinger, Jr.

Dr. Ronald Seeley has been a collector all his life. His passion has varied over the years. As a boy, he collected baseball cards, coins, and marbles. As an adult, Ron was drawn to antique telephones, antique eye glasses and eye wash cups, to Bedouin oil lamps, and White House China. Perhaps, his greatest contribution to society has been The Seeley Collection of Presidential Christmas Memorabilia, likely the largest collection of its kind in the country.

He became aware of historical treasures while attending a medical meeting in Washington, DC over thirty-five years ago. The proprietor of a political memorabilia shop first introduced him to official Christmas cards and gifts that had been given to the White House Staff, the Cabinet, Congress, family and friends by the Presidents of the United States. Consequently, a whole new frontier outside of medicine was opened to him.

The first item he purchased was a red velour presentation folder containing the portrait of George Washington, a gift from President and Mrs. Nixon to a White House employee. It eventually had found its way into the political memorabilia shop where Dr. Seeley found it. The purchase was life changing and only the beginning of what was to become The Seeley Collection of Presidential Christmas Memorabilia that includes well over 1,000 unique artifacts. Many are extremely rare, some are one of a kind, others are handwritten items, signed by the President and/or First Lady.

Over the years, Dr. Seeley has acquired holiday artifacts from many presidents including a 1900 Christmas gift book

signed by William McKinley; a rare handwritten letter by Chester A. Arthur; Christmas postcards from WWI and Christmas cards from WWII; a signed Christmas message of Calvin Coolidge; a Christmas book, signed to the Secretary of War by FDR, featuring his D-Day Prayer that he read to the nation as young soldiers embarked upon Normandy; and reproductions of paintings of other presidents by Dwight Eisenhower that Ike gave to his staff for Christmas. Christmas cards and gift prints signed by many Presidents include the rare Crèche Card signed by both John and Jacqueline Kennedy just days before JFK's assassination; the Green Room gift print containing an also rare Jacqueline Kennedy handwritten message to artist, Edward Lehman, for Christmas 1963. Dr. Seeley's earliest acquisition dates back to a handwritten letter by James Madison.

If Dr. Seeley had to choose a favorite item from his vast collection, within the top five would be an 1863 Christmas Eve telegram from Abraham Lincoln. Revealing his heart, the president gave instructions to deliver a Confederate POW home to his mother and father for Christmas. When Lincoln's funeral train stopped in Chicago in 1865, the boy's father delivered the eulogy for his old friend and adversary, whom he never had a chance to thank in person for the kindness shown to his family during the war.

Their presidential collection gained the Seeleys an invitation to the White House from its curator, Rex Scouten, who was especially interested in the early artifacts prior to President Eisenhower. In turn, we were interested in learning from the curator the history of many of our acquisitions. A discussion of the facts and figures uncovered many discrepancies. Concerned about the accuracy of the information in circulation, Mr. Scouten said, "Someone needs to write a book and set the record straight." Dr. Seeley quickly volunteered yours truly. With a Master's Degree in American History and a personal interest in the collection, I was the designated choice.

As the inveterate collector expanded the collection, I did original research at twelve presidential libraries, interviewed social secretaries, curators, executives at greeting card companies, calligraphers, and 22 artists who painted art for the presidents' Christmas cards. Not to be missed were the interviews with former First Ladies Betty Ford, Rosalynn Carter, Nancy Reagan, Barbara Bush, and Laura Bush with written remarks from the Johnson, Clinton, and Trump White Houses. Anec-

(continued)

A Member's All American Collection (continued)

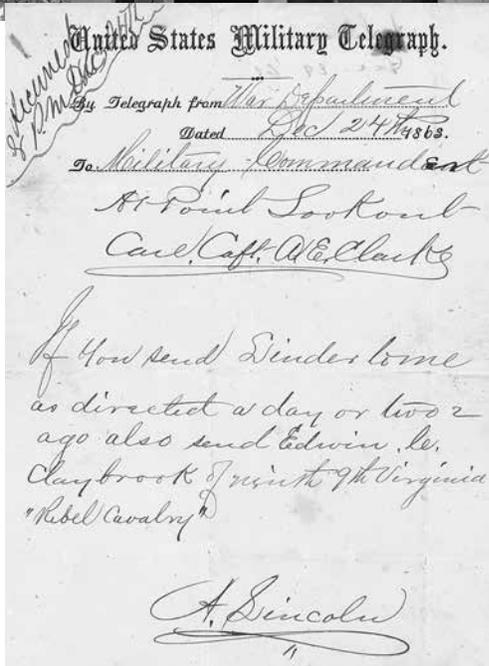
notes from First Family children, including John Coolidge, added a personal touch.

