

Bulletin

Medical - Legal Dinner

Wednesday, April 19, 2017

6:00 p.m. - 10:00 p.m.

Ritz Charles

Keynote Speaker
Dr. Ora H. Pescovitz

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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.

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"increased numbers, increased voice in this changing political landscape"

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about our cover

On our cover: *The Welcoming of Spring.*
The photograph is unattributed and was garnered from the internet.

Medical-Legal Dinner

Wednesday, April 19, 2017, 6:00 p.m. - 10:00 p.m.
Ritz Charles; 12156 N Meridian Street

Please join your colleagues as The Indianapolis Medical Society and The Indianapolis Bar Association gather together for this historically popular dinner.

The setting is an effort to understand each other's professions, to learn that we probably have more in common than we realize and to meld these professions together.

The evening will feature keynote speaker,
Dr. Ora H. Pescovitz,

a renowned medical professional, who will discuss
"Leading with Purpose."
Emcee Naomi Pescovitz, WTHR Eyewitness News.

Please note: Dress code is business attire.
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Registration: <https://www.indybar.org>

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“increased numbers, increased voice in this changing political landscape”

As you are now aware, the Indianapolis Medical Society and the Indianapolis Bar Association recently formed an Alliance to examine issues common to both. The goal is to identify topics of interest and develop programs that educate and foster dialogue. To take this a step further, it is then intended to bring about significant and meaningful changes, perhaps through legislative initiatives, that advance our fields and provide a safer, more effective medical and legal environment for those whom we serve. The programs are meant to be all-inclusive for members and non-members alike. It is hoped that these programs will bring value to both organizations and increase membership and participation. Increased numbers mean an increased voice, more important than ever in this changing political landscape.

Our first program, held in early February, was a great success! The topic was non-compete contracts. The platform presented was a point : counterpoint debate, with two lawyers dissecting all aspects of physician non-compete language, followed by pros and cons of the language, and examples in Indiana law where the non-compete clauses were upheld or “thrown out.” The floor was then open to challenging questions and lively discussion. The background for the discussion was that five states have now outlawed non-competes for physicians, and 22 states have greatly diminished the reaches of the non-competes. Non-competes for lawyers were previously outlawed by the Supreme Court, ruled as unethical in preventing legal clients from having access to and following their lawyers. As a result, it is intended that legislative initiatives to curb the reach of non-compete contracts for physicians will be pursued with the State Legislature.

The second program will take place at the Ritz Charles, April 19th, and will be an informative and motivational discussion regarding “Leading with Purpose,” to be delivered by renowned Ora Hirsch Pescovitz, MD, Eli Lilly and Company’s U.S. Medical Leader for Lilly’s Bio-Medicines, whose interesting and challenging journey started as a staff pediatric endocrinologist and researcher at IU Riley Hospital for Children. Fittingly, Naomi Pescovitz, of WTHR Eyewitness News, and Dr. Pescovitz’s daughter, will Emcee the event. The cocktail hour and dinner program will be open to physicians, lawyers and their guests. The venue is designed to offer a chance for collegial discussion regarding leadership and collaborative change.

Changing demographics in both medicine and law serve as a background for the program. Once male-dominated professions, both have seen huge growth in women joining the ranks. One hundred and sixty-eight years ago, Elizabeth Blackwell became the first woman to obtain a medical degree in the United States. In 1975 there were just over 35,000 female physicians in the United States, and by 2012 the number grew six fold to over 321,000. In 2012, women represented 31% of all physicians, and 45% of all residents and fellows. Yet, there has been a less obvious shift at the top, where women represent only 24% of division chiefs, 16% of medical school deans, 15% of department chairs and less than 2% of hospital CEO’s.

Medscape surveyed women as physician leaders in 2015 and found some interesting results. The results run counter to trends pointing to widespread physician professional dissatisfaction and

the presumption that work-life balance and gender bias dissuade female physicians from valuing and aspiring to leadership roles. In fact, the results show that female physicians place high value on attaining a leadership role at work, and once there, report being “very happy” at work – even more than non-leaders. The results also showed that female physicians pursue leadership roles more for altruistic reasons, such as effecting change and inspiring others, rather than strictly for career advancement – interestingly something that rings true with me. The highlights of the “Women as Physician Leaders” 2015 Medscape Survey, composed of 50% women in leadership roles and 50% women in non-leadership roles can be viewed at the end of this article (to view the full report and related content, visit: <http://www.medscape.com/womeninmedicine>).

