Indianapolis Medical Society 1848

Volume XCVIII • Number 11
July 2012 • Indianapolis, Indiana

Bulletin

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Bulletin

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Associate Editor, *The IMS Bulletin*
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We like to feature photographs or other artwork shared by IMS members on the cover of *The Bulletin*. Submit photographs, artwork, etc., to Beverly Hurt at the Society Office, bhurt@imsonline.org.

The Bulletin is your magazine. Share your views by submitting reprints of your published articles; articles written expressly for *The Bulletin*; quips; short stories; brief comments; ideas; cartoons, etc.

Remember the *Indianapolis Medical Society Foundation* when planning your will. *(Contribution form included in this issue.)* Unless otherwise specified, your contribution will be directed toward medical scholarships.

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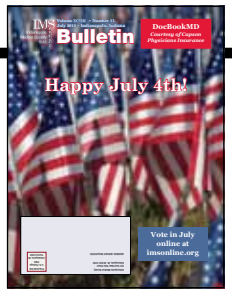
about our cover



On our cover:

Happy July 4th

As you celebrate this holiday, be safe, be thankful and enjoy the day. Also plan on joining your colleagues at the 7th District Annual Meeting, held July 31, 2012, 1st Base Terrace, Indianapolis Indians. Tickets are required. Please use the RSVP envelope that was provided in the June issue of the *Bulletin* or phone 639-3406 to RSVP.

Voting for IMS Officers is July. To vote visit: www.imsonline.org. Please take a few minutes to elect the new leaders of your Indianapolis Medical Society. The Society can only be as effective as the participation of IMS Members.

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President's Page

Richard H. Rhodes, MD

Osteopathic Medicine, Part 2

Marian University College of Osteopathic Medicine Plan

Paul Evans, DO, VP and Dean, MU-COM

The Marian University College of Osteopathic Medicine will matriculate students next August. I think the opening of a new medical school in Indiana is the most significant develpoment in the medical community since the opening of the IU School of Medicine in 1903. Kentucky (population 4.3 million) has three medical schools with a total enrollment of 1370; Indiana (population 6.5 million) has one medical school with 1245 students. The additional 600 students at Marian University will help alleviate the worsening shortage of physicians in Indiana. We as physicians must play an ever increasing role in the education and training of these future physicians and surgeons.

Please welcome Dr. Evans' second article as we present more information concerning the new medical school and its vision.

In the June *IMS Bulletin (page 7)* in Part 1, we covered an introduction to osteopathic medicine that included an overview, history, principles, and vision. In this month's Part 2, we will review the blueprint for Indiana's first osteopathic medical school, the new Marian University College of Osteopathic Medicine (MU-COM).

Plans for MU-COM

A. Needs –

a. US- Nationally there is a substantial physician shortage predicted over the next two decades, with most plausible scenarios of supply and demand indicating a 160,000 all physician deficit by 2025. This shortage reflects multi-factorial causes, with influences of increasing populations, expansion of the elderly with their increased needs on health care, higher percentages of part time physicians, the obesity and diabetes epidemic, and the decline in hours worked per week. With an addition of over 30 million new patients possible under pending the Affordable Care legislation, this could be even more problematic. AAMC data shows medical students per 100,000 declining from 7.3 in 1980 to a projected 5.0 in 2020, a 32% drop.

b. Indiana- the same forces affecting the nation are in-play in Indiana. Projections show a 5,000 physician shortage by 2020, with 2,000 of these being primary care physicians. Indiana now ranks 38/50 in physicians per 100,000 and appears to be getting worse. 57 out of 92 Indiana counties are defined as medically underserved.

B. History –

The growing need for physicians was recognized by the Indiana Osteopathic Association. The support of starting a new osteopathic medical school started at the turn of the century. A committee of DO physicians solicited interest and proposals from the state's colleges and universities to sponsor the creation of a new school. After evaluating a number of proposals, the IOA announced the selection of Marian University as the site of the new project in January of 2010. The first class will start with 150 DO students in 2013.

C. Marian University -

Marian University, founded in Indianapolis in 1937, is the only Catholic liberal arts university in central Indiana. It serves a student body of more than 2,500 from 20 states and 12 countries through dedication to excellent teaching and learning in the Franciscan and liberal arts traditions. Marian University is one of Indiana's 31 independent colleges and one of 244 Catholic colleges and universities nationwide.

Since 2001, Marian University has been led by President Daniel J. Elsener, whose vision and leadership are transforming the university. In 2010, the university announced it would develop the first college of osteopathic medicine in Indiana; in 2011, it broke ground on the Michael A. Evans Center for Health Sciences. Marian University is celebrating its 75th anniversary throughout 2012.