Season's Greetings from the White House was first launched in 1996 and is now in its 8th edition. The 2018 book documents nearly a century of presidential Christmas cards, messages and gifts from Calvin Coolidge to Donald J. Trump. My extensive research enabled me to share the human side of Christmas at the White House and preserve an important, but often over-looked, part of presidential history.

Over the years, The Seeley Collection of Presidential Memorabilia has been on display at the White House and ten presidential libraries and other numerous museums, where it has been viewed by more than 500,000 people.

Dr. Seeley continues his pursuit of Presidential Christmas memorabilia. His latest acquisition was a personal check, dated December 24, 1881, written to "Myself" and signed by President Chester A. Arthur. Once a collector, always a collector; just maybe, there is something new under the sun that he has missed.

Editor's note: Mary Seeley will be signing her book at Barnes & Noble, South Tampa, on December 7. If this edition of The Bulletin reaches you after the signing, please visit www.whitehouse-holidays.com to order her book or other memorabilia. - DL



With our appreciation and best wishes for happy Christmas
 (The Lincoln) Josephine Kennedy

September 10, 2019



Government Affairs Committee Chairman, Dr. Michael Cromer, provided a legislative update

Guest speaker, Roslyn Franken, gave an emotive and poignant presentation on resilience, courage, and perseverance before, during, and after the 2019 HCMA Foundation Gala. In addition to her presentation, the 2019 HCMA Foundation Gala was a night of celebration and networking.

The evening was co-sponsored by Shriners Healthcare Hospital.



The 2019 HCMA Foundation Grant Recipients were honored - above is a sampling of the organizations' attendees.



Drs. Jorge Melendez and Sami Elch



Dr. Sally Houston, representing co-sponsor Tampa General Hospital, welcomed attendees.



Dr. Maureen Maciel, representing co-sponsor Shriners Healthcare for Children, made a few comments.



Tampa General Hospital, membership d



Dr. Robert and Susan Isbell, Drs. Joel Silverfield, Bruce Shephard, Ernesto Ruas, and Manuel Carmona.



Dr. Maulik Bhalani mentored medical students during the social hour

Gallery

Membership Dinner

ional and beautiful account of her parents' resili-
 they met each other in what was "meant to be." In
 undation Grant Recipients were recognized.

Healthcare for Children and Tampa General



ahal.



Guest speaker, Roslyn Franken.



USF members.



Shriners Healthcare for Children - Tampa was well represented as one of the evening's co-sponsors.



dinner co-sponsor, was also well represented



Dr. Jairo Parada, Dr. Jorge and Diane Melendez, Dr. Rodolfo and Yvette Eichberg, Dr. Joseph and Brenda Migliozi.



Sheila Bongcayo, Dr. Jayant Rao, Roslyn Franken, and Elliott Smith.



Drs. Elizabeth Warner, Robert Maddalon, and David Tulsiaak pose with a few medical students.

The Future of Medicine

...as it relates to genomics

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Amarilis Sanchez-Valle, MD



Jennifer W. Leiding, MD

Medicine is the science of diagnosing, treating and preventing illness. In the 1900s major advancements in medicine led to the discovery of genetics and our “genetic code.” The idea that there was a “code” that dictated who we are prompted major interest among scientists and physicians. In the mid-1980s the Human Genome Project began. The project’s goal was to unravel the genetic code to advance medicine. Scientists and physicians were determined to map the human genome to unravel the mysteries that were embedded in it. The ultimate purpose was to help cure illnesses and improve our quality of life by limiting or diminishing comorbidities. Although the human genome was decoded in 2003, we could not order whole genome sequencing for clinical use until 2018.