Whether male or female, when choosing a career in medicine, we are choosing not just a job but our passion, and the job that we take becomes our community. We all aspire to improve our community, to improve patient care. In becoming a leader, it is important to have not only a mentor – someone who will tell us, “This is how to get from here to there” – but also a sponsor, who will nominate us to a committee and guide us through the process. Becoming a member of the Indianapolis Medical Society offers us the opportunity for mentorship, sponsorship and leadership – we can make a positive change in the practice of medicine, the care of our patients, and the satisfaction and enjoyment of our profession!

Women in Medicine - 2015 Medscape Survey Job Happiness and Motivation

Overall job and life satisfaction were generally high among respondents, most of whom were married (74%) and had children (81%).

- More than half of respondents (53%) held at least one leadership post.

- A comparable number (47%) of those not in leadership positions view attaining one in their main practice setting as important.

- Although more than half (53%) stated that their careers interfere with their personal lives, more than two thirds reported being happy in their jobs (68%) and more than three quarters were happy in their private lives (83%).

Leaders report greater happiness. The view from the top was especially positive in terms of job satisfaction.

- A greater percentage of leaders said they were somewhat/very happy in their work (72%) compared with non-leaders (63%).

- Among those reporting to be “very happy,” leaders outnumbered non-leaders by 2 to 1, with 30% of leaders reporting the highest degree of work-related happiness compared with non-leaders (21%).

- The “happiness quotient” favored leaders despite their reporting more significant work-life balance issues than non-leaders (57% vs 48%, respectively).

Women motivated by selfless goals. Similarities appeared in respondents’ leadership goals:

Continued on page 14.

Family Ties: Hereditary Association of Inflammatory Breast Cancer



Gurram, Harini B.A., B.S., Schoenfeld, Ellen B.S., Kuschel, Stephanie B.A., Rohr-Kirchgraber, Theresa MD.

She was concerned about changes in her breast when she went to see her primary care physician (PCP). Over the past two weeks, her right breast had started to feel “funny.” It was uncomfortable, caused her pain if she rolled onto it in her sleep, and was a little red. She was 39 years old now and had many reasons to stay vigilant: she had a young child at home and a strong family history of cancer including a mother and sister who both developed ovarian cancer in their 30s, a maternal aunt who developed inflammatory breast cancer (IBC) in her 40s, and a maternal grandmother who developed colon cancer in her 60s.

Upon initial physical exam, the right breast was tender and mildly erythematous without discharge, masses, or asymmetry. Mammogram and ultrasound (US) were done that day and revealed right breast skin and trabecular thickening consistent with mastitis (BI-RADS2). She was given a 10-day course of cephalexin, but her symptoms continued to worsen and prompted referral to a breast surgeon who noted right breast enlargement, skin erythema, and pitting edema. Repeat mammogram and US revealed a right breast mass with architectural distortion and associated skin and trabecular thickening, highly suspicious for malignancy (BI-RADS4C). US-guided core biopsy revealed grade 3 invasive breast cancer diagnosed as IBC. The patient currently follows with medical oncology and was found to be BRCA 1 and 2 negative.

IBC, a rapidly progressive form of breast cancer, frequently mistaken for mastitis, has an overall survival of 3.8 years due to its strong metastatic potential.¹ Upon mammography, IBC can present similarly to inflammation of the breast, erroneously attributed to infection.² Due to the confusion with mastitis, it is important to arrange close follow up. Clinically significant mammographic changes were found only five weeks after the initial mammogram, changing the findings from mastitis to signs of malignancy.