D. Curriculum -

MU-COM will offer some unique curricular elements.

a. The curriculum will be based on the principles of the Carnegie Report of 2010 (Educating Physicians: A Call for Reform of Medical School and Residency). This publication outlined, among many, these key fundamental needs:

i. distinguish more clearly between core material and everything else,

ii. encourage learners to form lifelong commitments to pursuing excellence

iii. instill in students the understanding that learning continues beyond the formal four- to ten-year training period, and prepare them to continuously incorporate the advancing knowledge base and procedural innovations of contemporary medicine

iv. approach curricular material, including the sciences foundational to medicine, through questions arising out of clinical work

v. establish strong, engaged relationships with faculty members that provide challenge, support and strong role modeling

vi. use assessment with a common set of competency domains over the entire learning continuum with actual benchmarks specified by learner level

vii. perform assessment across the competencies that is integrated and cumulative,

viii. demonstrate a commitment to excellence that is a hallmark—some would maintain the hallmark—of professionalism in medicine;

b. Competency based assessment- MU-COM will use the Fundamental Osteopathic Medicine Competencies published by the National Board of Osteopathic Medical Examiners in 2011 using the critical elements which all physicians should be able to demonstrate. All of these competencies will be incorporated into the curriculum and will be required before graduation.

Continued on page 22.


The Importance of PSA Testing and How the USPSTF Devalued Early Detection of Prostate Cancer

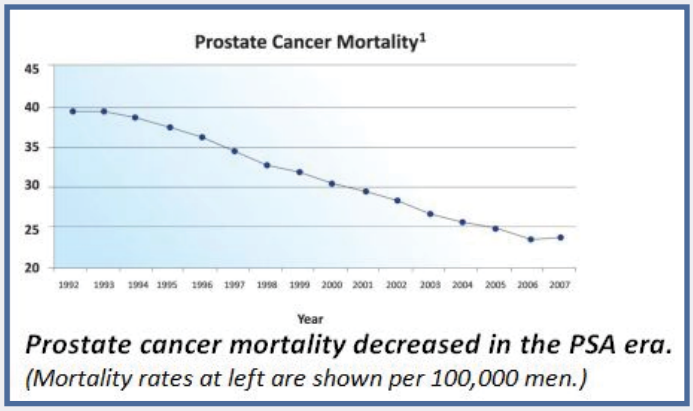
Peter M. Knapp, MD, FACS
President, Urology of Indiana

Ronald S. Suh, MD, FACS
Chair Quality Committee, Urology of Indiana

The United States Preventative Services Task Force (USPSTF) recently finalized their initial draft recommendation against the routine use of PSA-based screening of men for prostate cancer. The USPSTF finalized their recommendation despite widespread public disagreement during the comment period from the medical community, including urologists and oncologists who were notably unrepresented on the USPSTF. The recommendation statement asserts that there is at least moderate certainty, based on the evidence reviewed, that there is no net benefit to PSA-based screening, or that the potential harms outweigh any benefits (1). So, what is the evidence to support the overwhelming disagreement from the physicians who diagnose and treat men with prostate cancer and where do we go from here?

PSA Testing Saves Lives

Prostate cancer is the most common malignancy in American men and the second leading cause of cancer death, estimated at over 33,000 deaths in 2011 by the American Cancer Society (2). Epidemiologic data demonstrates that since the early 1990s, when widespread use of PSA testing was initiated, there has been a 40% reduction in prostate cancer deaths and a 75% reduction in presentation with advanced disease at initial diagnosis (3). The influence of PSA screening on these statistics cannot be reasonably denied. In fact, the National Institutes of Health Consensus Development Conference concluded in a recent report that "prior to the adoption of PSA screening, the majority of prostate cancer was detected because of symptoms of advanced cancer or a nodule found on digital rectal examination. The symptomatic tumors were usually high grade, advanced, and often lethal" (4).



Prostate cancer mortality decreased in the PSA era.
(Mortality rates at left are shown per 100,000 men.)

The USPSTF View

The USPSTF based their recommendation on the results of two screening trials. The U.S. PLCO (Prostate, Lung, Colorectal, and Ovarian) Cancer Screening Trial and the ERSPC (European Randomized Study of Screening for Prostate Cancer) accumulated data over an 11 to 13 year period on the effect of PSA screening on prostate cancer detection and mortality. The PLCO demonstrated a slightly higher incidence of prostate cancer in the screened group, but mortality did not differ significantly between the screened and unscreened groups; however, over 50% of men in the unscreened group received PSA testing outside the study protocol and 40% of men had been prescreened with PSA testing prior to enrolling in the trial (5). The significant contamination of unscreened and screened groups makes any conclusions from the PLCO dataset regarding the impact of true screening questionable. The ERSPC, without such contamination, did demonstrate a significant benefit to screening with a reduction in prostate cancer death of 21% in the screened group, which rose to 29% with adjustment for noncompliance (6). In its report, the USPSTF felt that a 29% reduction in cancer death was outweighed by potential negative aspects of screening, such as anxiety related to elevated PSA and biopsy-related complications of "pain…blood in urine, semen, or stool (and) transient urinary difficulties" (1), which occur collectively in fewer than 1 in 3 patients.

