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BULLETIN

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THE PRESIDENT'S PAGE

by ANN MARIE HAKE, MD
IMS President

Indianapolis Medical Society
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INDIANAPOLIS, INDIANA

BULLETIN

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NOTE FROM THE EDITOR

Content, especially editorial articles, in the Bulletin are produced by the authors and are not the opinion of the Indianapolis Medical Society (IMS), IMS Board of Directors, or IMS Executive Committee. The goal of all articles and content contained in the Bulletin is to inspire debate and opinions among the membership on public health-related matters and keep the membership informed of issues facing physicians in central Indiana. Opposing viewpoints, comments, and counterpoint arguments are not only welcomed but encouraged and will be printed in the Bulletin by members of the Society by those who wish it. Members who wish to submit articles for publication should do so to me, Morgan Perrill, at mperrill@indymedicalsociety.org.

THE PRESIDENT'S PAGE

ANN MARIE HAKE, MD

What does the beginning of a New Year mean to you? Do you have a special way to observe it? Do you make New Year's resolutions?

Our "standard" calendar here in the United States designates January 1 as the beginning of the year. Why choose this day? Many cultures throughout history have chosen different times to mark the start of a new journey around our Sun.

History tells us that the Roman king Numa Pompilius set the beginning of the year in January, the month dedicated to the double-faced Roman god of beginnings, passages, and endings (and which was also the beginning of the one-year terms for the two consuls of Rome); this was continued in the Julian calendar and then later in the Gregorian calendar. This timing was similar to that of the ancient Greeks, who began their year following the northern winter solstice; and coincidentally is just a few days off from the Earth's perihelion. Ancient Babylonians kicked off the new year with a multi-day festival at the vernal equinox; while other cultures in Egypt and Phoenicia reset their annual calendars at the autumnal equinox. The lunisolar calendar observed by many Asian cultures generally sets the new year / Spring Festival at the second new moon following the winter solstice; while the Hebrew calendar (also a lunisolar calendar) sets the "head of the year", Rosh Hashanah, at the beginning of the seventh month of the ecclesiastical year, which occurs 163 days after the first day of Passover (which itself is usually set at the first full moon following the vernal equinox.) "Official" calendars notwithstanding, many who have spent years in education have a feeling of a new year beginning with each new school year, while those in the medical profession have a similar feeling of a new year beginning at the start of July.

The various "New Years" across time and geographies have afforded not only a way to keep track of time, but also frequently have taken on significance as a time to reflect on the past, give thanks, make amends, and prepare for the future. The tradition of "New Year's resolutions" is part of this history.

However, many people resist making these resolutions, and many others make resolutions and then feel sadness and shame if they are unable to live up to these resolutions. The past and current existence of many different times for starting the new year, however, also suggests that we need not be limited to a single date each year in which we must make a grand plan to become "new selves." I find that I rather like the idea of trying to make small improvements as circumstances and need arise; this also gives the chance for course corrections (as well as "restarts" if a plan goes awry despite best efforts.)

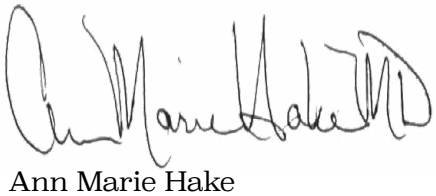
Instead of "New Year, New You", consider the fact that you are already pretty darn fantastic. Why would you need to be a completely different person? I suggest that improvement involves not only minimizing or eliminating those habits that you find less than ideal, but also developing and accentuating the many positive aspects of yourself. As a whole, physicians tend to be diligent, driven, and compassionate; all too often, however, we save our harshest criticism for ourselves, while extending compassion to those around us.

How many times have you caught yourself counseling a patient or caregiver to care for themselves, while not extending that same care to

yourself? Apart from the fact that it sets a bad example, it also takes a true toll on ourselves, until we are unable to live life fully or to continue to care effectively for others. The Christian Bible instructs that we should love our neighbors as ourselves; let's be sure that we care for ourselves as well as we do our neighbors. And let's be sure to do this as often as necessary, without waiting for another new year to start. And finally, let's be sure to help each other along the way.

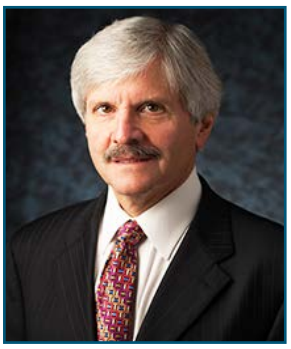
I wish us all a truly happy and healthy 2022, and many years beyond.

Sincerely,



Ann Marie Hake
President
Indianapolis Medical Society

Vape Flavors



by RICHARD FELDMAN, MD
IMS Board Member, MHM Board Member and Past President, Former Indiana State Health Commissioner

We have made significant progress in the battle against tobacco use and nicotine addiction since the 1960's with tremendously falling rates of smoking among both adults and children. Reducing the smoking rates and progressively making smoking socially unacceptable has been a comprehensive effort involving prevention and cessation programs, media campaigns, smoke-free air laws, increased cigarette taxation, and FDA oversight. But all this progress is threatened with the introduction of e-cigarette use, commonly referred to as "vaping", especially among youth; it's nothing less than an epidemic among middle and high school students.