This case highlights the rapid onset and aggressiveness of IBC and the necessity of pursuing screening modalities in patients with high-risk characteristics such as a strong family history. Limited information exists on whether IBC and non-IBC risk factors are the same, but some IBC risk factors include high body mass index, early age of presentation, first-degree family history of breast cancer, high mammographic breast density, and African American ethnicity.^{3,4} Schairer and colleagues found an association in their nested case-control study that patients with a first-degree family history of breast cancer had an increased risk of IBC similar to non-IBC breast cancers.⁴

IBC has not customarily been considered a hereditary malignancy and is commonly thought to be of sporadic origin. However, more research may challenge that perspective. For example, Jimenez and colleagues presented another IBC case illustrating familial occurrence of this disease. Their patient

was a 40-year-old female with a family history of breast cancer and a mother who died of IBC at age 35. This particular patient tested positive for the BRCA2 mutation. The case was especially significant to the authors as they were unaware of any other cases of IBC presenting within the same family.³ However, our case now presents a similar finding.

Gutierrez and colleagues conducted a retrospective study looking at the incidence of BRCA mutations in IBC versus non-IBC patients. Patients who were referred to genetic counseling for BRCA1 and BRCA2 testing due to family history and age of onset were selected. Results of the 992 non-IBC and 39 IBC patients that obtained genetic testing did not reveal a significant difference in BRCA mutations between IBC and non-IBC patients. Thus, these authors recommended to continue applying standard genetic testing guidelines in IBC patients.⁵

In clinical practice, a BRCA positive genetic test lowers the threshold for suspicion of malignancy, which can aid in diagnosing a patient. However, at least in the case of IBC, a lower threshold of suspicion for malignancy should not be reserved only for BRCA mutation carriers. Our case demonstrates a BRCA-negative patient, whose risk factors included a strong family history of cancer, suggesting that family history should be used along with genetic testing to help identify at-risk patients.