What the USPSTF Missed

Prostate cancer typically progresses slowly, and urologists and oncologists often anticipate 10 years or more of follow-up to fully demonstrate differences in outcome from treatment interventions. The same clinical rationale is even more relevant for properly evaluating survival in prostate cancer screening. Incredibly, the prostate cancer screening study with the longest reported follow-up to date, the Göteborg Randomized Population-Based Prostate-Cancer Screening Trial, was not independently considered by the USPSTF. In fact, the USPSTF specifically ignored this dataset (1). The Göteborg study remains ongoing, but interim analysis at 14 years of median follow-up has already demonstrated a 44% reduction in death from prostate cancer among those undergoing PSA screening (7). In addition to 14 years of median follow-up, another strength of this dataset is the very low contamination rates in the screened and unscreened groups. An additional secondary subset analysis of the larger ERSPC data, correcting for failure of subjects to adhere to protocol-prescribed screening and contamination with PSA testing in the unscreened group, showed that PSA screening reduced the risk of prostate cancer death by 31% (8). Therefore, longer follow-up in an environment of true population-based PSA screening has been shown to result in a significant reduction in prostate cancer-specific mortality.

A recent article published in the Annals of Internal Medicine by a collection of internationally recognized experts in urology, oncology, radiation oncology, preventative medicine and primary care, were not only critical of the USPSTF analysis of existing data but also with the extrapolation of treatment risks into the evaluation of PSA testing as a screening tool (9).

Continued on page 19

From left to right: Sandra Dolny, PA-C; Jocelyn Bush, MD; John Fitzgerald, MD; Edward Kowlowitz, MD; Alina M. Clavijo-Passik, PhD
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Marc P. Underhill, MD, board certified Interventional Radiologist at Northwest Radiology recently spoke to Riverview Hospital's Child / Maternal Health Department about Interventional Radiology procedures that are available at Riverview Hospital.

Ruemu E. Birhiray, MD, Oncologist, participated in the Messages of Hope for Cancer Patients at St. Vincent in June 2012. The artwork was made by nine students for Sand Creek Intermediate School who created uplifting messages for patients and donated the artwork to St. Vincent Breast Center.

Stephen W. Perkins, MD, of Meridian Plastic Surgeons was an invited Guest of Honor Speaker at the Facial Plastic Conference in Izmir, Turkey. His speaking topics included rhinoplasty, blepharoplasty, facelift and state-of-the-art injectibles. He performed a rhinoplasty surgery live for the facial plastic surgeons in attendance.

Dr. Perkins was a Guest of Honor Speaker at the National Portuguese Otolaryngology Congress and spoke on the topics of tip rhinoplasty, revision rhinoplasty and blepharoplasty.

He recently operated with a colleague facial plastic surgeon in Amsterdam performing an endoscopic forehead lift, facelift, upper and lower blepharoplasty, rhinoplasty and revision rhinoplasty. Dr. Perkins was also a teaching faculty member at the 7th International Federation of Facial Plastic Surgery Societies Meeting in Rome, Italy. His instructional courses included blepharoplasty, brow lift, rhinoplasty and revision rhinoplasty. There were nearly one thousand registrants from 75 counties around the world. Dr. Perkins was a Program Director and organizer as well as a faculty presenter at the Caribbean Facial Plastic Surgery Update in San Juan, Puerto Rico. His speaking topics included endoscopic forehead lifting, facelift, blepharoplasty, face and neck rejuvenation, facial resurfacing and rhinoplasty techniques.

Steven R. Counsell, MD, was a co-author of "Transitions in Care for Older Adults With and Without Dementia" appearing in the May 2012 issue of the *Journal of American Geriatrics Society*.

Richard D. Feldman, MD, has been appointed to the Dean's Advisory Board of the newly established Marian University College of Osteopathic Medicine. The board is composed of business leaders and health care professionals who advise the Dean and help guide the development of the college.

Dr. Feldman, who has served as Indiana's state health commissioner, is the director of Medical Education and Residency Training for Franciscan St. Francis Health.

Jennifer W. Bigelow, MD, ended her practice in the Mooresville Medical Pavilion effective June 29, 2012. She and her family will be leaving for Belize as a part of the Mission to the World.


Jennifer W. Bigelow, MD


Reumu E. Birhiray, MD


Jared R. Brosch, MD


Steven R. Counsell, MD


Richard D. Feldman, MD


Polly A. Moore, MD


Stephen W. Perkins, MD


Karen L. Roos, MD


Rick C. Sasso, MD


Marc P. Underhill,MD

Karen L. Roos, MD and **Jared R. Brosch, MD** of Indiana University Health Neurology co-wrote the book chapter "Meningitis and Encephalitis" in *Principals and Practice of Hospital Medicine* published March 29, 2012.