We are facing a public health crisis with the potential of new generations of youth risking lifelong nicotine addiction with eventual disease and premature death. Vaping has been demonstrated to be far from harmless and commonly also leads to tobacco use.

We are in a battle to reclaim our children from vaping. My last column focused on taxation to curtail e-cigarette use. Let's look at another crucial action to discourage vaping among children.

In recent years, renewed attention of the public and policymakers has considerably focused on sweet-flavored vaping products that entice youth to initiate and sustain their use. Examples include gummy bear, fruit, cotton candy, menthol, peanut butter cup, and cookies n' cream.

Most flavorings were prohibited in cigarettes by federal regulation in 2009 but have been permitted in other tobacco products including smokeless tobacco, pipe tobacco, cigars, and most worrisome in e-cigarettes. The tobacco industry knows well that these flavorings lure children into use, and their marketing continues today by the vaping industry, largely controlled by tobacco companies. Eighty percent of youth who use tobacco products initiated with a flavored product. Seventy-two percent of youth tobacco users use a flavored tobacco product. Two-thirds of youth tobacco users report using tobacco products primarily because they come in flavors.

The Trump administration pushed for federal restrictions on flavored vaping products resulting in legislation signed into law. What started out as appearing as a substantial and meaningful prohibition eventually resulted in federal regulation with huge gaps, which will potentially result in relatively little effect. There are plenty of exemptions including disposable and refillable products and e-liquids found in vaping shops. The limited restrictions apply essentially only to self-contained "closed pod" cartridges in products like Juul. Menthol flavoring is also exempted. Over fifty percent of children initiate and maintain their use with menthol-flavored products.

Only five states currently have comprehensive flavoring bans in effect to bolster the current weak federal legislation. To the credit of a number of more public health-minded Indiana legislators, there has been genuine interest in placing a permanent ban on flavored products during past legislative sessions; it should be of no surprise that nothing was enacted.

The federal Food and Drug Administration finally stepped up to potentially restrict flavored vaping products. Recently, the FDA began to exercise its authority with the denials of applications by certain companies to market their flavored vaping products. The applications must include evidence that their products have overall public health benefits, which were lacking. How far reaching this prohibition will be is still unknown.

Don't assume that the recent federal legislation increasing the legal age of tobacco and vaping products to age 21 will solve the problem of youth vaping. Although an important action, just as with alcohol, youth will achieve access to these prohibited products.

Vaping products are today's candy cigarettes. Candy cigarettes didn't adversely affect children's health, but vaping is a different story.

Sotrovimab: A Potential Constant in a Time of Pandemic Turbulence

by JOSEPH MULLIS, OMS-C
Marian University College of Osteopathic Medicine Student, IMS Student Member

Introduction

Since the beginning of the SARS-CoV-2 pandemic, researchers and physicians across the globe have turned their attention towards answering the question nearly every American has had on their mind, "how can we put an end to the pandemic?" In it's wake, vaccines have been designed, protocols have been defined, and therapeutic advances have been made, all aimed at preventing the spread and poor clinical outcomes associated with the SARS-CoV-2 pandemic. As the number of deaths and positive tests continue to fluctuate up and down, despite widescale vaccine roll out efforts and a temporal benefit in understanding the management required of patients with SARS-CoV2, the underlying question of how to prevent severe outcomes of this virus remains.

Use of MAB in COVID

One of the more promising areas of current research aimed at answering this question is the use of passive immunity, either through convalescent plasma donations from patients recently recovered from SARS-CoV-2, or monoclonal antibodies. This application of passive immunity is aimed at equipping those infected with the necessary cellular defenses to combat the virus. The use of such therapy is being thoroughly examined in multiple double-blind, placebo controlled clinical trials across the globe. Variables of interest include factors such as: efficacy in preventing disease progression with primary outcomes such as hospitalization and death, dosing and transfusion rates, the temporal relationship between symptom presentation and transfusion, the efficacy of convalescent plasma vs. monoclonal antibodies, and even how these therapies react to the novel variants of SARS-CoV-2. To date, multiple studies, such as the SIREN-C3PO study, have been unable to prove a statistically significant reduction in hospitalizations or progression of disease in patients with SARS-CoV-2 who receive treatment with convalescent plasma. On the other hand, multiple monoclonal antibody therapies, like casirivimab-imdevimab, bamlanivimab-stesevimab, and sotrovimab have all exhibited reduced clinical progression and faster resolution of symptoms in patients with SARS-CoV-2, especially those patients who can be delineated into a "high-risk" group. Stratification into this "high risk" category includes but is not limited to: age > 65 years, BMI >25 kg/m2, pregnancy, chronic kidney disease, diabetes, immunosuppressive disease/treatment, cardiovascular disease or hypertension, chronic lung diseases, sickle cell disease, neurodevelopmental disorders, or medical-related technological dependence.