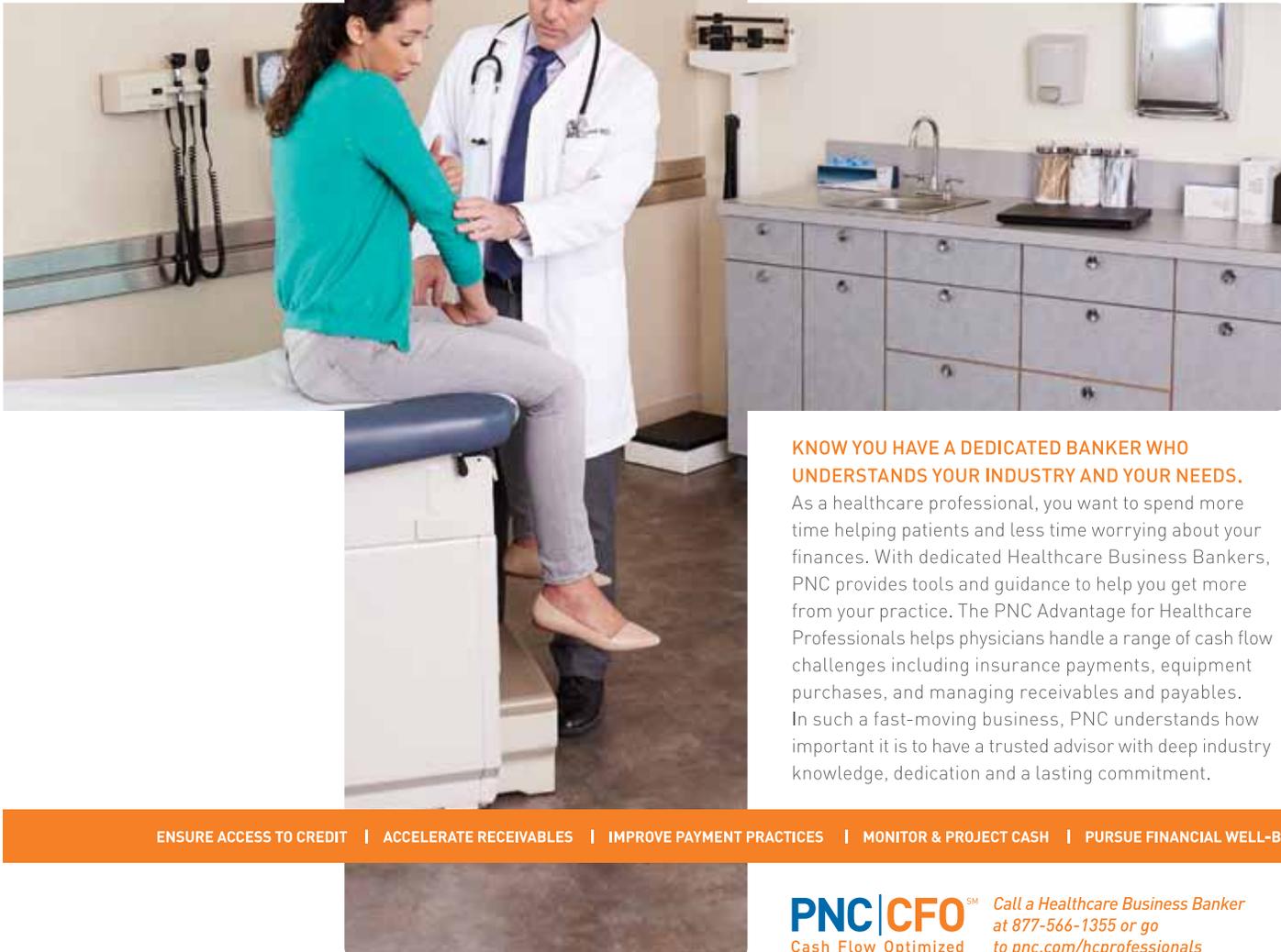
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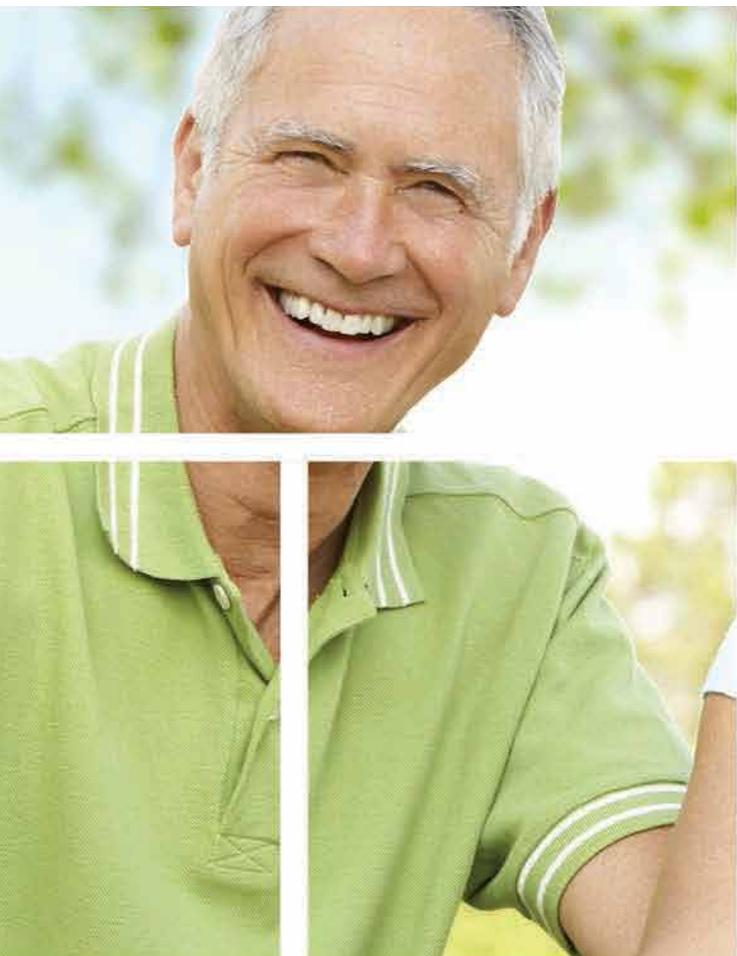
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Bulletin Board

Jeffrey M. Rothenberg, MD, President, St. Vincent College of Health Professions, was elected to the position of Chairman for District 5 of ACOG (American College of Obstetricians and Gynecologists), the region includes Indiana, Michigan, Ohio, Kentucky and Ontario.