In 1990 the first gene therapy trial was conducted in a patient with adenosine deaminase deficiency. In gene therapy, a new non-mutated gene is introduced into the patient’s stem cells by a viral vector. In the early gene therapy trials, patients developed secondary cancers as a result of gene therapy and there was even an unexpected death. Researchers developed safer viral vectors that have successfully introduced a new gene without substantial harm. These studies are early in development and therefore not widely available. There are many ongoing clinical trials for gene therapy and the future looks bright for this approach because it can cure - and not simply treat - diseases. As technology and scientists continue to unravel the mysteries of DNA, clarification of the etiology of many disorders has opened the door to developing therapies to cure various diseases. For example, in 1991 patients with Gaucher disease started receiving enzyme replacement therapy.

Pharmacogenomics, the study of how genes affect a person’s response to drugs, enables the tailoring of cancer therapy, immune responses and pharmacotherapy.

Every year new developments in genomics improve how we develop different medications, advance gene therapy and even create micro-RNA therapies to cure life-threatening illnesses.

In the area of clinical genetics, we have seen the paradigm of medicine shift from one of counseling about a genetic syndrome to one of providing treatment or even a cure. We are able to diagnose and treat!!! Until 2010, our tools to diagnose conditions were limited. With the human genome decoded and available technology, we are able to order genetic testing that can provide a specific diagnosis and confirm it at the molecular level. In this era of molecular testing we can identify a specific etiology for many diseases, enabling us to recommend much more personalized treatment options. We have therapies that include enzyme replacement, substrate reduction and enzyme substitution. Gene therapy is available for a few disorders and immunomodulation is provided for others. If there is no gene-related therapy available, we can often offer bone marrow or stem cell transplantation.

Genetics had a major breakthrough in 2013, when scientists published the advances made in gene editing by using the Clustered Regularly Interspaced Short Palindromic Repeats or CRISPR Cas9 system. This gene editing system had been studied for decades when it was discovered as a bacterial immune process to get rid of bacteriophages. Later, scientists were able to adapt it for gene editing in human and mouse cells. In general, the CRISPR Cas9 system attaches to a target section of DNA and breaks it. The cell then repairs the region by deleting (knock-out) or inserting (gene knock-in) a piece of DNA. This is a very promising genome-editing tool due to its simplicity of use, flexibility and cost. However, there are limitations such as off-target effects, delivery methods and different repair processes employed by the cell that can ultimately affect the gene product.

Today we are witnessing a new era in genetics, where patients have the opportunity to send samples for direct consumer testing, such as 23andMe, and Ancestry.com to obtain information about their individual family background and risks of having particular diseases. In addition, patients with multiple illnesses or symptoms who are referred to a clinical geneticist may obtain whole exome sequencing testing, even whole ge-

(continued)

The Future of Medicine (continued)

nome sequencing for \$1,000. Whole exome sequencing refers to evaluating the coding regions of the genome only, also known as exons. Scientists have found that there are areas outside of the coding regions that affect protein or gene expression, whole genome sequencing would include evaluation of coding and non-coding regions (introns). These tests can identify mutations or variations in over 20,000 genes. Unfortunately, for the more than 50% of patients who do not have a recognizable syndrome we are unable to identify a diagnosis even after using the most powerful tools available, namely whole genome sequencing. These tests have limitations such as identifying microdeletions, methylation defects and trinucleotide repeats. Unexpected limitations of genomics include the lack of genotype-phenotype correlations, and reduced penetrance and limitations in identifying a molecular confirmation of disease in certain patients.

We thought that sequencing one's whole genome would enable us to know everything about that person. We are far from that reality. While whole genome sequencing has provided us with enormous advances, we have to recognize that we have a long road ahead for unraveling all that is written in our DNA.

In the United States, we have a somewhat uniform panel for newborn screen disorders. We typically use biochemical testing as the first-tier testing, and genotyping as a secondary test to confirm the diagnosis. It has been proposed that whole exome sequencing should be obtained in all babies via the newborn screen to identify early any potentially treatable disorders. However, we have to recognize that there are ethical consequences in decoding someone's DNA without their consent. There is potential for psychologic stressors when someone is found to be a carrier of a heritable disease, or a mutation that causes an adult-onset illness. Also, we have to consider the financial costs of obtaining genomic testing in every baby.