Issues with MAB Therapy in COVID

While these monoclonal antibody therapies have been approved under the FDA's Emergency Use Authorization act and have all shown a statistically significant benefit in preventing disease

progression in high-risk populations, they certainly aren't immune to scrutiny. To date, monoclonal antibody therapy for patients with SARS-CoV-2 has only demonstrated benefit in outpatient populations that don't require oxygen therapy, or in those stable at their baseline, pre-infection, oxygen supplementation level. Whether this ineffectiveness is attributable to the therapy or simply a signal for a clinically more severe disease state, is still currently under study. These therapies also carry the risk of adverse reactions, typical to antibody therapy, including but not limited to hypersensitivity reactions (including anaphylaxis) and injection site reactions. Perhaps the most topical and clinically relevant draw back to most of these therapies is their target: the ACE-2 attaching portion of the SARS-CoV-2 spike protein. This epitope has extremely high mutagenicity, containing over 10 mutations in the most recent Omicron variant, lineage B.1.1.529. These last two sentences come with one clinically massive exception; that being Sotrovimab, a recombinant IgG monoclonal antibody with a highly preserved epitope.

SOTROVIMAB

Sotrovimab targets an N343 glycan found within the spike protein of SARS-CoV-2, an epitope that is found throughout the entire Sarbecovirus subgenus, to which SARS-CoV-2 is a member. The derived antibody for Sotrovimab was isolated in a patient who had recovered from SARS-CoV-1 in 2003; this initiated research that has identified the epitope throughout the entire subgenus. To date, this epitope has been resistant to mutation in the presently identified variants of SARS-CoV-2, including Omicron, as well as other members of the subgenus. Sotrovimab has been engineered to include an Fc LS mutation which fosters enhanced binding to the neonatal Fc receptor. While the neonatal Fc receptor plays a role in placental transfer of maternal IgG, it also works to prevent lysosomal degradation of IgG, like Sotrovimab. This inclusion is believed to improve pulmonary distribution and increase the half-life of Sotrovimab, compared to other monoclonal antibody therapies.

Today, Sotrovimab is approved under the EUA for "treating mild to moderate COVID-19 in adults and pediatric patients (12 years of age or older weighing at least 40 kg) with positive results of direct SARS-CoV-2 viral testing, and who are at high risk for progression to severe COVID-19, including hospitalization or death." Sotrovimab is to be administered as soon as results of a positive test are received, if symptom onset is within 10 days. Administration involves IV infusion of 500 mg Sotrovimab in 0.9% Sodium Chloride or 5% dextrose solution, over the course of 30 minutes. Sotrovimab has been approved in pregnancy, only if "the potential benefit justifies the potential risk for the mother and the fetus." As Sotrovimab is an IgG antibody, it can cross the placenta; the risk of placental transfer of sotrovimab to the developing fetus is not currently known, but the antibody showed no binding to embryofetal proteins in a cross-reactive binding assay. Additional information regarding indications, administration, dosing, and reporting, along with the aforementioned, can be found in the EUA Healthcare Provider fact sheet distributed by the FDA.

Next Steps

While current studies, such as the COMET-ICE trial, studying the efficacy of Sotrovimab in limiting disease progression, hospitalization, and death related to SARS-CoV-2 have been promising, the good news doesn't stop there. Preliminary studies and testing have shown Sotrovimab retains it's efficacy against the Omicron variant of SARS-CoV-2. This preserved epitope shines a bright light on the future of Sotrovimab and its anticipated benefit in the management of COVID-19 moving forward. While these findings should spark optimism amongst healthcare workers, there are still paths to be explored and advances to be made regarding this therapy.

One of the most pertinent facets is supply; there are currently only 50,000 doses available. While this number is projected to exceed 350,000 by the end of January 2022, the daily number of positive tests is again approaching 200,000, as of December 2021. Therefore, demand remains high and supply must expand to fulfill this rising demand. Further research regarding Sotrovimab is also needed. Questions involving dosing, adverse reactions, use in the inpatient setting and in non-high-risk populations, and even optimal timing of infusion all require further exploration and discovery. While our understanding and knowledge of Sotrovimab, and all other SARS-CoV-2 targeted therapies, must continue to advance and expand, I believe Sotrovimab represents a glimmer of optimism in the management of COVID-19 moving forward.

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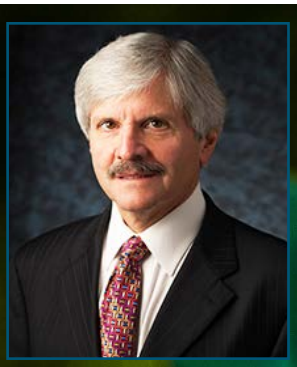
they go. Of course, they will say "no", but in several national plans their teams have been so indoctrinated that they may actually believe they follow standards of care, but in reality put profits ahead of patients and those who care for them.

7. You might ask how many grievances and complaints the plan has had filed against them. These must be reported to CMS, but – they may not share this information or in some cases pretend they do not know.

8. There are Google searches that can give some insight into how Plan A compares to Plan B etc., but these are not really reliable and can mislead readers.