Dr. Rothenberg along with **Thomas A. Gardner, MD**, and others presented at the Society of Urodynamics, Female Pelvic Medicine and Urogenital Reconstruction Winter Meeting in Scottsdale, Arizona in February on “Preventative Concomitant Sling for De-Novo Stress Urinary Incontinence aft Robotic Sacral Colpopexy does not improve long term continence or Satisfaction,” and “Obesity Does Not Worsen Urinary Incontinence Following Sacral Colpopexy.”

Theresa M. Rohr-Kirchgraber, MD, was recently selected to receive a 2017 Trustee Teaching Award from the Indiana University Board of Trustees. This award identifies outstanding teaching and recognizes the emphasis on the primacy of learning and of the learners in the medical school. Nominations were solicited from students, residents and faculty and were reviewed by the Teaching Awards Committee.

It is because of her dedication that the humanism and science of the profession of medicine is passed to successive generations of physicians. Her commitment as a teacher benefits not only the learners, but also their future patients. This award acknowledges and applauds the vital role that Dr. Rohr-Kirchgraber plays as a medical educator at Indiana University School of Medicine.

Rick C. Sasso, MD, Indiana Spine Group, served as a faculty member for the 20th Annual Selby Spine meeting held in Park City, Utah, February 2-4, 2017. Dr. Sasso debated the proper surgical treatment for Cervical Myelopathy and gave two invited lectures on minimally invasive spine surgery.

The Selby Spine Conference is designed for surgeons with a special interest in the treatment of spinal disorders. The latest advances and controversies in the field will be presented through didactic lectures, open discussions, debates and case presentations.

Dr. Sasso, served as a Faculty member at the 10th annual Cervical Spine Research Society Hands-on Training course March 2-4, 2017. The Cervical Spine Research Society holds this yearly course in St. Louis, Missouri to train United States and international spine surgeons in cervical spine decompression and stabilization techniques. The Cervical Spine Research Society chooses the faculty based on their International reputation and teaching skills. The lectures Dr. Sasso was asked to give related to the current state of cervical artificial disc replacement and modern techniques for C1-C2 surgical stabilization.

The society is a multidisciplinary organization of individuals interested in clinical and research problems of the cervical spine. Its purpose is to provide a forum for the exchange and development of ideas and philosophy regarding diagnosis and treatment of cervical spine injury and disease. The organization values collegial interaction and strong scientific principles.



Laurie L. Ackerman, MD



Nicholas M. Barbaro, MD



Aaron A. Cohen-Gadol, MD



Andrew J. DeNardo, MD



Daniel H. Fulkerson, MD



Thomas A. Gardner, MD



Thomas J. Leipzig, MD



Troy D. Payner, MD



Theresa M. Rohr-Kirchgraber, MD



Jeffrey M. Rothenberg, MD



Rick C. Sasso, MD



Scott A. Shapiro, MD

News from Goodman Campbell Brain and Spine ...

Thomas J. Leipzig, MD, served as the Course Director for the American Association of Neurological Surgeons' 2017 Weekend Update: Neurosurgery held February 17-19, 2017, in San Diego, California. He also gave presentations on Operative Neurovascular issues and Clinically Impactful Cerebrovascular Studies. **Daniel H. Fulkerson, MD**, also served as a Faculty member and participated in panel discussions.

Drs. Nicholas M. Barbaro and Scott A. Shapiro collaborated on a recent study published in *Neurosurgery*. “Neurosurgical education in a changing healthcare and regulatory environment: a consensus statement from 6 programs,” appeared online February 14, 2017, ahead of print.

Laurie L. Ackerman, MD, and her fellow authors have reported on their research “Diagnostic performance of ultrafast brain MRI for evaluation of abusive head trauma.” The paper appeared in the *American Journal of Neuroradiology* online on February 9, 2017.

Daniel H. Fulkerson, MD, was an invited guest speaker at the Rotary Club of Zionsville to discuss his medical mission trip to rural Eldoret, Kenya last Fall. During the mission, Dr. Fulkerson performed multiple surgeries for brain tumors, spine surgeries, and neurosurgical procedures on children.

