THE FORUM

November/December 2017 • Volume 16, No. 6 • The Official Magazine of Collier County Medical Society

CCMS Member Spotlight:
Call to Duty: Doctoring During the Storm

Dr. Sadiq Al-Nakeeb, Dr. Su Parker, and Dr. Rebecca Smith

In this issue:

CALENDAR OF EVENTS

Unless otherwise noted,
register at www.ccmsonline.org
or call (239) 435-7727

Friday, November 10, 6:00pm
CCMS Women Physicians Wine Tasting Social
Mutual of Omaha Bank

***NEW DATE!* Sunday, November 12, 8:00am**
4th Annual Foundation of CCMS "Docs & Duffers" Charity Golf Tournament
Bonita Bay Club Naples

Friday, November 17, 6:30pm
CCMS New Members Welcome Reception
Wyndemere Country Club

***NEW DATE!* Thursday, December 7, 6:00pm**
CCMS/Foundation of CCMS Fundraising Social
PGA Tour Superstore

Saturday, February 3, 8:30am
CCMS Women's Health Forum
St. John the Evangelist Church

Saturday, May 19, 6:30pm
2018 CCMS Annual Meeting
Wyndemere Country Club

CCMS Member Dues

Don't lose your CCMS member benefits! The 2018 CCMS member dues deadline is December 31, 2017. Members (or their groups) can pay online today at ccmsonline.org/membership. Printed dues invoices will also be mailed directly to members who pay individually, or to practice administrators for group payment. To pay your FMA dues, go to flmedical.org, and to pay your AMA dues go to ama-assn.org.

Premier Circle of Friends

CCMS Board of Directors 2017-2018

Views and opinions expressed in *The Forum* are those of the authors and are not necessarily those of the Collier County Medical Society's Board of Directors, staff or advertisers. Copy deadline for editorial and advertising submission is the 15th of the month preceding publication. The editorial staff of *The Forum* reserves the right to edit or reject any submission.

Member News

New Members:

Steven O. Bossinger, M.D.
Encore Urology
1855 Veterans Park Dr #101
Naples, FL 34109
Phone: (239) 597-4440 Fax: (239) 597-4441
Board Certified: Urology

Spencer A. Land, M.D.
Encore Urology
1855 Veterans Park Dr Ste 101
Naples, FL 34109
Phone: (239) 597-4440 Fax: (239) 597-4441
Board Certified: Urology

Shawn S. Carter, M.D.
Radiology Regional Center
700 Goodlette Rd N
Naples, FL 34102
Phone: (239) 430-1400 Fax: (239) 430-1401
Board Certified: Nuclear Medicine

Luga Podesta, M.D.
Bluetail Medical Group
1201 Piper Blvd Ste 24
Naples, FL 34110
Phone: (239) 631-1960 Fax: (239) 631-5967
Board Certified: Physical Medicine and Rehabilitation, Sports Medicine

Eugene T. Finan, M.D.
Finan Complete Medical Care
1656 Medical Blvd #302
Naples, FL 34110
Phone: (239) 597-7001 Fax: (239) 591-7003
Board Certified: Internal Medicine

Brian R. Pulford, M.D.
NCH Physician Group– Hospital Based Physicians
350 7th Street N
Naples, FL 34102
Phone: (239) 624-3997 Fax: (239) 624-8101
Specialty: Internal Medicine

Melissa A. Gibson, M.D.
Avow Hospice
1095 Whippoorwill Ln
Naples, FL 34105
Phone: (239) 261-4404 Fax: (239) 262-2429
Board Certified: Hospice and Palliative Medicine, Family Medicine

Katia E. Taba, M.D.
Personalized Retina Care of Naples
3467 Pine Ridge Blvd Ste 103
Naples, FL 34109
Phone: (239) 325-3970 Fax: (239) 325-3971
Board Certified: Ophthalmology

Stephen A. Jones, D.O.
Collins Vision
860 111th Ave N
Naples, FL 34108
Phone: (239) 936-4706 Fax: (239) 225-6775
Board Certified: Ophthalmology