9. Anthem, Humana, and United Health Care have the largest MA enrollments in Indiana. Cigna and Aetna also have a presence in Indiana. Both IU Health Plan and St Vincent (Ascension Complete Plan) have local MA plans. These are termed "provider-based plans" as they are being offered by an existing network. If you get all your care from one system or the other, including their primary care networks, these might be a consideration.

10. STAR ratings are used to help define higher performing networks. The more stars, the better. These ratings can be found on numerous web sites. More information at www.medicare.gov or by calling 1-800-MEDICARE.



by RICHARD FELDMAN, MD
IMS Board Member, MHM Board Member
and Past President, Former Indiana State Health Commissioner

TRUTH IN ADVERTISING

Not uncommonly when my patients are seen, for example, at a specialist's office or urgent care clinic, they return to my office confused about specifically who provided their care.

I inquire, "So, did you see a physician? Or might it have been a physician assistant or nurse practitioner?"

"Well doc, I'm not exactly sure. The person looked like a doctor."

The above scenario is disturbing. It should be made perfectly clear to patients who is providing their medical care. Patients can make their best-informed health-care decisions when this occurs. And as a family physician, I can better evaluate the care delivered and the medical decisions made when I know the credentials of the health professional. I'm not saying that patients cannot get high quality medical care from a variety of providers. But there is a difference among providers - especially compared to physicians - in experience, education and training, depth of knowledge, and amount of clinical experience.

Today, there exists a multiplicity of health professionals extending care to patients. And there are various clinical settings from which a patient can choose - retail and urgent care clinics, physician offices, health-care centers, emergency departments, and now virtually through telemedicine. Ideally, health care should be delivered utilizing a physician-led team maximizing the skills of every member including physician assistants, nurse practitioners (APRNs), nurses, pharmacists, and psychologists; each adds to the collective quality of care provided.

A recent study found only half of patients surveyed felt it's easy to identify who is a physician and who is not by reading marketing materials regarding services offered, their title, licensing credentials, and other qualifications.

In the clinical encounter, the same confusion is prevalent because clear disclosure of the type of health professional performing the service is not always adequately reached. One in four Hoosiers are not sure if their regular provider is a physician. Eighty-five percent believe that it is important to know the training and education of their health-care provider.

Indiana physician professional groups have formed the Indiana Physician Coalition coordinated by the Indiana State Medical Association to address this uncertainty through public engagement and education as well as legislatively with lawmakers.

The Coalition seeks legislation this session of the General Assembly to ensure greater clarity and transparency in the identification of providers. Marketing and advertising materials for medical services should clearly and prominently disclose the provider's license type (physician, nurse practitioner, physician assistant, chiropractor, optometrist, dentist, podiatrist, etc.). All providers should also be identified by prominent posting in the office or clinic setting stating their license type. Providers engaged in direct patient care should wear a badge displaying their license type and if they are still in training. If the title "Doctor" is used, it should be coupled with the license type. Further changes in statute are necessary to reserve physician specialist designations such as dermatologist, cardiologist, endocrinologist, or anesthesiologist only for physicians (M.D.s and D.O.s)

Physician assistants and nurse practitioners can earn academic doctorate degrees. But they should be prohibited from simply utilizing the title of "Doctor" when they introduce themselves to patients during the clinical encounter. Patients particularly confuse nurse practitioners and physician assistants for physicians. As soon as patients hear the word "doctor", they commonly assume that the person is a physician.

This proposed legislation respects all members of the health-care team and the vital roles they play in providing the best quality care possible to Hoosiers while providing enhanced transparency to patients.

Staff Colleague Corner: 5 The 10 Question Interview

We are mixing it up a bit in 2022 by giving changing up the "colleague" corner in January and giving you some insight into your staff this month. This month learn a little bit about the two employees of The Corydon Group, Morgan Perrill and Cassie Denney, who work for you. We hope you like this small chance of pace for January. We will be back next month with a physician. If you would like to be that physician, please let us know.

Each staff person tackled five questions. First up is Cassie Denney, Associate with The Corydon Group.

1. Tell our readers little bit about yourself, your family life, background including school and where you work now.

I am a recent graduate of Indiana University Bloomington with a degree in political science and history. After graduating, I joined The Corydon Group and served as an intern in both the legislative and association management practice groups. I currently work as an associate and focus on membership with our associations and compliance for all things PAC and Lobby Registration related. I was born and raised in a small rural town in central Indiana. I am the fourth of five children, three older brothers and a younger sister. My mother has been a nurse for over 30 years, and my father managed a car dealership. Growing up, cheerleading and gymnastics consumed most of my life outside of school.

2. What attracted you to politics and association management?

I have long been attracted to advocacy and associations as long as I can remember. I actively testified in support of increasing the cigarette tax in the initial implementation of the Indiana Healthy plan when I was 8 years old, which led me to one of my fondest memories when Gov. Mitch Daniels invited me to be present for the signing of the bill.

3. Would you encourage another young person into a career in association management or politics?

Absolutely. It is never boring and very fulfilling. It gives me the opportunity to use my degree to make a difference.

4. If you could not work in association management, what would you do?

I would attend law school and become a civil rights attorney.