Can genomics lead us into an era of more discrimination against people who carry a mutation that causes a particular syndrome? Can they be denied life or disability insurance? Can genomics lead us to an era where people can choose their perfect offspring?

The future of medicine as it relates to genomics is one of personalized medicine. We will be able to tailor management based on genetic makeup. We will be able to define new diseases. We will be able to cure many illnesses and/or treat ones that we never thought possible. The challenge will remain in determining how specific genetic defects cause the clinical manifestations observed in patients. With variable penetrance and de novo mutations, recognition of clinical patterns and syndromes will still be necessary.



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Foundation Grant Recipient

Voices for Children

Jennifer Starr, Executive Director

jstarr@vfcgal.org



The Hillsborough County Medical Association Foundation has been an amazing supporter of Voices for Children of Tampa Bay. With HCMA's assistance, we are able to continue making a lasting difference for foster children in Hillsborough County!

Voices for Children provides support and advocacy for the abused, abandoned and neglected children in our community. When children are in the Dependency Court System, we help make their lives a little easier as they navigate through foster care. We choose to accomplish this mission by supporting the Guardian ad Litem Program of Hillsborough County. A critical part of our advocacy is our Children's Legal Needs Fund. Sadly, the state cannot always provide sufficient funding for this component; therefore, we must solely rely on private funding to achieve a certain level of protection for the children we serve. Voices for Children has been fortunate to depend on HCMA annually to help us with a portion of the funding that is so desperately needed.

Our Legal Needs Fund allows us to provide both psychological and psychiatric evaluations, as well as medical records and expert testimony, for the benefit of a child who has been abused, abandoned and neglected. Guardian ad Litem child advocates and attorneys work relentlessly for the best interests of the children we serve. Currently, there are 3,200 children in the Dependency Court System in Hillsborough County - the largest number of children in care in the state! Often, only the Guardian ad Litem volunteer child advocate can convince the judge to order psychological or psychiatric testing of the child and/or parents to make sure the system is responding appropriately in the child's case. With the \$1,000 grant we received from HCMA this year, Voices for Children has been able to provide a psychological evaluation for an eleven year old boy to help determine if he should have unsupervised visits with his father. Thanks to

HCMA's continued support, we are helping children by speaking for their best interests in court, with hopes they find their forever home with loving families.

The following is a specific example of how past funding from HCMA Foundation greatly assisted in determining what was in the best interest of a child: Natalina was removed from her home because of her mother's severe mental health issues. She first entered the dependency court system in 2005 and has been in and out of foster care since that time. She should be a sophomore in high school, but because of her trauma and displacements, she is completing school work at an 8th grade level. Her current Guardian ad Litem child advocate was assigned to her case approximately 18 months ago. He has seen her go through "at least" 30 different placements, including



the dreaded night-to-night placements where a child is moving each day to a new place to sleep. She started failing school and refusing to engage in any therapeutic services. Then, her child advocate requested funds for a psychological evaluation for Natalina, which cost \$600. During the evaluation, Natalina really clicked with the doctor. She opened up

about her past trauma and, for the first time, agreed to attend weekly therapy sessions. This was an amazing break-through! Her Guardian ad Litem child advocate stated, "This would not have happened if Voices did not cover the cost of the evaluation. Thank you!"

Thank you, Hillsborough County Medical Association Foundation, for your generosity and commitment to making life better for these well-deserving children! Your investment in our mission is an investment in the building blocks that are essential for a good life. Together, we are making a difference!



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The HCMA Foundation is a 501c3 charitable organization. Each year, the Foundation provides grants to medically related organizations in our community as well as medical student scholarships. In order to accomplish this, donations to the Foundation, as well as participation in our annual fundraiser, are essential.

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2019-2020 HCMA Membership Directory

The newest edition of the annual HCMA Membership Directory has been mailed to all Active HCMA members. Should you require an additional copy, please contact the HCMA office (813.253.0471). Directories are complimentary for HCMA members and \$25 plus shipping and handling for non-members and the public.

