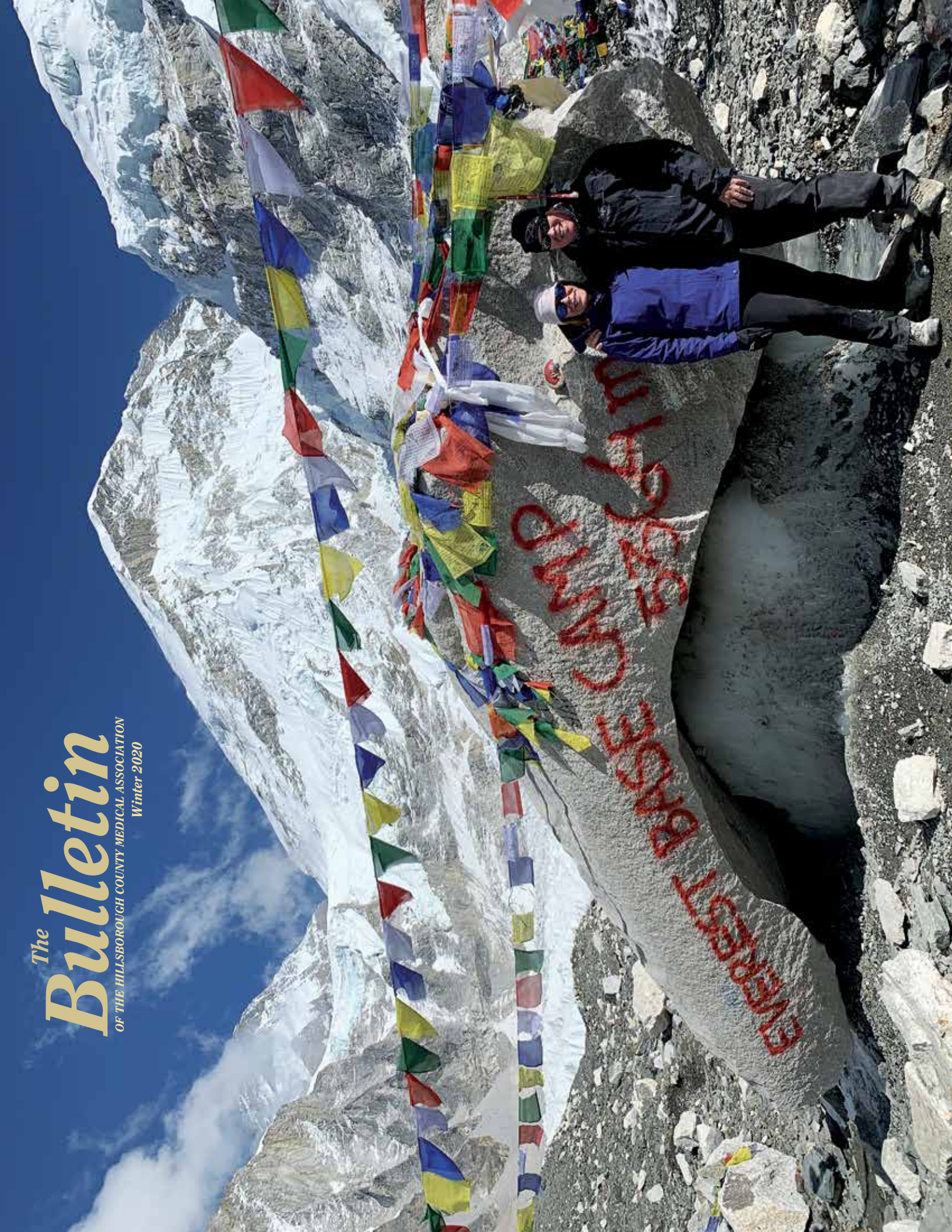


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Winter 2020





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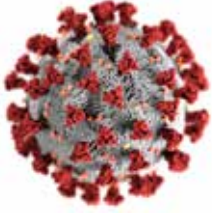


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To submit an article, letter to the editor, or a photograph for *The Bulletin* cover, please contact Elke Lubin, Managing Editor, at the HCMA office. All submissions will be reviewed by Bulletin Editor, David Lubin, M.D. We encourage you to review *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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ABOUT THE COVER

The Dr. Michael Foley, and his wife, Cheryl, pose at the base camp, 17,600 feet above sea level. The large peak behind them is Lho La, with Mr. Everest just behind its right slope, and Lingtren to the left (as we look at them). All 3 peaks are on the Nepal-Tibetan border. The Foleys shot the pictures with an iPhone XS Max.



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President's Message

Living Out Your Dash

Michael Cromer, MD
drmcromer@gmail.com



I recently attended a funeral of a patient of mine who was also a friend. As I sat there in my seat, I perused the memorial brochure that was handed out to each attendee. I studied the picture of this man that I had gotten to know quite well over the last 20 years of his life. My eyes then fixated on his lifespan: 1941 – 2019. What I then started contemplating was not the fact that he had lived 78 full years but what he had done with those years. I will call

those years his “dash” years. I looked up and glanced around the room to see who was gathering to honor this remarkable man. As I looked at each individual, I scanned my memory to recall how this man had crossed paths with that person and more importantly, what kind of an impact had he made on that person's life.

My friend wore many different hats, as he had diverse interests and talents. He was a husband first and he was leaving behind a grieving widow. He was a dad and a step-dad. He also very proudly wore the hat of a grandfather. He was an entrepreneur and a self-employed business owner. He was a leader in his church and gave of his time and talents. He was an avid golfer and spent more time on the golf course after his retirement. He also kept busy in his later years, being an active member of a community service organization, and stayed active with local and state politics.