5. What is your favorite inspirational quote?

"If you don't stand for something, you will fall for anything." - Alexander Hamilton

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Next up, is **Morgan Perrill,** Executive Vice President of the Indianapolis Medical Society and Vice President at The Corydon Group.

1. Tell our readers little bit about yourself, your family life, background including school and specialty and where you work now.

I grew up in Carmel, IN and graduated from Carmel High School in 2001. After high school, I went to Ball State University and graduated with a bachelor's degree in marketing. During my junior year of college, I took an internship with Indiana State Senate and after I graduated, I came back to work as a Legislative Assistant at the Indiana House of Representatives. I was promoted to Director of Legislative Affairs where I worked directly on the Speaker of the House's executive staff, managing a full-time staff of 25, an intern program of 40 college students, direct marketing communications for the full caucus and human resources for House. During that time, I gained an enormous amount of experience and worked for my Society of Human Resources Senior Certification. I hired over 100 full-time staff, many whom I am still working with today.

As you all know, I am currently working at The Corydon Group as a Vice President. In addition to being able to be your Executive Vice President, I also sever a lobbyist for a few clients, focused mainly on education, and serve our firm in an HR capacity.

I currently live in Danville, IN, in Hendricks County with my husband, Brett, who I met right before my junior year of college at Ball State. We have two boys, Bryant who is ten years old and Asher who is seven, and a golden retriever named Ginger. Both boys are active in sports and keeping their parents active. We all love the outdoors, camping, hiking, and fishing. I am also very involved in The Lugar Series, having graduated from the program, served on the

board, and am currently serving as the Vice President. The series engages women in public service, something I believe in and support.

2. Was there someone who inspired your journey or someone who inspires you daily? What would you say to them if you could?

Teresa Lubbers, former state senator, commissioner of higher education and founding member of The Lugar Series. I worked as her intern when she was a state senator and she always carried herself in a way that was honest, fair, and caring but wasn't taken advantage of by others. In the field of politics, it is easy for a woman to be labeled as a push over or a witch. She was able to thread the needle of being taken seriously and be well liked. I've tried to immolate that throughout my career, not always successfully but tried.

3. If you could not be a EVP for IMS, what would you be?

If money weren't a part of the equation, I would open an art gallery. I've always loved art and supporting artists so if I could do anything, I would do that.

4. At the end of your career, how would you like to be described?

At the end of my career, I would like to be described as someone who cared about others, was honest and moral, dedicated, and loyal to her family and her career.

5. What was something you had to overcome and how did it effect you?

I was born with a dislocated hip, which has a medical term I'm sure you all probably know. Unfortunately, it wasn't caught at birth, and it wasn't until I was one-year old and wasn't walking that it was diagnosed. At a year old, I was in traction, then body cast, and finally a brace. I was in the body cast from my chest to my toes for six months and while I don't remember, I've been told by family that I refused to be immobile, so I drug my body along the floor to continue to craw. Thankfully, it did not leave a lasting impact on me physically, but I do believe this has had a lasting impact on my resolve and strengthened my will to succeed.

We hope you enjoyed learning a little bit more about the staff that works for you. I know we enjoy reading about you each month. We have hundreds of members and many left to feature. Please volunteer to be one this year. I promise we make it as easy and fun as possible.

All you need to do is send Morgan an email to mperrill@indymedicalsociety.org and she will send you instructions with a deadline. The process does not take long and we would love to hear about you next month!

WELCOME NEW MEMBERS

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Member Support Services

by MARY IAN McATEER, MD
IMS Past President, ISMA Alternate Trustee

I wanted to share a resource with you for free counselling support for health care providers during the pandemic. If you or someone you know needs services, please share the following information with them:

Emotional PPE is a haven for health care providers experiencing stress in their personal and professional lives. Licensed therapists volunteer time to provide support and guidance for their colleagues who are facing unprecedented stressors. It's been my privilege to talk with physicians, NPs, nurses, and clinical staff who are resilient and dedicated while tired and overwhelmed. We've shared stories, laughs, and hopes for easier days ahead. If you or someone you know could benefit from a supportive chat, consider finding an Emotional PPE volunteer from your state.

You can access Emotional PPE by visiting the following website, https://emotionalppe.org/


I AM AS SHARP AS I WAS BEFORE
Traumatic brain injury threatened Ryan's future as a nationally competitive fencer. Our cranial experts collaborated to ensure his finest years are ahead of him.
Our team of accomplished physicians can give your patients a chance at the future they envision, whether those dreams are Olympic-level, or not.
Learn more about referring patients at **GoodmanCampbell.com** or call us at **317-396-1300**.
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BRAIN AND SPINE

BULLETIN BOARD

MICHAEL H. MCCARTHY, MD, MPH

Michael H. McCarthy, MD, MPH, Indiana Spine Group, discusses Strategies to Achieve Spinal Fusion in a Multilevel Anterior Cervical Spine Surgery in the Hospital for Special Surgery Journal. Anterior cervical fusion offers surgeons a safe and reliable surgical option for single-level and multilevel pathology; however, multilevel fusions pose a higher risk of complications than single-level fusions. Various techniques can be used to mitigate risk in multilevel anterior cervical fusion.