A new research article by **Aaron A. Cohen-Gadol, MD**, and his co-authors was recently published in the *Journal of Biological Chemistry*. The article, “Adenosine deaminase that acts on RNA 3 (ADAR3) binding to glutamate receptor subunit B pre-mRNA inhibits RNA editing in glioblastoma,” appeared online ahead of print on February 6, 2017.

Drs. Thomas J. Leipzig, Troy D. Payner, Andrew J. DeNardo, and Aaron A. Cohen-Gadol recently collaborated on a new study that was published in the *Journal of Neurosurgery*. “Effects of distance and transport method on intervention and mortality in aneurysmal subarachnoid hemorrhage,” appeared online ahead of print on February 10, 2017.

IMS

CME & Conferences

Community Hospital East

First
Wednesday Critical Care Conference
Ste. 420, 12:00 - 1:00 p.m.

Second
Tuesday Medical Grand Rounds
Ste. 420, 12:30 - 1:30 p.m.

Community Hospital North

First
Friday North Forum
Reilly Board Room; 12:00 - 1:00 p.m.

Every Other
Month Psychiatry Grand Rounds
7250 Clearvista Dr.
4th Thursday Multi-Service Rms. 1 & 2, 7:30 - 8:30 a.m.

Community Heart & Vascular Hospital

First
Wednesday Imaging Conference:
rotates Cath & Echo Case Presentations
CHVH MCV Boardroom Videoconference to
HVC Anderson Office, HVC East Office BR (Ste. 420)
HVC South Office CR (Suite 2400)
HVC Kokomo, 7:00 - 8:00 a.m.

Third
Wednesday Ken Stanley CV Conference
CHVH MCV Boardroom Videoconference to
HVC Anderson Office, HVC East Office BR (Ste. 420)
HVC South Office CR (Suite 2400)
HVC Kokomo, 7:00 - 8:00 a.m.

Fourth
Wednesday Disease Management Conference:
rotates CHF & EP Case Presentations
CHVH MCV Boardroom Videoconference to
HVC Anderson Office, HVC East Office BR (Ste. 420)
HVC South Office CR (Suite 2400)
HVC Kokomo, 7:00 - 8:00 a.m.

2016 Cancer Conferences

Community Hospital East

Third
Thursday East General Cancer Conference - CHE
Ste. 420, 12:00 noon to 1:00, lunch provided

Fourth
Tuesday East Multidisciplinary Breast Cancer Conference - CHE
Ste. 420, 7:00 to 8:00 a.m.

Community Hospital North

First & Third
Tuesdays North Multidisciplinary Breast Cancer Conference - CHN
8040 Clearvista Parkway, Suite 550
7:00 to 8:00 a.m.

Second & Fourth
Wednesdays North Multidisciplinary GI/Colorectal Oncology Conference - CHN
8040 Clearvista parkway, Suite 550
7:00 to 8:00 a.m.

First
Friday North Multidisciplinary Gynecologic Surgical
Oncology Conference - CHN
8040 Clearvista Parkway, Suite 550
7:30 to 8:30 a.m.

First
Wednesday North Chest Cancer Conference - CHN
8040 Clearvista Parkway, Suite 550
7:00 to 8:00 a.m.

Third
Wednesday Melanoma Cancer Conference - CHN
8040 Clearvista Parkway, Suite 550
7:30 to 8:30 a.m.

Community Hospital South

Second
Wednesdays South Multidisciplinary Breast Cancer Conference - CHS
Community Cancer Center South
1440 E. County Line Rd., Community Room
8:00 to 9:00 a.m.

Third
Wednesday South GYN
Community Cancer Center South,
1440 E. County Line Rd., Community Room
12:00 to 1:00 p.m.

Fourth
Wednesday South Thoracic
Community Cancer Center South,
1440 E. County Line Rd., Community Room
7:00 to 8:00 a.m.

First
Tuesday South Multidisciplinary GI/Colorectal Oncology Conference
1440 E. County Line Rd.
Community Cancer Care, Community Room
12:00 to 1:00 p.m.