Please make note of these updates to the 2019-2020 Directory:

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3109 West Azele Street, Tampa, FL 33609

University of South Florida, College of Medicine,
Tampa, FL 1991

Cert. OPH'97

Urology

Starling, Jeffrey B., MD

Phone: (813) 558-9091 – Fax: (813) 866-3948

5332 Primrose Lake Circle, Tampa, FL 33647

University of Florida College of Medicine, Gainesville, FL 1993

Cert. U'03

Reflections

What did my gandparents die of?

Rodolfo Eichberg, MD
eichberg@tampabay.rr.com



I was planning to write an article about the advances in medical science in the past century. I soon realized that the result would be a boring list of diagnostic and therapeutic new tools.

My mother-in-law, who is alive and well at 96 years of age, once told me that any subject becomes more interesting if you make it personal.

Following her advice, which I don't always do, I decided to illustrate the advances of medical sciences by recalling what our grandparents and great grandparents died of. Each one of you can do the same with your own ancestors and get similar results.

My father came from a village in southwestern Germany. Its population in 1902, when he was born, was about 1,000 and it is not much more now. Until the unification of Germany in the late 19th century, it was part of Wurttemberg-Baden, an independent state near the Black Forest. The village of Michelbach was surrounded by others of similar size and characteristics. None of them had a doctor. Nearby cities, like Wurzburg and Stuttgart, had all kinds of up to date medical facilities.

My mother came from Aub, a bigger town on the Romantische Strasse, a few kilometers south of Rothenburg. They did have a doctor in town. My mother, who was ten years younger than my father, was a dental assistant, so they even had a dentist.

Despite the available services, my maternal grandfather died of a urinary tract infection and prostatitis when he was in his late 50s or very early 60s. Antibiotics had not been invented yet. The first sulfa drugs were produced in 1935. Penicillin, the first antibiotic, was discovered by Alexander Fleming in 1928 but did not become widely available until the 1940s.

My paternal grandfather died just after WWI at a young age, unknown to me. My grandmother was pregnant with child number eight when he died, so I presume that he was healthy until he died of unknown cause. One of my aunts died in the early 1930s of a ruptured appendix. She was about 30 years old. They did have surgeons in Ulm, where she lived, but no anti-

biotics.

I have no idea of any aspects of my great grandparents' lives or causes of death. I know that they lived in the same region.

Ask yourselves how many people die today of appendicitis, urinary tract infection, prostatitis, or "unknown cause"? Then ask yourselves how many people die in their 30s,40s or 50s, or how many have eight children? Take into account that Germany in the early 20th Century was one of the most advanced countries. If you research the fates of your own family members through the years, you will realize how much medical sciences, and society in general, have advanced in the past century.

The dues statements for 2020 HCMA Membership Renewal have been mailed!

Call the HCMA office if you have any questions:
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Dues payments can be made online at:
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Practitioners' Corner

Crazy Diets, Food Intolerance, and Food Allergy

Richard F. Lockey, MD
rlockey@health.usf.edu

Shiven S. Patel, MD



Richard F. Lockey, MD



Shiven S. Patel, MD

We are living longer, jumping higher, running faster than any time in the history of the world and you would never know it considering the multitude of diets with which people today have become obsessed. Examples include vegan, vegetarian, genetically-modified organisms (GMO) avoidance, organic, free-range, lactose-free, Atkins, zone, ketogenic, South Beach, raw food, Mediterranean, Western, Subway®, anti-inflammatory, functional, gluten-free and many others.

These diets sometimes incorporate a variety of different “supplements” for which Americans spend \$30 billion per year theoretically to enhance their health (1). Supplements are considered foods and not medications and therefore not required to undergo the same efficacy and safety requirements by the Food and Drug Administration (FDA) (2).

Dietary Perversions

Why do so many Americans have dietary perversions? Some of it is driven by the preconceived idea that foods are good or bad, are contaminated with hormones, pesticides and insecticides, contain detrimental “poisonous” food additives, or are genetically modified, making them unsafe. Many believe the myth that organic (for which you pay more) versus non-organic foods theoretically contain better nutrients and are less “toxic.”