M. McCarthy, J. Weiner, A. Patel: Strategies to Achieve Spinal Fusion in Multilevel Anterior Cervical Spine Surgery: An Overview, Hospital for Special Surgery Journal, December 2019. https://pubmed.ncbi.nlm.nih.gov/32523483/

RICK SASSO, MD

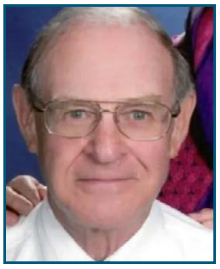
Rick C. Sasso MD, Indiana Spine Group, served as co-chairman of the 7th annual spine trauma summit which focused on spinal cord injury and less invasive surgical strategies.

Dr. Sasso lectured on novel thoracolumbar fixation strategies and moderated the odontoid screw technique lab.

7th Annual Spine Trauma Summit-Virtual: A focus on current problems: Spinal cord injury and less invasive surgical strategies. December 17-18, 2021. Seattle, Washington.
Course Co-Chair
Lecturer: Novel thoracolumbar fixation strategies
Moderator: Posterior C2-L1 fixation primary alternative; Odontoid screw technique

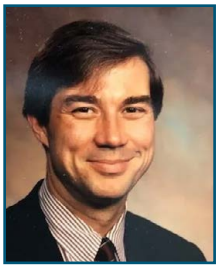
IN MEMORANDUM

CHARLES HADDON SPURGEON, MD, FAAN



Charles Haddon Spurgeon, MD FAAN, 85, of Berne, Indiana passed away Saturday, December 18, 2021. He was born on March 29, 1936 in Berne, Indiana. Charles was a member of the Indiana Neurological Society (president 1972 - 1974), Indiana State Medical Association. Charles was a Neurologist and Professor of Medicine. He received his Bachelor of Science from Wabash College in 1958 (Phi Beta Kappa); his Doctor of Medicine from Indiana University, Indianapolis in 1962 (Alpha Omega Alpha). His medical career started as a Intern at the Minneapolis General Hospital from 1962 -1963; United States Medical Corps Lieutenant Commander for Public Health Service from 1963 -1965 in Oregon; Neurology residency at IU of Medicine in Indianapolis from 1965 – 1968; Assistant Professor of Neurology at IU School of Medicine in Indianapolis from 1968 -1973; Chief of Neurology Service at the Veterans Administration Hospital in Indianapolis from 1968– 1995; and promoted to Associate Professor of Neurology, IU School of Medicine in 1973. IMS member since 1969.

ROBERT P. NELSON, JR. MD



Robert P. Nelson Jr., M.D., 67, of Indianapolis, passed away on December 9, 2021 at Franciscan Health in Indianapolis. Robert was born on February 28, 1954 in Racine, Wisconsin. An accomplished and respected physician and Immunologist, Robert practiced at I.U. Health and Riley Children's Hospital in Indianapolis. Additionally, he was a professor at the Indiana University School of Medicine, inspiring many current and future physicians to pursue immunology as a specialty. He began his career in immunology, in a fellowship at the University of South Florida, where he helped start one of the first AIDS clinics in South Florida. Dr. Nelson was engaged in allergy/immunology research throughout his career, authoring numerous publications and receiving a range of awards for both his research achievements and teaching excellence. IMS member since 2012.

CME & CONFERENCES

MONTHLY EVENTS

	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
1st Week of the Month	Community North: Breast Cancer Conf. 7-8 am	Community East: CHE Admin Conf. 12-1 pm Community North: Psychiatry GR 12:30-1:30 pm Community North: Chest Cancer Conf. 7-8 am Community Heart & Vascular: Imaging Conf. 7-8 am		Community North: Forum 7-8 am Community South: South Case Presentations 12-1 pm
2nd Week of the Month	Community East: Medical GR 1-2 pm Community South General CHS 12-1 pm	Community North: GI/Oncology Conf. 7-8 am Community Heart & Vascular: M&M Conf. 7-8 am Community South: Breast Cancer Conf. 8-9 am St. Vincent Simulation Center: Pediatric GR 12-1 pm St. Vincent Womens: Neonatology GR 12-1 pm	St. Vincent: Electrocardiograph Conf. 7-8 am	Community North: Gynecological/Oncology Conf. 7-8 am
3rd Week of the Month	Community North: Breast Cancer Conf. 7-8 am Community South: South Thoracic 8-9 am Community South: South Molecular 5-6 pm	Community North: Psychiatry GR 12:30-1:30 pm Community North: Melanoma 7:30-8:30 am Community Heart & Vascular: CV Conf. 7-8 am	St. Vincent Heart Center: Cardiac, Medical, Surgery 7-8 am	Community North: GU Conf. 7-8 am Community South: South Case Presentations 12-1 pm
4th Week of the Month	Community East: Breast Cancer Conf. 7-8 am	Community North: GI/Oncology Conf. 7-8 am Community Heart & Vascular: Disease Manage Conf. 7-8 am St. Vincent Womens: Perinatal Case 7-8 am		