Being part of a large family and involved in so many facets of life it was no surprise that the memorial service would soon be at maximum capacity. This gentleman had come into contact with many people in his lifetime and had made an impact on many of them. It caused me to start reflecting on my life. What will my dash years contain? Will people feel like I have left a positive impact on their life?

Being in the latter stage of my career, I have begun to formulate and live out my plans of leaving the best legacy that I can. I feel that as long as I have a pulse, I will have a purpose. I have realized that I am definitely in the mentorship stage of my life and have become somewhat passionate about it. First of all, we never stop being in a position of mentorship to our children. They will never be too old to not need a respected parent to look

up to, emulate, and glean knowledge from. I still thoroughly enjoy being a mentor in my profession. I look for opportunities to teach students who are eager to soak up as much information as they can and also learn more about the “art of medicine.”

I have also been involved as a mentor in a men's leadership group through my church. There are many young people seeking good examples of individuals who are successful, influential, and enjoy what they do. They need to see that one can have good work/life balance and have a positive influence on others.

It is with this desire to leave an impact during my dash years that inspired me to get involved with the HCMA. The following quote also struck a chord within me:

“Every person owes a part of their time and money to the business or industry in which they are engaged. No person has a moral right to withhold their support from an organization that is striving to improve the conditions within their sphere.”

- President Theodore Roosevelt

I love the profession of medicine and it has been very good to me and my family. I am enjoying not only giving back to my profession, but also sewing into the lives of those around me in other areas of my life. Let me ask you. What are you doing with your dash years?



Editor's Page

It was just a "WOW" moment

David Lubin, MD
dajalu@aol.com



Editor's note: In my last two columns, I was critical of President Trump and his administration's handling of the pandemic. I was not critical of other policies and tried to be apolitical. At the end of the last issue, I asked for opposing comments, but failed to make the disclaimer that the "thoughts expressed were mine." They were mine. I received emails from two members, who were a bit disgruntled with what I wrote. We exchanged thoughts and I offered the opportunity

for them to respond, in writing, for publication in The Bulletin. The deadline for the Winter Issue was October 20th, before the election. So, you are reading this after the election, and let's all hope that things went well.

But on to better times...

June 7, 2004. Just over 16 years ago, many of us remember being at what was then the St. Pete Times Forum on Channelside Drive. The Tampa Bay Lightning had been down three games to two, in the Stanley Cup Final, but won game six in Calgary on a goal by Marty St. Louis, in double overtime, to bring game seven back to The Forum. Ruslan Fedotenko scored both goals, and the Bulin Wall held off the Flames as we won our first Stanley Cup, beating Calgary 2-1. There's no sports trophy that's harder, or more exciting, to win than the Stanley Cup.

After winning that Championship, the Lightning went through some ownership changes, as well as a loss of players in what turned out to be a cancellation of the 2004-05 season, due

to salary cap disputes. We had won; we had looked forward to defending our right to keep Lord Stanley in the sunshine, but it was not to be. I wrote an op-ed in the Tampa Tribune, as the 2004-05 season was to start; it seemed that "We Wuz Robbed."

The Lightning didn't accomplish much until a few years after Jeff Vinik took ownership, and then hired Jon Cooper to be its coach. In 2015 the Bolts made it to the Cup Final but lost to the Chicago Blackhawks in six games. Just outplayed. In 2016, they lost to the Pittsburgh Penguins in the Conference Finals. The 2017 finish was terribly disappointing, missing the playoffs by one point. The 2018 playoffs were also disappointing. Top seeded in the Eastern Conference, they lost the Conference Finals to the Washington Capitals, with Alex Ovechkin, and what's worse, it was at Amalie Arena. I, unfortunately, or maybe fortunately, had to miss the game because I had back surgery, which was more successful than that year's Stanley Cup bid.

2019. The Bolts finished with the Presidents' Trophy for the most points in the league and tied an NHL record with 62 wins.

They breezed to the finish. They won individual awards. This, everyone felt, was going to be THE YEAR. But Columbus, along with their coach, John Tortorella, ironically our coach in 2004, had other thoughts. They beat us in four straight. The only good thing about it was how quickly we were knocked out; it was almost painless; it left us dumbfounded and numb.

2020. The pandemic. All professional sports came to a halt in March. But in May, the NHL Commissioner, Gary Bettman, proposed playing in two bubbles in Canada, the east in Toronto, the west in Edmonton. I had my doubts. I'm sure I wasn't the only one. Over 500 players, plus staffs, officials, and crews were to all get together in "bubbles," away from the familiar confines of their



Dr. Stephen Kreitzer met up with The Cup at Avila Country Club.

(continued)

Editor's Page (continued)

home arenas, as well as family and friends. There would be COVID-19 tests, over 30,000 of them. And NOT one positive result the whole two months of the playoffs. My congratulations to the NHL for outplaying COVID.

Sixteen years after Jarome Iginla bloodied Marty St. Louis' face in game seven, the Lightning put together an amazing run to bring the Stanley Cup back to Tampa. Without being around family, friends, and friendly confines, this gritty group of hockey players laid it all on the line, combining skill and physicality into one championship team.

First up were the Columbus Blue Jackets, who wiped us out in four games last year. We won game one when Brayden Point scored in the 5th overtime, yes, almost two more games of hockey in one. We beat them four games to one. Then we eliminated Boston and the NY Islanders. And to make a long, nail-biting, heart-racing, beer-drinking story short, we dominated the Dallas Stars and won four games to two, to bring the Cup back to Tampa.

Maybe, in a sordid way, we can thank COVID for the win. Conditions were completely different competing for the Cup than they would have been under normal conditions. Players would have had travel days, played in front of large crowds, which can affect how they play, and had the usual distractions of family and friends.