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

Indiana University School of Medicine/ Indiana University Health

IU – Methodist – Riley

- April 7-8 Advanced Peripheral Arterial Disease Intervention Course for Vascular Surgeons
Fairbanks Hall
- April 8-9 21st Century Great Conversations in Neuroscience, Art and Related Therapeutics
Hine Hall
- April 20 2017 Indiana Sickle Cell Conference- The Road to Better Care
Indianapolis Marriott East
- April 21-22 Pediatric Medical Weekend Conference
IU Health Bloomington Hospital
- April 25 Vascular Collaborative (VC) Spring 2017 Consortium
Goodman Hall
- April 28 Annual Vascular Symposium: Emphasis Primary Care
Hine Hall
- April 29 Practical Pearls General and Community Pediatrics Spring Series
Riley Outpatient Center
- May 1 Riley Hospital Surgical Research Day
Riley Outpatient Center
- May 2 IU Health Emergency Medicine and Trauma Conference for Advanced Providers Series
Goodman Hall
- May 5 AHEC District 7 Trauma Symposium
Landsbaum Center for Health Education
Terre Haute
- May 12 20th Annual IU Gastroenterology/Hepatology Update
Indiana History Center
- May 17-18 52nd Annual Riley Hospital for Children at IU Health Pediatric Conference
NCAA Hall of Champions Conference Center
- May 24 Riley Hospital for Children Surgical Research Day
Goodman Hall
- June 16 Manion-Lingeman Research Lecture
Riley Outpatient Center (ROC)
- July 9-14 102nd Anatomy and Histopathology Course
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- July 21 Review and Interpretation of the 1017 ASCO Meeting
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Otolaryngology, 2011
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Pain Medicine (AN)
Medical College of VA, 2009

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President's Page

(Continued from page 7)

Both leaders and non-leaders identified altruistic motivations behind their job aspirations. In response to the question “Why is maintaining/attaining a leadership role important?” the data show:

- Leaders and non-leaders most commonly answered “to effect change” (68% and 57%, respectively) and “to be a positive influence to others in the organization” (70% and 49%).

- Less than a quarter of respondents cited other motivations, such as financial compensation (21% and 22%), bolstering a resume (16% and 14%), or prestige (14% and 12%).

Leadership Challenges: Perception and Reality

Attitudinal differences emerged between the two groups on a broad range of leadership challenges, including time management, gender bias, work politics, and the best way to secure a leadership position. For each, the hands-on perspective reported by current leaders differed from the beliefs and expectations of their non-leader colleagues.

- Approximately two thirds of leaders and non-leaders (69% and 64%, respectively) identified time pressure as a major challenge to fulfilling the responsibilities of a top post.

Yet, fewer than half of leaders (44%) find that it has significantly affected their personal lives, while 62% of non-leaders anticipate that it will, should they assume a leadership role.

- Regarding office politics, only about one third of leaders (35%) consider infighting a significant issue and even fewer (24%) find gender bias to affect their leadership opportunities. Among non-leaders, however, 55% expect infighting to occupy significant leadership time, and 40% anticipate gender bias problems.

The Path to Leadership: Ability, Connections, and Desire

Both groups also have widely varied views on what it takes to become a leader. Nearly three quarters of leaders (72%) attribute

personal success to their own job performance while only half of non-leaders (55%) expect that to be a significant factor.

- Non-leaders are more likely than leaders to consider organizational alliances (60% vs 44%), peer support (54% vs 35%), and help from a mentor (50% vs 24%) as instrumental to securing a leadership spot.

The importance of leadership – for oneself and for others. Perhaps the biggest difference between the groups is the degree to which they personally value and desire a leadership role.

The vast majority of leaders (77%) consider their position personally important while only a minority of non-leaders (42%) view securing a leadership role as a personal priority. In fact, approximately 20% of non-leaders are uninterested in such a goal. Yet, nearly 9 out of 10 respondents in both groups (90% of leaders and 86% of non-leaders) believe that leadership roles are an important pursuit for women in general.**

**PRNewswire 9/17/2015

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