Today, the foods are better and safer than possibly any time in the history of mankind. The consumer can buy foods from throughout the world and store and consume them for weeks and even years. The old adage still exists. That is, eat a balanced diet of fruits, vegetables, and meats (protein) and do not exceed your estimated daily caloric intake. Said and done, a normal or near normal body mass index (BMI) goes a long way to assure health.

Food Related Health Problems

Can foods cause real health problems? Of course, food allergy is real, so too is gluten enteropathy and lactose intolerance. However, most food reactions are caused by “intolerance” encompassing idiosyncratic, pharmacologic, metabolic, and toxic reactions in which the immune system plays no role.

An example of food intolerance is nervousness or anxiety associated with the ingestion of caffeine. Others include an enzyme deficiency such as lactase deficiency (lactose intolerance) and favism [a hemolytic response to the consumption of fava beans in individuals with glucose-6-phosphatase dehydrogenase deficiency (G6PD)].

Food Allergy

Real food allergy is a costly, potentially life-threatening problem. According to a 2013 Centers for Disease Control and Prevention (CDC) study, food allergy among children increased approximately 50% between 1997 and 2011(3). Although real food allergy is a significant health problem, there are many prevailing misconceptions among physicians and other health-care professionals as well as the general public regarding the manifestations, diagnosis, and treatment of food allergy. Approximately 20% of US adults believe they have a food allergy, whereas in reality, less than 5% do (4). Knowledge about the distinction between food intolerance and allergy is lacking. Peanuts, tree nuts, and shellfish are common causes of adult food allergic reactions whereas eggs, wheat, milk, peanuts, and tree nuts are common in children.

Many foods, such as fruits and vegetables, can cause pollen-food allergy syndrome (PFAS) because of cross-reactivity with aeroallergens, such as grass and birch pollen. PFAS occurs primarily in subjects who are atopic, i.e., who have a genetic predisposition to develop atopic eczema, allergic rhinitis and conjunctivitis, and asthma. PFAS is rarely a significant problem. However, serious food allergy can lead to anaphylaxis and death. The Food Allergy Research and Education (FARE) non-profit organization indicates that up to 32 million Americans have a food allergy, one in 10 adults and one in 13 children (4). The reactions which are most concerning are ones which result in a systemic allergic reaction or anaphylaxis.

(continued)

Practitioners' Corner (continued)

Food allergy is immunoglobulin E (IgE)-mediated. Symptoms upon ingestion of a food to which a person is allergic can include generalized pruritus, erythema, and urticaria; nausea/vomiting and diarrhea; swelling of the upper airway, including tongue and larynx; wheezing, shortness of breath, and respiratory distress; and hypotension and shock, all symptoms and signs of a systemic allergic reaction or anaphylaxis. Food-related systemic allergic reactions or anaphylaxis is fairly common; however, fatalities are rare, with a reported range of 0.03 to 0.3 deaths per million person years in the general population (5). True food allergy that results in a systemic allergic reaction usually occurs within 30 minutes following exposure to the offending food.

Diagnosis of Food Allergy

Diagnosis of a food allergy necessitates a detailed history by a physician or other healthcare professional documenting what food was ingested, the time of onset of symptoms, and signs of a systemic allergic reaction, how it was treated, and when it resolved. Usually the patient suspects the food to which they are allergic e.g., saying “Doc, when I eat peanuts, I have a serious reaction.” Foods contain many different allergens, depending on whether they are raw, cooked, or baked, i.e., how they are processed. For example, roasted versus boiled peanuts contain many more potent allergens and are potentially much more dangerous than boiled peanuts for someone allergic to peanut.

Food skin-prick or in-vitro test can be helpful only to confirm a given food allergy; however, sensitivity versus allergy are two different things. Sensitivity means a positive test; however, allergy means the food in question causes an allergic reaction. Most atopic individuals can eat all foods with impunity, i.e., will not experience food allergic reactions, however, they usually have some positive food skin or in-vitro tests. This is sensitivity, not allergy. Likewise, most people who have true food allergy, i.e., experience a systemic allergic reaction to a food, have a positive in-vitro or in-vivo test to the suspected food. This helps confirm their food allergy.