The players were separated from loved ones, as well as fanatic fans, for 65 days. They played in a large, empty arena, although there was crowd noise, with music familiar to both teams piped in, and "hometown videos" played on the large screens. Amalie Arena opened up for a limited number of season ticket holders to watch inside, and the Plaza was open to watch the games on the parking garage wall. Dave Mishkin, Lightning radio announcer concluded the Cup finale, won 2-0, with "The Lightning win the Stanley Cup, they have reached the top of the



The Lightning engraved on the Stanley Cup

mountain." His radio partner and analyst, Phil Esposito, would say was "Wow, all I can say is wow! What a job by these guys."

And one final Final's note. The Lightning captain, Steven Stamkos, was injured. He played only 2 minutes, 47 seconds in game four. He scored a goal on his only shot, then sat on the bench the rest of the game and did not appear in another. But after 16 years, longer than it took to win our first Cup, we finally did it. "Wow," is all I can say too.

A gift idea that will also support the HCMA Foundation!



Many of you will remember Dr. David Lubin's Tampa Bay Events Calendar, published from 1992-2019. Dr. Lubin has selected over 80 of his favorite monthly shots and produced a photobook, entitled "Memories." The book is a 90 page, soft-cover, 8 1/2 x 11 inch, coffee table book, and is available through the HCMA for \$39 with \$5 from each book going to the HCMA Foundation.

They will make great gifts for family, friends, and staff for the holidays, as well as helping to support the HCMA Foundation.

Contact Dr. Lubin for more information on ordering, shipping, and minimum orders for free delivery: DAJALU@aol.com

Letters to the Editor can be submitted to:

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Executive Director's Desk

Half Full or Half Empty?

Debbie Zorian

DZorian@hcma.net



There is no question that 2020 has been a year of unpredicted challenges, alarming uncertainties, and devastation for many people and communities.

As I write my column, nine weeks before this year comes to an end, I'm wondering what types of celebrations can safely take place while bringing in the New Year. I, along with many others,

agree that the end of this year can't get here soon enough. And celebrating its end and the beginning of 2021, in the comfort of my own home, is good enough for me.

During these troubling times, it can be quite difficult to stay positive. The rapid spread and dire consequences of the COVID-19 pandemic, the loss of jobs and worries of a financial recession, the rampant social and economic inequality, continual stories of fear and peril via news and social media, along with a highly divisive election year filled with conflicts and animosity, it's easy to see why stress and negativity are abundant.

Experts are now stating that increased cases in the U.S. are surging toward a "substantial third wave" in the winter, causing pandemic fatigue to give way. This continued gloom and doom causes even the most positive person to step back and question their outlook on life.

A common expression comes to mind that is used to indicate whether a person falls into one of two categories when it comes to how they see the world. "Is your glass half full or half empty?"

Seeing a glass half full or half empty reveals your tendency to judge a situation as positive or negative when it has the potential to be either. Optimism or pessimism can make a huge difference in how a person is able to cope with tragedies or even minor inconveniences of daily life. I've been known to repeat the quote, "If your glass is half empty – get a smaller glass!" Oftentimes a bit of humor can make an adverse situation less stressful.

Studies have continually shown that people who are optimistic are healthier and live longer. There are logical reasons why this is so. People who are more optimistic tend to engage in behaviors that promote health such as being more physically

active or not self-medicating with alcohol, smoking, or drugs. They are self-motivated and surround themselves with upbeat people. They express gratitude. They are able to regulate their emotions more quickly because they have developed coping mechanisms that allow them to deal with emotions in a more productive way. This allows them to experience less of the effects of severe stress such as those plaguing our world today. And my favorite...they smile.

"We all get the exact same 365 days. The only difference is what we do with them." - Hillary DePiano

The real difference between optimists and pessimists isn't in how happy they are with their lives or how they see situations that occur around them. It's in how they manage their stress and deal with trials and tribulations. It's very difficult for a pessimist to see a silver lining in any situation let alone learn how to cope with ongoing misfortunes. Experts claim it's possible to retrain your brain to react differently if you're someone who tends to be pessimistic. A few suggestions include:

- Put on a positive outlook by making an effort to consciously shift the way you think about things.
- Be conscious of those you are spending time with as surrounding yourself with positive people will help you find it easier to adapt to that way of thinking.
- Limit yourself to how much time you spend reading or watching negative news and images. Balance that time with activities such as yoga, exercise, or mindfulness.
- Start a gratitude journal by writing just one or two things down at the end of each day that you are thankful for. Find small things to be happy about and it will surprisingly snowball.
- Acknowledge what you have control over. Practicing mindfulness is a great way to stop obsessing over things you can't control and focus on the things you can.

As your Executive Director, while I reflect on the many changes and challenges faced by the HCMA this year, I see our glass half full. I am pleased to say that the accomplishments of your HCMA have been numerous. Its relevance has been signified by way of keeping members informed regarding pertinent information including COVID-19 weekly Enews and resources, educational webinars, Virtual Town Hall meetings, Zoom socials for specific membership categories such as female phy-

(continued)

Executive Director's Desk (continued)

sicians and retired physicians, and virtual membership events. Currently, we are scheduling Zoom meetings with our legislators and their staff and leaders are optimistically planning visitations to Tallahassee during the 2021 Session. We have also posted several health-related PSAs on the HCMA and social media sites to help keep our communities informed regarding the importance of prioritizing their health and the health of those around them.

Our Benefit Provider partnerships are flourishing as we stay connected and work with them to offer exclusive services for members. The HCMA Health Insurance Co-op, a Plan that provides affordable health insurance to physicians, their employees, and their families, has been offered to members for over six years. The Plan is expanding and now includes physicians in Polk County who are able to participate upon joining the HCMA.