Rick C. Sasso, MD, Indiana Spine Group, authored "Computer Assisted Spinal Navigation," in the American Academy of Orthopedic Surgeons *Orthopedic Knowledge Online*.

Dr. Sasso published a "Perioperative and Delayed Complications" associated with the surgical treatment of cervical sponyloctic myelopathy based on patients from the AO Spine North America Cervical Sponylotic Myelophy study in the *Journal of Neurosurgery: Spine* in May.

He also published a paper, "Accuracy of the freehand technique for three fixation methods in the C2 vertebra," in the journal *Neurosurgical Focus.*

Polly A. Moore, MD, an IHP cardiologist and co-director of the Franciscan St. Francis Heart Failure Care Clinic, led the "Heart Failure Care: We're in it Together" May 9 at a seminar for nearly 130 health professionals held at the Heart Center. The topics included the signs, symptoms and care for heart failure; nutritional concerns; patients' experiences at the hospital; medications for heart failure, and end-of-life issues.

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New Members

Bowling, Monet W., MD
University Surgeons, Inc.
535 Barnhill Dr., #473
46202-5112
Ofc – 278-1583
Fax – 278-3185
Surgery, 2007
Other Specialty
Indiana University, 2001

Bradbury, Jamie L., MD
Goodman Campbell Brain and Spine
1051 Greenwood Springs Blvd., #201
Greenwood, 46143-6479
Ofc – 396-1300
Fax – 396-1415
Email – jbradbury@goodmancampbell.com
Web – www.goodmancampbell.com
Neurological Surgery
Ohio State University, 2003

Jarori, Abhilasha, MD
Resident – I.U. School of Medicine
Internal Medicine
Indiana University, 2010

Lamse, Anca, MD
Lamse Wellness Clinic, LLC
2000 E. 116th St., #109
Carmel, 46032-3581
533 E. County Line Rd., #104
Greenwood, 46143-1074
Ofc – 902-1445
Fax – 574-0495
Web – www.lamseclinic.com
Family Medicine, 2008
Other Specialty
Rush Medical College, 2002

Triplett, Cherrell L., MD
Southside OB/GYN, PC
8051 S. Emerson Ave., #400
46237-8633
Ofc – 865-3600*
Fax – 885-3850
Obstetrics & Gynecology, 2011
Loyola University, 2005

Waters, Heather H., MD
Fellowship – Meridian Plastic Surgeons
Meridian Plastic Surgery Ctr.
170 W. 106th St.
46290-1089
Ofc – 575-0330
Fax – 571-8667
Otolaryngology
Facial Plastic Surgery
Ohio State University, 2005

Webb, Timothy T., MD
Resident – I.U. School of Medicine
Anesthesiology
Indiana University, 2010

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- Advantage Health Solutions - IMS offers its Members a discount on group health insurance through a local provider-owned health plan.
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Project Health

Carrie Jackson Logsdon, Director

Thank you, Shiela M. Gamache, MD

Sheila M. Gamache, MD, Community Heart and Vascular Physicians, is Project Health's volunteer of the month for July. She grew up in Irvington, the oldest of two brothers and four sisters. Her mom was a nurse and her dad was in construction. In fact, her father did the bricks around the Circle. Her mother died when she was young, in the 1970's. Her father later remarried and she says "another brother was born when I was 28." She said, "Growing up after mom died, my dad was my guiding force. In high school at Chatard, I thought I was going to become a hematologist." Dr. Gamache served as an extern for five Community East medical students.

She completed her bachelor's degree at Purdue University majoring in microbiology. Her goal then was to become a genetics researcher. "I found that working in the lab all day didn't give me enough contact with people, and I thought that lab life wasn't going to fulfill me." A friend suggested medical school.

She graduated from the I.U. School of Medicine, followed by a three year residency at Methodist Hospital in internal medicine. She was named Intern of the Year. Afterwards she did a three year Fellowship in cardiology at Methodist. "Dr. Richard Campbell was the primary force in my residency. He was Director of Internal Medicine and then Director of the Cardiology Fellowship at Methodist. I still practice with him looking over my shoulder."

Dr. Gamache is Board Certified in Internal Medicine and Cardiology. She joined Meridian Medical Cardiology in 1993 where she said her mentor was Richard R. Schumacher, MD. She joined Indiana Heart Associates in 2001, and since 2009, has been at Community Heart and Vascular Physicians.

"The one thing I like about being in a larger practice is that I can leave the administrative stuff aside. As an employed physician, I'm not the one to decide those things, I just want to treat patients." She is also a Physical Diagnosis Instructor and Associate Professor of Clinical Medicine at the I.U. School of Medicine. Dr. Gamache was named one of the top 10% of cardiologists in the Midwest by U.S. News and World Report.