Thus, food-specific in-vivo or in-vitro IgE tests should only be performed in subjects with a high historical pre-test probability of an IgE-mediated food systemic allergic reaction. Without such a history, routine tests are not indicated and positive tests results do not predict food allergy. Likewise, IgG4 food tests are not scientifically valid and should not be done.

Current treatment includes identification, strict avoidance of the offending food, the early use of intramuscular epinephrine for any systemic allergic reaction, and oral immunotherapy, an emerging field to desensitize to a particular food, i.e., create immune tolerance to the food to which a subject is allergic. Although not yet FDA approved, it is currently being used in many clinics throughout the country.

Misconceptions about foods extend beyond the scope of true food allergy. Many subjects think they are “gluten sensitive.” Some are, but only those who have gluten enteropathy, who develop an autoimmune problem, and react abnormally to gluten. Other types of sensitivity to gluten are not scientifically based even though up to 10% of people “self-report” a sensitivity to wheat (6). Of course, this is not just limited to wheat, but a whole host of different foods and food groups to which some patients feel they are intolerant or allergic and for which they sometimes devise a complex, usually very expensive, alternative diet.

Proper Nutrition

Proper nutrition is vital for the human body, no matter what the age. Misconceptions and lack of education about nutrition and diet affect individuals that overconsume and participate in food fad diets and supplements of unproven clinical efficacy. Sometimes it is necessary to avoid a food or food group but that is usually only indicated when there is an underlying disease or a true food allergy. If a person feels that a food causes onward symptoms, it should be avoided, however, avoiding multiple different foods and food groups is rarely indicated.

A balanced diet should consist of fruits, vegetables, grains, proteins and dairy products. Individuals who avoid meat and other animal products should make sure their diet is sufficient in protein, calcium and vitamins D and B12. A hundred years ago people ate what was placed on the table or they didn't eat. Today the food industry is pandering to a multitude of different diets, most of which are inappropriate and unnecessary.

** Dr. Patel is a graduate fellow in allergy & immunology and is now pursuing an academic position in South Carolina.*

References provided upon request.

HCMA Alliance News

Leadership Recognized

Michael Kelly

Alliance Secretary/Treasurer

michael19452000@yahoo.com



This past summer, the Alliance paid tribute to our Leadership by commissioning a page in the AMA Alliance national magazine, *Physician Family Magazine*, the leadership edition. A full page spread called attention to the leadership of the HCMA, the HCMA Foundation, and the HCMA Alliance. Copies of the magazine were mailed to all Alliance members.

To commemorate the occasion, I presented the HCMA Executive Director, Debbie Zorian, with a framed reprint of the magazine cover and the HCMA Leadership page. Pictured with me and the framed reprint is HCMA Foundation President, Dr. Bruce Shephard.

In other Alliance news, there has been a proposal to re-name our Alliance “The Hillsborough County Medical Association Physician Family Alliance.” It is felt that this title more accurately reflects the goals of our Alliance. Email me your thoughts, I would love to hear your comments.



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Personal News

Project Starfish has been busy!



Where have the travelers from Project Starfish been? Very busy in the camps in April and May 2019: we held 9 camps and saw over 1700 patients.

Of the villages we visited, 3 were catholic, 2 Muslim, 2 Hindu, 1 CSA (Protestant), and 1 mixed (Catholic/Hindu). Why does that matter (after all, Project Starfish is a secular organization)? Because there is a discernible difference in the incidence of diabetes. Why? Diet may be the culprit (Hindus as a whole do not eat meat), but there are other factors we are teasing out, such as lifestyle and hereditary. This information will help us in our treatment and patient education. In addition, we also started dental screening, giving toothbrushes and toothpaste donated from dentists in the US. There is a lack of oral hygiene in India, especially in second-tier cities and small towns and we feel that this initiative is important for overall health care.

To date, Project Starfish has held 66 clinics and has had 15,000 patient visits.