Collaboration efforts continue with physicians in surrounding counties by offering them the opportunity to join the HCMA as Affiliate members. This opportunity was implemented to provide benefits to physicians whose own medical societies are struggling to provide substantial assistance. In addition, it serves as an avenue for HCMA to enhance the profession of medicine in our state by unifying and ensuring a stronger voice. And I would be remiss to not comment on the valuable partnership the HCMA maintains with the USF Morsani College of Medicine. The memberships of all faculty and medical students continue to strengthen the collaborating efforts between our two entities.

As this year comes to a conclusion and uncertainty remains regarding what the "new normal" will entail, I would again like to remind members of the HCMA Physician Wellness Program. The Program provides a safe harbor for each and every member to help with burnout, stress, and life difficulties, in a completely confidential and professional environment. Keeping our members well, while they care for and keep their patients well, is a priority for the HCMA.

With optimism and heartfelt regards, I wish all members and their families a safe and enjoyable holiday season. May you have 12 months of success, 52 weeks of laughter, 365 days of fun, 8,760 hours of joy, 525,600 minutes of good fortune, and 31,536,000 seconds of happiness & good health!

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Recommended Rejuvenation

Mainely Maine

William Davison, MD
davrac4964@gmail.com



About thirty years ago, I had the pleasure of working at Eastern Maine Medical Center in Bangor, Maine. My group had a contract to service the Emergency Department there for several years. While there, some of the nursing staff suggested that I take the hour long drive to Bar Harbor and Acadia National Park. So one day I drove “Down East” as they call it up there, and was immediately smitten with the whole place.

Bar Harbor is on the Maine seacoast. It is a small town where large numbers of visitors congregate for about four to five months of the year. During this time, from June through October, it is really a great place to be! Weather is usually cool and dry, with the sea breeze keeping the highs during July and August extremely comfortable.

Bar Harbor started out as a substitute for Newport, Rhode Island, for the wealthy inhabitants of New York, Philadelphia, and Washington DC at the end of the 19th century. Families, such as the Rockefellers and Vanderbilts, built enormous “cottages” on the island. These summer visitors became known as “Rusticators”. A very large social scene was enjoyed by these summer visitors who were looking to enjoy nature as well as the cooler temperatures.

One of these “Rusticators” was none other than John D. Rockefeller. He had several huge plots of land which he grouped together to form a large estate.

John D. decided he wanted to have roads built so he could go on carriage rides as well as horseback rides on his property. He was so wealthy that he had construction projects going all the time. The roads were made of several layers of rock in different sizes, with the finest of the stone on the surface of the road allowing for a very well packed, as well as well drained and comfortable end product. He built many miles of these incredible roads which are still in use today for equestrian pursuits as well as biking and hiking. As part of the road system, there were many bridges built from the local granite and stone all of which are still part of the “carriage road” system of Acadia National Park.

John D. Rockefeller and other farsighted inhabitants of the

summer Bar Harbor scene pooled lands and financial backing to make a gift to the United States which is now Acadia National Park - an absolute treasure to behold.

Acadia National Park has a breathtaking rocky sea coast, as well as huge areas of untouched forest. It has beautiful lakes and ponds all for our enjoyment.

My most favorite of the aforementioned is the shore walkway around Jordan Pond. This is a 3.5 mile hike with water from the pond on one side and the mountains and forest on the other. Walking Jordan Pond is akin to a religious experience! I never tire of it even though I have personally hiked it at least fifty times. After the hike, eating lobster and popovers at the Jordan Pond House restaurant is like icing on the cake.

Other favorite walks are the 3.5 mile Sand Beach to Otter Creek hike in which the Atlantic Ocean and granite cliffs are on one side of you and the granite mountains with a balsam pine forest on the other. There are so many incredible hikes in the park they are too numerous to mention. In one of these hikes, as you ascend a small mountain and reach the top, a beautiful clear alpine lake presents itself to you as a reward for the climb.

We are always in better physical and mental shape after the 4-6 day trip to Acadia. You do not have to be a mountain climber to enjoy the park but the ability to walk helps. Even if you are unable to walk, there are so many beautiful sights to behold. Truly, well worth the trip!

Acadia National Park and Bar Harbor are on an island connected to the mainland by a man made bridge. There is a small airport on the mainland which also has some commercial flights. Most people fly into Bangor and make the easy, scenic, hour drive to Bar Harbor.

While on Mt. Desert Island, there are other lovely places to visit including the summer haven of Northeast. In Northeast, you will find homes from the gilded age of the late 1800’s as well as the 1900’s which have been passed down from family to family over the years.

We have been very lucky to have made the annual trek to Bar Harbor, essentially, every year for the past twenty-five or thirty years. We frequently visit in June as well as October and avoid the larger crowds of July and August.

Bar Harbor and Acadia are a must see for the avid traveler. I

(continued on page 14)



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Alliance News

Volunteers Needed

Michael Kelly

Alliance Past President

michael19452000@yahoo.com



It is that time of the year again when the HCMA Alliance, the HCMA Physician Family Alliance, looks for volunteers for various leadership positions. Are you interested in joining our leadership team?

This coming year, we have vacancies for President-elect, Secretary/Treasurer, Community Outreach Committee Chair, and Event Planning Committee

Chair. Please let us know if you are interested in any of these positions.

As you know, our Alliance mails to each member quarterly copies of the "Physician Family Magazine", and, by the time you are reading this article, you should have already received your Fall edition. This magazine is written for and by physician family members and provides excellent information and advice for practicing physicians, residents, fellows, and medical students and their families.

This coming February will once again see our Alliance sponsoring our Go Red for Women fundraising event. So look for notices of this annual event that raises money for our HCMA Foundation.

Begin your 2021 Alliance membership by contacting Elke Lubin at the HCMA (ELubin@hcma.net or 813.253.0471) or watch your mail for your invitation to join.