Her husband, Bob Bates, is a CPA. She shared that her husband wanted to be a chemist, but was not destined for medical school. "The whole life of being on call was not very entertaining to him." Dr. Gamache says, "I am blessed with a wonderful husband and three kids ages 20, 17, and 15."

She is the team doctor for the Bishop Chatard football team and does the athletic physicals for Our Lady of Lords School. "A fair number of those children come from pretty diverse backgrounds." She and her husband also sponsor The Immaculata Scholarship for a student at Our Lady & Lords to attend Scecina High School.

She said volunteering for Project Health was the natural thing to do. "It's a commitment we made the day we graduated and took the Hippocratic Oath." She said medical knowledge is not something they own. It is to be shared to help people. "I feel very fortunate to be able to be a doctor."

Project Health also feels very fortunate to have Dr. Gamache and so many cardiologists helping us to help our patients. IMS

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Stephen R. Dunlop (2012)
John Duplantier (2012)
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Robert J. Alonso (2013)
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Jeffrey J. Kellams (2013)
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They correctly point out that diagnostic procedures and related complications occur in unscreened populations as well and at a later stage of cancer discovery. They state that "undeniably, victims of advanced prostate cancer endure more invasive and harmful procedures than those with organ-confined disease." The authors pointedly illustrate that there is substantial illness and morbidity in living with advanced cancer, such as painful bone metastases, pathologic fractures, and urinary tract obstruction, all of which can have a significant and persistent negative impact on quality of life.

Congress Responds

Congressional leaders have resoundingly voiced their objection to the USPSTF recommendation on PSA testing. Nearly forty members of Congress signed a bipartisan letter co-authored by Representative Tom Price, M.D. (R-GA) and Representative Andre Carson (D-IN), objecting to the USPSTF recommendation and asking Health and Human Services Secretary Kathleen Sebelius to withdraw the recommendation (10). The Congressmen stated they found it "deeply troubling that any entity supported by your agency (HHS) would issue a recommendation that had the potential to further erect barriers to this highly at-risk population receiving adequate treatment. This recommendation jeopardizes the health of countless American men, particularly those populations that are most at risk, like African American men or men with a family history of prostate cancer, who have the highest incidence of and death rates from prostate cancer."

Congresswoman Donna Christensen, M.D. (D-USVI), Chair of the Congressional Black Caucuses Health Braintrust, found it "most egregious that the USPSTF recommendation did not take into account the disparities that exist in prostate cancer (11)." Congresswoman Christensen also stated "rather than consider the disproportionate impact of prostate cancer on African-American men, men with a family history of prostate cancer, veterans exposed to Agent Orange and other men who are disproportionately affected by prostate cancer, the USPSTF instead applied a 'one size fits all' approach – an approach that runs counter to the research and that may put men at high risk for prostate cancer in an unnecessarily precarious position (11)."

Professional Guidance and Patient Choice

Ultimately, the controversy as well as the data demonstrate that the decision to proceed with PSA screening should always be considered thoughtfully between a patient and his physician. The American Urological Association's Prostate Specific Antigen Best Practices Statement (12) continues to hold true. The natural history of prostate cancer is markedly heterogeneous, with long-term survival considerably diminished when no longer organ-confined. Therefore, the strategy for managing prostate cancer involves early detection, with selective and tailored treatment. When interpreted appropriately, the PSA test provides vital information for the diagnosis, pre-treatment staging, risk assessment and monitoring of men with prostate cancer. A patient's decision to utilize either active treatment or surveillance for prostate cancer should be individualized and discussed in detail with their urologists. Men in high risk populations, such as those with a family history of prostate cancer and those of African-American descent, will be particularly negatively impacted by a blanket strategy of non-screening. At this time, PSA testing remains a covered service by Medicare and medical insurance companies. It is up to physicians and their patients, together, to continue to utilize this life-saving test responsibly.

1) Moyer VA; U.S. Preventative Services Task Force. Screening for prostate cancer: U.S. Preventative Services Task Force Recommendation Statement. Ann Intern Med. 2012; 157.

2) American Cancer Society. *Cancer Facts and Figures 2011.* Atlanta: American Cancer Society; 2011.

3) Etzioni R, Tsodikov A, et al. Quantifying the role of PSA screening in the US prostate cancer mortality decline. Cancer Causes Control. 2008; 19:175-81.

4) Ganz PA, Barry JM, et al. National Institutes of Health State-of-the-Science Conference: Role of active surveillance in the management of men with localized prostate cancer. Ann Intern Med. 2012; 156:591-595.

5) Andriole GL, Crawford ED, et al. PLCO Project Team. Prostate cancer screening in the randomized Prostate, Lung, Colorectal, and Ovarian Cancer Screening Trial: mortality results after 13 years of follow-up. J Natl Cancer Inst. 2012; 104:125-32.