Founded by Dr. Kathryn Kepes, based in Tampa, FL, Project Starfish is a non-profit 501c3 international organization that collaborates with healthcare providers in Southern India to provide both general medical care to rural populations, currently focusing on sustainable diabetic screening and treatment clinics. To learn more about Project Starfish, visit: projectstarfishindia.org

Online education goes only so far...



Dr. David Halpern reminds patients that everything read on the internet is not necessarily accurate.



When you love your boss...

...you TP her office! HCMA staff celebrated Boss' Day on October 16th by "decorating" Debbie's office. Happy belated Boss' Day to all the bosses out there...and the HCMA staff is available for all of your interior decorating needs.

STAY UPDATED

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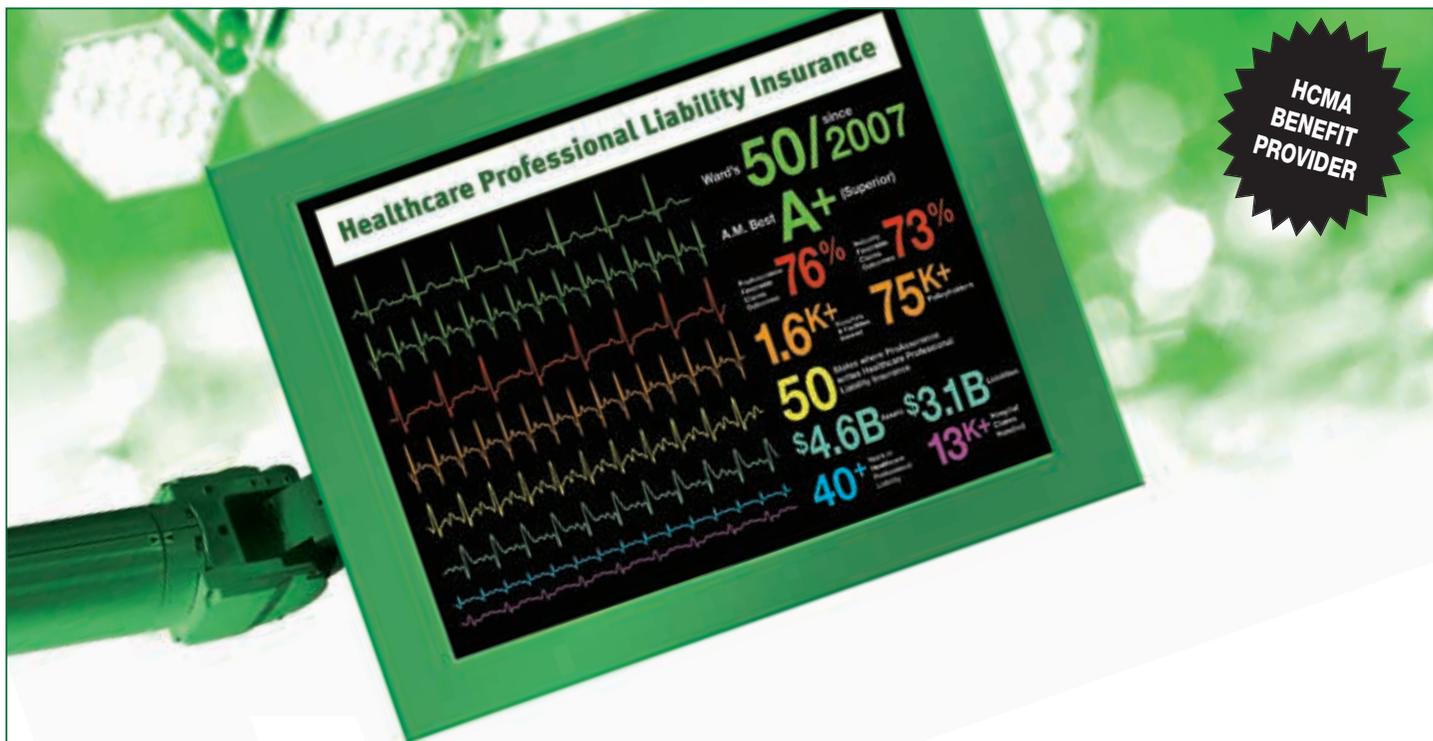
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