Happy Holidays and Merry Christmas!



Bill Butler and Michael Kelly preparing an Alliance mailing.

Recommended Rejuvenation

(continued from page 14)

have been lucky to have toured much of this world but can't think of another place I would rather return to. After October, the area settles into a long winter season only to reopen the following May - ready to rejuvenate the mind, body, and soul.

God Bless.

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The Bank of Tampa Ending 2020 on a High Note

Oliviana Catrone

Vice President, Private Relationship Manager
ocatrone@bankoftampa.com



As 2020 comes to an end, fresh beginnings are on the horizon. As we move into the holiday months, now seems like the perfect time to begin to assess your personal financial well-being. Use what little time remains of 2020 to ensure you have a solid financial plan and fresh perspective for 2021.

Below are some steps to consider:

Overall Financials:

- **Review your Personal Financial Statement.** It's a good practice to update and review your personal financial statement (PFS) each year. This is a great document that will help you assess your assets and liabilities.
- **Reassess your goals.** Your short-term and long-term goals may look a little different now than they did at the start of 2020. *Have your needs changed? Do you have new priorities you would like to work toward in 2021?* Now is a great time to reassess your goals and make an actionable plan to get there.
- **Schedule your meetings.** First thing is first—we recommend you kick off your year-end checklist by scheduling a meeting with your private banker. Now is the perfect time for a financial checkup!

Family:

- **Complete your estate planning.** If you have already completed estate planning for your family, ensure you review your documents every 3-5 years to account for life events and updates.
- **Review your insurance policies.** Review your home, auto and life insurance policies and decide if you have the correct coverage. *Do deductibles need to be adjusted? Do you have proper coverage for natural disasters?*

- **Review account titles.** Verify that your bank accounts, retirement accounts and life insurance policies have the up-to-date titles and beneficiaries listed.

Taxes:

- **Schedule a meeting with your Certified Public Accountant (CPA).** Many CPAs will have their own year-end tax planning guidance to ensure there are no surprises when it is time to file. Ensure that your CPA is aware of any future plans such as, starting a new business, selling a business or making major home improvements.
- **Consider charitable contributions.** This one is a win-win—especially as we approach the holidays. Consider donating to an organization that is near and dear to your heart. You may be able to reduce your taxable income, and feel good about giving to a meaningful cause.

Year-end can be a very busy time, especially as things look a little different this year. Get ahead of your financial plans, so it's one less thing you need to worry about this holiday season. If you are interested in learning more about The Bank of Tampa, please contact me directly at (813) 998-2617.

About the Author

Oliviana Catrone serves as Vice President, Private Relationship Manager at The Bank of Tampa, one of the largest community banks in the Tampa Bay area. She brings more than 10 years of experience in banking and finance. Oliviana is involved with several community organizations throughout Tampa Bay. Sue currently serves on the board of the Tampa Connection, as well as More Health. Oliviana holds a Bachelor of Science in marketing from John Carroll University.

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The Bank of Tampa does not provide accounting, tax or legal advice. Prior to making financial decisions, consult your legal and/or tax advisors.

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Practitioners' Corner

From Embryo to Baby - Applying Modern Genetic Technologies to Clinical Practice In Assisted Reproduction and In Neonatal Genetics

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Christopher B. Griffith, MD



Shayne M. Plosker, MD

The past decade has born witness to the development of technologies that permit speedy, accurate, affordable evaluation of all 23 chromosome pairs, and of hundreds or thousands of genes, from minute quantities of DNA. This has led to remarkable expansion in the clinical applications of parental genetic carrier screening, pre-implantation genetic testing (PGT) of embryos created through In Vitro Fertilization (IVF), prenatal fetal genetic testing, and post-natal genetic testing of neonates and children. We review the current status of genetic carrier screening, PGT, and post-natal genetic testing.

Genetic carrier screening uses a blood sample to test individuals before or during pregnancy, to determine if they are at risk of having a child with autosomal recessive or X-linked diseases.

Previously, genetic carrier screening involved the offer of universal testing for cystic fibrosis, spinal muscular atrophy, hemoglobinopathies, and ethnicity-based testing for a relatively limited number of other conditions. Later, the concept of pan-ethnic screening for a broader number of diseases evolved. Recently, the cost of DNA analysis and sequencing has decreased substantially, leading to the advent of expanded carrier screening (ECS) for genetic mutations for several hundred conditions at once. The ECS product currently offered in our practice uses nine molecular and biochemical technologies in parallel to

screen for inherited disorders associated with 283 genes. Ethnic, panethnic, and ECS strategies are all endorsed by ACOG.

PGT involves the creation of embryos by IVF, biopsying the embryos 5-6 days after egg retrieval to remove 3-7 cells, and amplifying and evaluating DNA from the biopsied cells (Figure). Forty percent of American IVF cycles included PGT in 2018, compared with 4% in 2008. PGT to identify embryos with the normal human complement of 46 chromosomes, termed euploid embryos, is by far the most frequent application of PGT. Many human embryos have fewer or more than 46 chromosomes and are termed aneuploid. Aneuploid embryos rarely implant, whereas euploid embryos have an implantation rate exceeding 50%. PGT for aneuploidy screening is called PGT-A.

Other applications of PGT include the identification of embryos with single gene disorders, chromosomal structural abnormalities such as translocations, and mitochondrial disorders. PGT can be used for gender selection for medical or family balancing reasons. PGT is necessary to identify HLA-matched embryos when creating a “savior sibling” whose umbilical cord blood could provide stem cells for a sibling in need of a stem cell transplant.