6) Schröder FH, Hugosson J, et al. ERSPC Investigators. Prostate-cancer mortality at 11 years of follow-up. N Engl J Med. 2012; 366:981-90.

7) Hugosson J, Carlsson S, et al. Mortality results from the Göteborg randomized population-based prostate-cancer screening trial. Lancet Oncol. 2010; 11: 725-32.

8) Roobol MJ, Kerkhof M, et al. Prostate cancer mortality reduction by prostate-specific antigen-based screening adjusted for nonattendance and contamination in the European Randomized Study of Screening for Prostate Cancer (ERSPC). Eur Urol. 2009; 56:584-91.

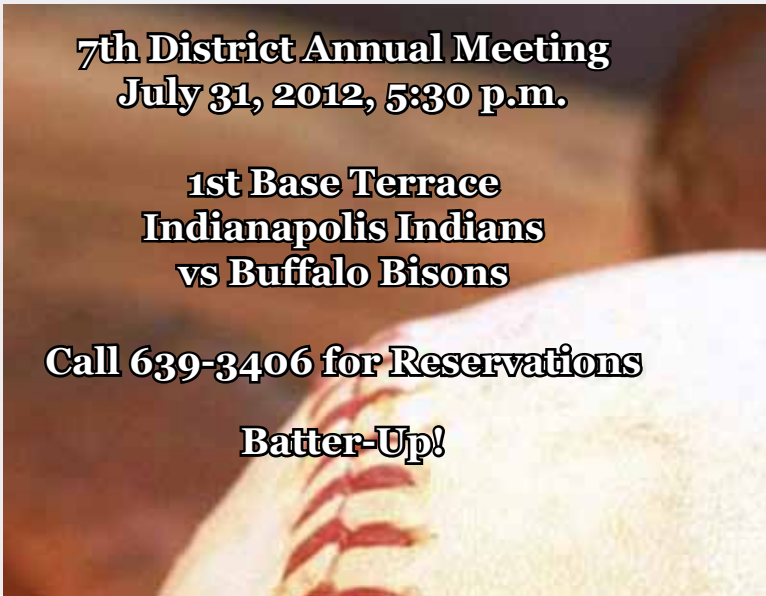
9) Catalona WJ, D'Amico AV, et al. What the U.S. Preventative Services Task Force missed in its prostate cancer screening recommendation. Ann Intern Med. 2012; 157.

10) Price T, Carson A, et al. Letter to Health and Human Services Secretary Kathleen Sebelius. Congress of the United States. Washington, D.C. December 9, 2011.

11) Christensen D. "Congresswoman Donna Christensen Expresses Disappointment in the USPSTF Prostate Cancer Screening Recommendations - Calls the Final Recommendation a Step in the Wrong Direction". From the Office of Donna Christensen, Delegate to Congress. Washington, D.C. May 22, 2012. Access at http://donnachristensen.house.gov/press-release/congresswoman-donna-christensen-expresses-disappointment-uspstf-prostate-cancer.

12) Carroll P, Albertsen PC, et al. Prostate-Specific Antigen Best Practice Statement: 2009 Update. Linthicum, MD: American Urological Association; 2009. Access at http://www.auanet.org/content/guidelines-and-quality-care/clinical-guidelines/main-reports/psa09.pdf.

IMS



CME & Conferences

Community Health Network

Community Hospital East

First Wednesday	Critical Care Conference Medical Staff Conf. Room, 12:00 - 1:00 p.m.
Second Wednesday	Medical Grand Rounds Medical Staff Conf. Room, 12:00 - 1:00 p.m.
Third Wednesday	Neuro Grand Rounds Medical Staff Conf. Room, 12:00 - 1:00 p.m.

Community Hospital South

Fourth Thursday	Medical Grand Rounds Conf. Rooms A & B, 7:30 - 8:30 a.m.

Community Hospital North

First Wednesday	Pediatric Grand Rounds Multi Services Rooms 1 & 2 7250 Clearvista Dr. 7:30 – 8:30 a.m.
First Friday	North Forum Reilly Board Room; 12:00 - 1:00 p.m.
Fourth Thursday	Psychiatry Grand rounds 7250 Clearvista Dr. Multi-Service Rms. 1 & 2 7:30 - 8:30 a.m.

Community Heart & Vascular/ Indiana Heart Hospital

First Wednesday	Imaging Conference: rotates Cath & Echo Case Presentations TIHH MCV Boardroom Videoconference to CHE Bradley Boardroom & CHS Education Center Rm. 2-1910 7:00.- 8:00 a.m.
Third Wednesday	Ken Stanley CV Conference TIHH MCV Boardroom Videoconference to CHE Bradley Boardroom & CHS Education Center Rm. 2-1910 7:00 - 8:00 a.m.
Fourth Wednesday	Disease Management Conference: rotates CHF & EP Case Presentations TIHH MCV Boardroom Videoconference to CHS Education Ctr. Rm. 2-1910, 7:00 - 8:00 a.m.