Annual	St. Vincent Womens:	MFM Ultra Sound Series
	St. Vincent Simulation Center:	Sim Debriefing Essentials
	St. Vincent Simulation Center:	PMCH Crisis Management

Quarterly 1-4 pm
12x/Year
12x/Year

WEEKLY EVENTS

Day of the Week	Event
Monday	St. Vincent: General Cardiology 7-8 am
Tuesday	St. Vincent: Trauma Case 12-1 pm
	St. Vincent Womens: Neonatology Journal Club (every other month) 12-1 pm
Wednesday	St. Vincent: CCEP 7-8 am St. Vincent Heart Center: Intervention Cardiology 7-8 am St. Vincent: Advanced Heart Failure 7-8 am St. Vincent: Surgery Didactics 7:30-8:30 am St. Vincent: Surgery M&M 6:30-7:30 am
Thursday	St. Vincent PMCH: Pediatric Cardiothoracic Surgery & Cardiology Conf. 12-1 pm St. Vincent OrthoIndy: Fractures 8-9 am

ONLINE EVENTS

Indiana School of Medicine

Indiana University School of Medicine is committed to providing valuable educational opportunities. Many of our educational activities usually offered as face-to-face meetings, have now transitioned to a virtual format in an effort to keep healthcare teams connected and engaged during the COVID-19 pandemic.

Online activities, visit: https://iu.cloud-cme.com

DECEMBER
13-16 IU Radiology Imaging Update at Disney World

JANUARY 2022
14-16 Sports Ultrasound: Beginning/Intermediate Level Course, South Bend, IN
20 & 25 IU Ophthalmology Update: Conquering Emergent Eye Issues, Virtual
26-28 Simulation Instructor Course: Simulation Center, Fairbanks Hall, Indy

FEBRUARY
5 Breast Cancer Year in Review, Virtual

Please visit https://iu.cloud-cme.com for a list of Regularly Scheduled Series (RSS) activities.

IMS is not responsible for the events listed. We recommend that before attending any CME/Conference events that you check with the provider to confirm the program is still available.

To submit articles, Bulletin Board items, CME & events, opinions or information, email ims@imsoline.org. Deadline is the first of the month preceding publication.

INDIANAPOLIS
MEDICAL SOCIETY
125 West Market Street, Suite 300, Indianapolis, IN 46204
ph: 317-639-3406 | www.IndyMedicalSociety.org

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MERCY O. OBEIME

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LINDA FEIWELL ABELS

Board of directors 2022

Terms End with Year in Parentheses

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Laurie L. Ackerman *(2024)*
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Richard D. Feldman *(2022)*
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Clif Knight, Jr. *(2023)*
John E. Krol *(2023)*
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Eric E. Tibesar *(2024)*
Bui T. Tran *(2022)*
Maureen L. Watson *(2022)*
Joseph Webster, Jr. *(2022)*

Past presidents' council 2022

** Indicates Voting Board Members, Term Ends with Year in Parentheses*

Christoper D. Bojrab* *(2023)*
Carolyn A. Cunningham
David R. Diaz
Marc E. Duerden
John C. Ellis
Bernard J. Emkes
Bruce M. Goens
Paula A. Hall
Jeffrey J. Kellams
Jon D. Marhenke
Mary Ian McAteer* *(2022)*
John P. McGoff
Stephen W. Perkins

Advisory Board Members 2022

Caitlin J. Harmon, Resident
TBD, Marian Student
Maham Nadeem, IU Student

Delegates

Delegates to the Annual State Convention

The year shown in parentheses indicates year in which the term expires following the conclusion of the ISMA Annual Convention.

Ranai Abbasi (2024)
Linda Feiwell Abels (2024)
Christopher D. Bojrab (2024)
Ann C. Collins (2023)
Carolyn Cunningham (2022)
Julie A. Daftari (2023)
Marc E. Duerden (2023)
John H. Ellis (2024)
Richard D. Feldman (2024)
Bruce M. Goens (2022)
Ann Marie Hake (2022)
Ronda A. Hamaker (2022)
Mark M. Hamilton (2022)
C. William Hanke (2024)
Penny W. Kallmyer (2023)
John E. Krol (2023)
Mary Ian McAteer (2023)
Ramana S. Moorthy (2024)
Mercy O. Obeime (2023)
Ingrida I. Ozols (2023)
Robert M. Pascuzzi (2023)
J. Scott Pittman (2022)
David M. Ratzman (2024)
Jodi L. Smith (2022)
Eric E. Tibesar (2023)
Maureen Watson (2022)
Steven L. Wise (2024)
Crystal S. Zhang (2022)

Alternate delegates

Delegates to the Annual State Convention

The year shown in parentheses indicates year in which the term expires following the conclusion of the ISMA Annual Convention.