The widespread adoption of PGT-A is controversial, and the American Society of Reproductive Medicine has stated that “the value of PGT-A as a universal screening tool for all IVF patients has yet to be determined.” As it turns out, PGT-A does not improve the likelihood of achieving a live birth per initiated IVF cycle. Improved live birth per embryo transfer is limited to women between the ages of 35-40. The assumption that PGT-A decreases the probability of miscarriage remains unproven. Proponents argue that PGT-A permits single embryo transfer and is a key contributor to the decline in multiple gestations from IVF. Unnecessary ET



(continued)

Practitioners' Corner (continued)

of aneuploid embryos is avoided. PGT-A will lower the risk of having a potentially viable aneuploid conception such as Down's syndrome. Opponents argue that the benefit of PGT-A has not been demonstrated in well-designed clinical trials, yet PGT-A drives up the cost of IVF. Concern is expressed that biopsy may damage embryos. Some embryos that are not euploid on day 5-6 can self-correct, raising concern that competent embryos are excluded from transfer. Ethical concerns about PGT for family balancing, for the creation of "savior siblings," and for identification of embryos at risk for adult onset diseases such as breast cancer, have been expressed. Non-disclosure PGT, where the grandparent of an embryo may have a devastating heritable adult onset disease such as Huntington's Disease, and the potentially affected parent does not want to know their carrier status, poses a particularly challenging scenario.

Post-natal genetic testing can take several forms. Chromosomal studies are often the first line of testing if birth defects are observed. Karyotype, the standard of genetic testing for decades, has now been largely replaced by chromosomal microarray (CMA). This technology allows for precise detection of chromosomal deletions and duplications. Microarrays use a computer to determine the presence of copy number variants (CNV) ranging from around 20,000 bases and larger whereas karyotype requires CNV to be many megabases to be detected. CMA has allowed for the discovery of previously unrecognized microdeletion and microduplication syndromes.

Many patients have genetic changes that are much too small to be recognized by CMA. If CMA does not reveal an underlying abnormality but a genetic condition remains likely, molecular gene studies are performed. This testing can identify the presence of single base mutations or small deletions or duplications. Gene testing has progressed from the labor-intensive, but highly accurate, Sanger sequencing of individual genes to small gene panels. With the introduction of next generation sequencing (NGS), many genes can be assessed much more rapidly, allowing for larger gene panels. and, more recently, whole exome sequencing. The exome contains the protein coding genes, aberrations in many of which may result in human disease. Whole exome sequencing permits more rapid diagnosis in those with rare conditions or unusual phenotypes, as it limits the need for multiple separate gene panels ordered over the course of several months.

In the future, whole genome sequencing (WGS) will likely replace whole exome as the most comprehensive genetic testing. WGS will not only determine the presence of intragenic mutations but will also sequence the intergenic DNA which constitutes approximately 98% of the human genome. These regions are thought to contain elements that control gene function; therefore,

mutations which are not detectable by current testing modalities may be identified. WGS is also able to determine the presence of deletions or duplications, similar to microarray, thereby possibly eliminating the need to perform individual chromosomal testing and gene sequencing, saving both time and money.

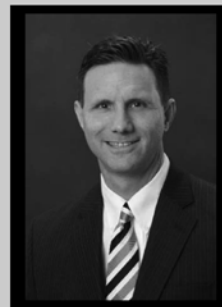
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Christopher B Griffith, MD. Associate Clinical Professor, Department of Pediatrics, University of South Florida Morsani College of Medicine.

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Physician Wellness Program

Meet Daniel Baughn, PhD



Physician wellness has become a priority issue that is being addressed throughout our country. The unrelenting changes, demanding challenges, and lack of autonomy that physicians endure can cause stress, depression, and burnout. As physicians struggle to find balance between the intense demands of their work and personal lives, their health and longevity, and that of our medical community, is being threatened.

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The Bulletin will feature a PWP provider in each issue.

Dr. Daniel Baughn is a licensed Psychologist with over 15 years of experience in Clinical Psychology conducting psychological evaluations and providing psychological treatment to a diverse population of clients and professionals.

His specialties include: Health Psychology with areas of expertise in weight loss, chronic pain, sleep problems, and other chronic health conditions, Cognitive Behavioral Therapy, Acceptance & Commitment Therapy, Mindfulness, Self-Compassion, Depression, Stress Reduction, Anxiety, and Substance Misuse.

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Appointments scheduled within 2-3 days.

Please visit the Physician Wellness Program page on the HCMA website (www.HCMA.net) for more information about the program and a list of all PWP providers.

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If you would like more information about how we represent the healthcare industry, please contact a member of our Healthcare Committee.



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Epic Travels

Mount Everest Base Camp

Michael J. Foley, MD, F.A.C.R.

mike@radcon1.com



For the past couple of decades, activity vacations have been a source of relaxation and adventure for my wife, Cheryl, and me. We have been fortunate to take bike trips as a family in the United States, Canada, and Europe. After our children had grown up we began focusing more on hiking and trekking trips. For my 65th birthday, we decided to take the hike up Kili-

manjaro, the highest mountain in Africa and the highest single free-standing mountain in the world. After that climb, we set our goals to trek to Mount Everest Base Camp on a trip in late October and early November 2019. We decided to train for this trip very seriously and followed a training regimen of regular workouts with a trainer, treadmill workouts at angled elevation, and the obligatory stair climber. As our departure approached we felt strong and ready to tackle the Mount Everest Base Camp trek, which sits at 5364 meters or approximately 17,598 feet.