Cancer Conferences

Community Hospital East:

First & Third Wednesdays	East General Cancer Conference Medical Staff Conf. Room, 12:00 to 1:00 p.m.
Fourth Wednesday	East Multidisciplinary Breast Cancer Conference Medical Staff Conference Room 7:00 to 8:00 a.m.

Community Hospital North

First & Third Tuesdays	North Multidisciplinary Breast Conference 8040 Clearvista Parkway, Suite 550, 7:00 - 8:00 a.m.
First Wednesday	North Chest Cancer Conference 8040 Clearvista Parkway, Suite 550, 7:00 - 8:00 a.m.
Third Wednesday	Melanoma Cancer Conference 8040 Clearvista Parkway, Suite 550, 7:30 - 8:30 a.m.

Community Hospital South

Third Wednesday	South Multidisciplinary Breast Cancer Conference Community Breast Care Center South, 533 E. County Line Rd., Ste. 101, 8:00 - 9:00 a.m.

For more information, contact Valerie Brown, (317) 355-5381.

Indiana University School of Medicine/ Indiana University Health

IU – Methodist – Riley

July 14-21	97th Annual Anatomy and Histopathology of the Head, Neck and Temporal Bone IUPUI Campus Medical Science Building, Indianapolis
July 20	Review and Interpretation of the 2012 ASCO Meeting University Place Conference Center, Indianapolis
Nov. 2-3	20th Annual Trauma/Surgical Critical Care Symposium University Place Conference Center, Indianapolis
Nov. 7	Pediatric Endocrinology Riley Outpatient Center, Indianapolis
2013 Jan. 19	Review and Interpretation of the 2012 San Antonio Breast Cancer Symposium Indiana History Center, Indianapolis

Course dates and locations are subject to change. For more information, please visit http://cme.medicine.iu.edu or call 317-274-0104.

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2012 Indiana Psychiatric Society Fall Symposium

Prescribing Controlled Medications for Risky Populations - When to Say YES!
Accredited for 5.0 AMA PRA Category 1 Credits

Saturday, September 15, 2012
JW Marriott - Indianapolis

While college campuses have long faced challenges of alcohol abuse and binge drinking, a new phenomenon is taking hold. The proliferation of prescription drug abuse among college-aged students is a frightening trend spreading across campuses nationwide. Statistics reported by SAMHSA estimate nearly one in four college students has illegally used prescription drugs for non-medical purposes. As these young adults grow and transition into "the real world" these "harmless" tendencies can develop into full blown addictions causing significant functional issues and exacerbating other psychiatric morbidities.

This symposium will explore college mental health, the increasing abuse of prescription drugs, and opiate use disorder. We will also explore adolescent versus adult ADHD, understanding when medications are appropriate. Our day will wrap up with a look at those drugs most likely to be diverted.

Speakers will present a balanced program of lectures and case scenarios to improve your understanding of these issues. Join us!

To learn more or register, visit www.pdallc.com or email Sara at lizgroupllc@yahoo.com.

Please submit articles, comments for publication, photographs, Bulletin Board items, CME and other information to mhadley@imsonline.org by the first of the month preceding publication.

IMS Events

Indianapolis Medical Society

July
17 IMS Board, Society, 6:00 PM, Social; 6:30 pm, Dnr/Mtg
31 7th District Annual Meeting, Victory Field, 1st Base Terrace, 5:30 pm, tickets required

August
21 Executive Committee, Society, 6:00 pm, Sandwiches

September
12 Senior/Inactive Luncheon Meeting, Noon, Society, Speaker TBA
14-16 ISMA CONVENTION, JW MARRIOTT HOTEL
25 IMS Board, Society, 6:00 pm, Social; 6:30 pm, Dnr/Mtg

October
16 Executive Committee, Society, 6:00 pm, Sandwiches

November
4 IMS Advisory Breakfast, 7:30 am
10-13 AMA House of Delegates, Honolulu, Hawaii
20 ISMA Board of Trustees, 9:00 am, ISMA Headquarters

December
12 Senior/Inactive Luncheon Meeting, Noon, Society TBD
18 Executive Committee Holiday Dinner, with Spouses/Guests

President's Page ...

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c. Features of innovation- MU-COM will have a systems based curriculum organized around clinical cases. We will use anchor physician lectures which will serve as a framework for biomedical science integration. We plan a first year clinical experience, extensive use of standardized and simulated patient encounters, and will have unique rural/underserved rotations as well as a 2 month community hospital experience. Other new ideas will be incorporated when our faculty is hired and completes the curriculum this fall.