Laurie L. Ackerman (2022)
Paula Hall (2022)
Caitlin J. Harmon (2023)
Brian S. Hart (2023)
David A. Josephson (2023)
Kathryn J. Kelley (2023)
James F. Leland (2022)
Scott E. Phillips (2022)
Alexandar T. Waldherr (2023)
**Several positions available, contact Morgan Perrill if you are interested*

Indiana state medical association

Past Presidents

**Indicates deceased*

John P. McGoff 2017-2018
Jon D. Marhenke 2007-2008
Bernard J. Emkes 2000-2001
Peter L. Winters 1997-1998
William H. Beeson 1992-1993
George H. Rawls* 1989-1990
John D. MacDougall* 1987-1988
George T. Lukemeyer * 1983-1984
Alvin J. Haley 1980-1981

Executive Committee

Board Chair
David R. Diaz

Seventh District

Trustees

David R. Diaz (2023)
Robert Flint (2024)

Alternate Trustees

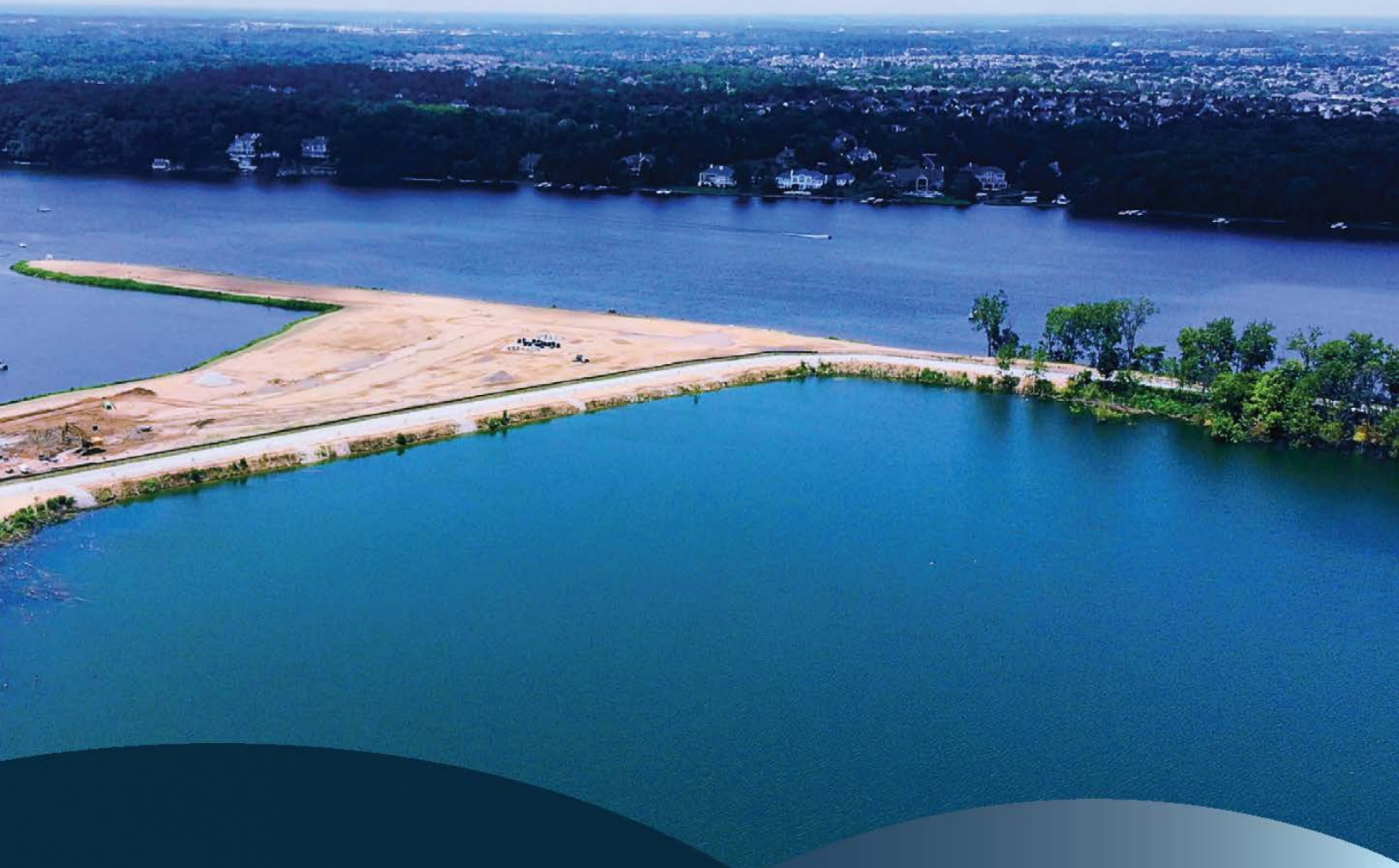
Mary McAteer (2024)
Mercy Hylton (2022)

President

Mercy Hylton (2022)

*The **final section** of waterfront lots in Cambridge at Geist Lake is now available!*

YOUR WATERFRONT PROPERTY IS WAITING



BUILD YOUR DREAM HOME

Find it on the shores of Geist Lake or on Lake Clearwater and Lake Killbuck in Anderson.
We are excited to present the **final section** of waterfront lots for sale in Cambridge on Geist Lake.
Find your perfect lot while they last and own the lake lifestyle for yourself.

Contact Rob Bussell for lot availability, pricing and to discuss financing.
(317) 845-0270 ext. 104 | Rob@RobBussell.com

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