The flight to Nepal to hike Mount Everest Base Camp is a fairly long trip in itself. Our journey took us from Tampa Airport to Philadelphia, Philadelphia to Doha in the State of Qatar, which is on the west coast of the Persian Gulf, and then from there a flight to Kathmandu in Nepal. After two days of acclimatization and touring in Kathmandu we flew into Lukla, Nepal, which is the classic starting place for the trek to Mount Everest Base Camp. An interesting point is that Lukla Airport has been called “the world’s most dangerous airport” mainly because it is surrounded by steep mountainous terrain and has an extremely short runway of only 1729 feet long. By comparison runways at many of the world’s international airports are more than 10,000 feet long. There is little opportunity for a missed approach by plane because of

the surrounding mountains. We took a helicopter.

It takes approximately nine days of trekking to get from Lukla to Base Camp. The two guides that we had were Tanka, the head guide, and Raz, the assistant guide, and they were both great teachers and very knowledgeable about all of the sites and culture. Along the way, they were certain to point out the Yeti skull displayed in a dedicated building located in the Khumjung village. I knew my son would want pictures of that.

We did have the opportunity to walk across several high rope and cable bridges, which gave us an amazing panoramic view of the Himalayan giants including Everest, Nuptse, Lhotse, and Ama Dablam. While we were there we were told Sir Edmund Hillary’s grandson was leading an expedition and filming a documentary of the very difficult and highly technical climbs in this region. We never did see him. Fortunately, we were not going to be doing that.

On our journey, we did pass a high-altitude pharmacy, which basically consisted of several shelves of medicine in the back of a coffee shop. Such medicines as “Nokof,” ibuprofen, amoxicillin, and elastic knee braces were the big sellers. Of course, green bottles of oxygen with nasal cannulae were there as well.



The Foleys with Mt. Everest in the background.

We were lucky to have good weather with crystal blue skies most of the days. As we climbed higher the landscape evolved into mountains and rock, as we were well above the tree line, with no shrubs or vegetation of any kind. The sun is also quite intense at this altitude so hats, sunglasses, scarves, and sun-block were a necessity.

Every morning, and at lunch, and dinner, we were required by our guides to have a pO₂ check with a portable pulse oximeter. It was not unusual for us to be running in the low 90 percent pO₂ range as we got near base camp. We quickly learned that low pO₂'s and continuous hik-

(continued)

Epic Travels (continued)

ing for 8 hours make you feel quite tired. The other thing I realized is that when we trained at sea level our workouts were typically 60-90 minutes. That is significantly different than continuously hiking for 8 hours per day for multiple days at elevation.

The sights were often surreal as we gazed at incredible mountain-tops and landscapes. It was not unusual to see clouds hovering at eye level as we proceeded along our daily trek. As we got nearer to Base Camp we passed through the Mount Everest Memorial site known as Chukla Lare. Here we paid our respects at the memorials of Scott Fischer and Rob Hall who perished May 11, 1996, on their Everest Summit attempt, and the memorial of the 16 sherpas who died in the April 18, 2014 Khumbu Icefall avalanche. There were numerous prayer flags and memorial monuments honoring the many climbers and sherpas who have perished on their journey attempting to summit Mount Everest.

One of the highlights is when we reached the small settlement of Gorakshep. This was the location of Sir Edmund Hillary's original Everest Base Camp in 1952. Our journey took us beyond Go-



A Buddhist stupa in Kathmandu.

rakshep to the current 2019 Base Camp, which was 3.5 kilometers further up the trail closer to Mt. Everest and just below the Khumbu Icefall. The trail we followed that day ran along the Khumbu Glacier with its 50-foot high seracs which are pinnacles of ice peculiar to Himalayan glaciers.

The next day we headed out from Gorakshep and made our way to our ultimate destination, Mt. Everest Base Camp. It was a great feeling of accomplishment. The Mt. Everest Base Camp marker was covered with prayer flags and basically is a large rock where someone had spray-painted "Everest Base Camp 5364 meters" (or 17,598 feet). We got to see some of the Base Camp tents that were still there surrounding the Mt. Everest Base Camp marker. We stood in awe at the surrounding mountains and could see the Khumbu Icefall ahead of us on the main pathway to Base Camp 1 and beyond. For Cheryl and I, we were quite happy

to have achieved our goal of making it up to Mount Everest Base Camp. I can honestly say my hat is off to anyone who has even attempted to summit Mount Everest. For us, our nine-day trek was a dream fulfilled.



Dr. Foley and Cheryl hanging with Tibetan priests.

(continued)

Epic Travels (continued)

One of the most touching moments for me was our farewell dinner. This was our final meal together with our two guides, Tanka and Raz, and our two young sherpas. Before dinner, I spoke privately to our head guide Tanka and told him that I wanted to give him a separate special gift of an altimeter watch as a token of our appreciation. Tanka, who was so kind and humble, told me he already had an altimeter watch back home, but he knew the assistant guide, Raz, would greatly appreciate it as he did not have one. So that evening after we had dinner together, I presented the watch to Raz who felt very honored and grateful. Tanka snapped a

great picture of Raz receiving the watch and being honored for all that he had done for us during our Base Camp adventure.

If you ever have the desire to take an epic and fairly challenging trip, I would highly recommend considering the Mount Everest Base Camp trek. You will leave with unforgettable memories.



Dr. Foley presents Raz with a watch.



Guides, Raz and Tanka.



The Scott Fischer Memorial.



The Foley's team hiking to the base camp.



After 10 years of dedicated service to the HCMA and its members, Kay Mills has been promoted... to the retirement stage of her life!

CONGRATULATIONS, KAY!

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Call the HCMA office if you have any questions: 813.253.0471. Ask about the automatic annual renewal option.

Personal News

In Memoriam



Dr. Albert Tawil, 83, passed away August 19, 2020. He spent his career as a devoted physician caring for generations of families in the Tampa Bay Area. Dr Tawil was born in Scranton, Pennsylvania and attended University of Scranton and graduated Summa Cum Laude. He went on to attend Jefferson

Medical School.