E. Clinical Network –

We now have 18 affiliated hospitals and systems throughout the state, with 7 more in now in development. Presently there has been high enthusiasm to take our students for clinical rotations in years 3 and 4 starting in 2015.

F. Graduate Medical Education (GME) -

We are talking with hospitals who are considering expanding existing residency programs, adding osteopathic certification to ACGME residencies, or who want to explore creating new AOA Certified programs. Marian University COM is an academic partner of the Michigan State University COM's Statewide Campus System OPTI (Osteopathic Postgraduate Training Institute). SCS Is assisting us in developing these new residency opportunities for the future.

We look forward to partnering with the physicians in the Indianapolis Medical Society. Our new college hopes to produce new physicians that will help meet the growing need for doctors in our state.

IMS

Attention IMS Members – Special Voting Notice

Per formal Board Action, the ONLY way to vote for Leadership is online; further, a tally will indicate how many people you have voted for, and you will receive a confirmation upon completion.

Voting is July, 2012. Additional notices will be provided via *eBulletin* and eBlasts.

Advertisers' Index

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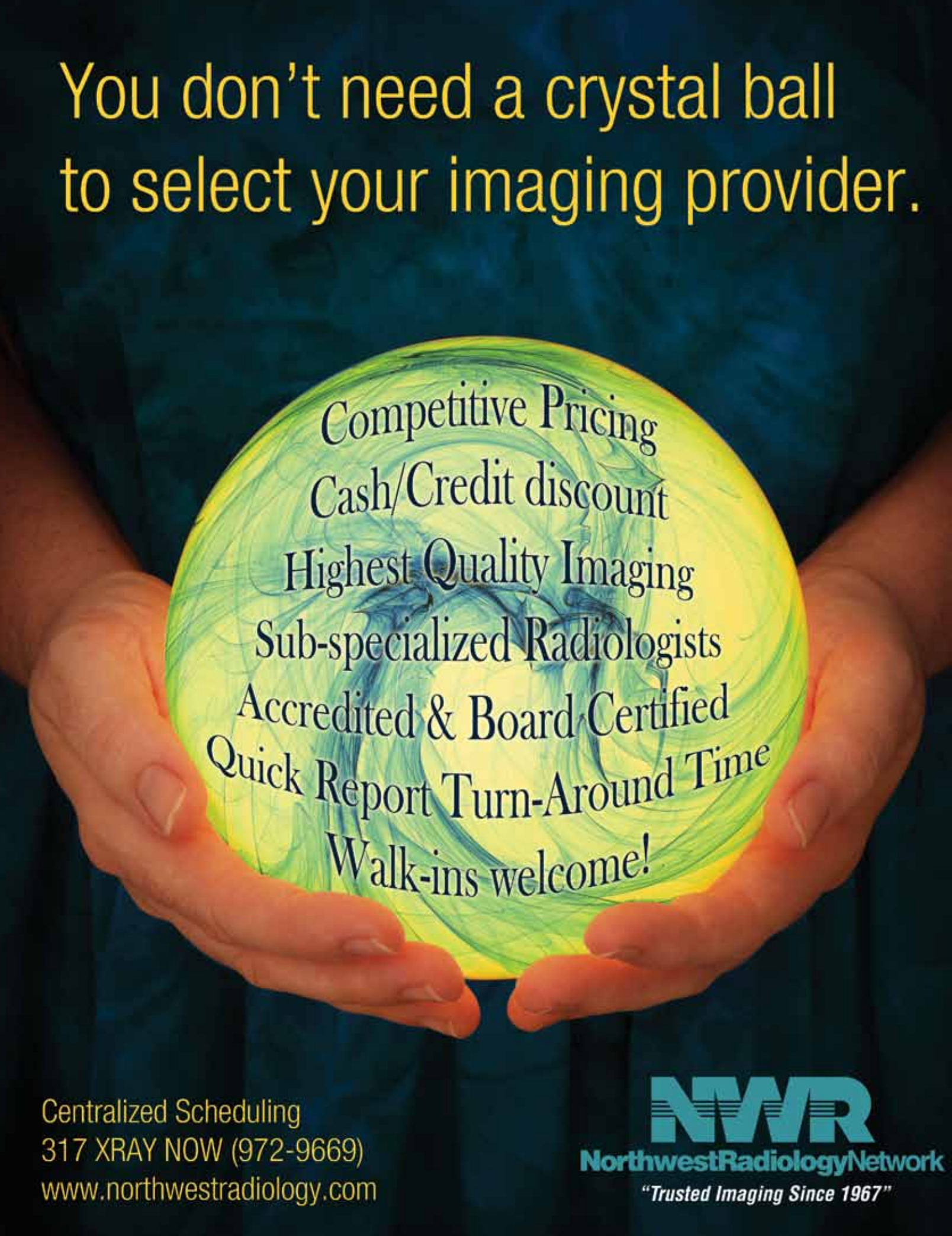

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