He and his wife Judy managed his practice for 58 years. In 2005, the Florida American Academy of Family Practitioners bestowed the award of Physician of the Year. He was also awarded the Top Doc award of Tampa Bay a multitude of times including 2020. His passion for work never ceased and he practiced medicine until the day of his passing. Dr. Tawil always made time for his family and friends. He continued the legacy of family membership at Congregation Rodeph Sholom his entire time in Tampa. He was preceded in death just five months prior by his beloved wife of 60 years, Judy Berger Tawil.

Survivors include his loving children, four grandchildren, as well as his siblings, Dr. Robert Tawil, Esther Weisman, Jacquelyn Wald, and Fran Bertie.

Funeral services were held with interment at Rodeph Sholom Cemetery. Pallbearers list, full obituary and condolences may be expressed online at: segalfuneralhome.com

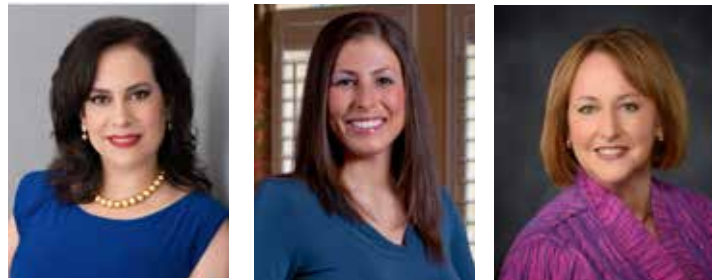
In Memoriam



Father of HCMA member, Dr. Abe Marcadis, Sam Abraham Marcadis, 93, a lifelong Tampa resident, passed away peacefully on Thursday, November 5, 2020. He was born August 16, 1927 to Abe and Annie

Marcadis. He was preceded in death by his wife, Rachel Bobo Marcadis. He is survived by his loving siblings his children, and ten grandchildren. He was a lifelong member of congregation Rodeph Sholom. Mr. Marcadis worked as a successful bail bondsman, and an owner of Abe's Bailbonds for six decades. He made friends easily, treated everyone with respect, and set a high standard for honesty, integrity, and hard work. In lieu of flowers donations may be made to Congregation Rodeph Sholom. To express condolences, please visit www.segalfuneralhome.com.

FMA Election results are available - Congratulations to three HCMA leaders!



The FMA held its Annual Meeting virtually in August. Resolutions were put on hold until the 2021 meeting can convene in person, but the elections were still held. Three HCMA members were elected to represent Florida at the AMA.

- Madelyn Butler, MD re-elected as Florida Delegate for the American Medical Association.
- Eva Crooke, MD elected as Florida Alternate Delegate for the American Medical Association. Dr. Crooke's first time running!
- Rebecca Johnson, MD re-elected Florida Alternate Delegate for the American Medical Association.

HCMA's Women in Medicine



In an effort to revitalize the HCMA's Women in Medicine section, a casual ZOOM event was held on September 22nd. Attendees toasted themselves, their colleagues, and RBG. The Rays and the Light-

ning were not left out and praised for their entry into the playoffs. Attendees agreed to meet quarterly to network and socialize. Part of each event will also include a short presentation from a female member on her interests outside of medicine. The next virtual event will include Dr. Lynn Ringenberg's summary of an organization she's involved with, Physicians for Social Responsibility. Watch your email for future WIM events.

(continued)

Personal News (continued)

HCMA Retirees Lunch Bunch

Dr. David Lubin, Editor of *The Bulletin* and host of the HCMA Retirees Lunch Bunch Zoom social, coordinates a monthly lunch at “your place.” The October lunch featured Jay Feaster, Vice President of Community Hockey Development for the Tampa Bay Lightning and the November lunch featured a computer forensics expert. Retired members should watch their email for the invitations! If you have any suggestions for the Lunch Bunch, please email Dr. Lubin: Dajalu@aol.com

Past Presidents’ Social



Prior to each November Membership Dinner, HCMA Past Presidents are honored with a private reception to thank them for their service. This year, we became creative by hosting a zoom social where the past presidents can honor each other from the privacy of their homes. We look forward to an in-person celebration when the pandemic is behind us!

New Addition



Dr. Samuel Aaron Laden is *The Bulletin's* new contributor. Many of us have known Dr. Laden for years, as he was a pathologist at BayCare from 1986-2018, and Chief of Pathology at St. Joseph's from 1997-2001. He never studied art but states he's had “more than 25 years of formal education, doodling in class.” He's never previously published his cartoons, except to circulate them amongst family and friends. Along with *The Bulletin*,

his “doodlings” now appear in the online publication, 83Degrees, which comes out every Tuesday at www.83degreesmedia.com. He says he's strictly an amateur—as it never occurred to anyone to pay me.” He credits his wife, Susan, with being his muse and inspiration, as well as his chief humor consultant.

2020-2021 Directory Updates

HCMA's Annual Membership Directory has been mailed to all physician members and is posted on www.HCMA.net under the “Members” listing. We try our best to keep members' information updated but ask for your assistance. Please review your listing and submit any updates through the HCMA website, under “Members” and click on “update my profile.”

Please note the following updates to the 2020-2021 Annual Membership Directory:

Stanley R. Dennison, Jr., MD, MBA
Specialty: Interventional Pain Medicine (updated)
1921 W. Dr. Martin Luther King Jr. Blvd., Tampa, 33607
P: 813-876-7600, F: 813-876-7675

Arun Kalava, MD
Specialty: Pain Management (updated)
375 South 12th St., Tampa, 33602
P: 813-533-6259

Nitesh N. Paryani, MD
Specialty: Radiation Oncology
3001 W Dr. Martin Luther King Blvd (updated)
Dept. Radiation Oncology
Tampa, 33607
P: 813-582-5823



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