Harold Tsai, M.D.
Encore Urology
1855 Veteran's Park Dr Ste 101
Naples, FL 34109
Phone: (239) 597-4440 Fax: (239) 597-4441
Board Certified: Urology

Andrew P. Kontos, M.D.
Innovative Dermatology & Mohs Surgery
8800 Bernwood Pkwy Unit 6
Bonita Springs, FL 34135
Phone: (239) 908-6444 Fax: (239) 494-1433
Board Certified: Dermatology

A Message from the President

Catherine Kowal, M.D., President, Collier County Medical Society

We have had a tumultuous few months in Collier County. It is not often that we get a direct hit with a Category 3 hurricane. And may it be many more years until we see another storm that close to us! I hope all our members are back to a more normal existence and unscathed. We did not hear of any severe damage to any physicians' homes or offices. The greatest problems entailed electricity, internet, phones, and water.

We learned the medical community here in Florida is generous. We were approached by other county medical societies asking us if we needed any help. Dr. Michael Patete drove a humidifier down from Sarasota County for a physician's office! A wonderful gesture. The Neighborhood Health Clinic was worried about losing extremely expensive refrigerated medications but things did work out, and in fact they were able to open their space to physicians whose offices were unusable.

On the home front, the physicians I have spoken to commented that they had unexpected and poor landscaping work done! Yes, a lot of trees have left us but Florida is fertile and resilient and the greens will re-appear quickly. Now what is left over in the Naples area are mounds of landscaping debris starting to rot – be aware of this potential health hazard.

However, this is nothing like what Everglades City, Immokalee, and areas of Golden Gate have experienced. The destruction in these areas has affected many of our friends, neighbors, and patients. At our After 5 Social event on October 13th, hosted by Family Foot & Leg Center and Cavo Lounge, we did collect some supplies which were sent to those areas. I'm sure they will need more and I hope we can help them in the future as well. Fortunately, there has been an outpouring of help to these areas. I spoke with the CEO of the Guadalupe Center and she was amazed at all the help they received both monetarily and with supplies. There are still housing needs in the community and hopefully FEMA will provide much help as well. In the meantime, be on the lookout for patients who may be now living in unsafe, unsanitary conditions.

From our physician community we had many of you helping in all the hospitals, clinics, and your own facilities during the storm and in its aftermath. Thank you for all you did for the community. In this issue of *The Forum*, we have highlighted a few of our medical society members that stuck through the storm caring for patients at local hospitals. For those of us who were able to evacuate, this provides an interesting look into what it was like here on the ground.

This won't be the last time we have to deal with a hurricane or bad storm I am sure (unless you move away). So, have we learned anything about how to prepare? First, we need to secure our families with a safe place to evacuate or hunker down. Whole house generators can be a big help, as well as all the hurricane windows/shutters. Stockpiled water is a must. Storing documents and keepsakes in plastic bins can be easy to take along or keep out of harm's reach.

Of course, our offices need to be protected. Since most of us are on electronic medical records at least we don't have to worry about protecting paper charts! Of course, the computers and electronic equipment need to be protected as well. Take photos of everything (particularly how all equipment is plugged in/connected!). Perishable medications, including samples, need protection. I was able to store some of my medications but lost many doses of samples I could not save. The pharmaceutical companies have been great in helping the patients, as well as replacing samples that were destroyed. Contacting their representatives is easy and helpful.

Another recommendation I have is find an office location close to the hospital or a fire station! My office is close to both and I had electricity, internet, and phone by Wednesday morning after the storm. Just a thought if you are planning to move your office. And importantly, be sure your patients in need have registered with a special needs shelter or made other arrangements, particularly for those with medical equipment.

All in all, we dodged a potentially devastating hurricane in Naples. Let us continue to help those less fortunate in Everglades City and Immokalee, and our neighbors in Puerto Rico. And, make sure that our patients don't become complacent if another storm approaches. While the damage for many was relatively minor this time around, there are no guarantees!

Flashback: Hurricane Donna ripped through Collier County Sep. 10, 1960. Winds gusted over 180 mph and there was a 9.5' storm surge. Residents seeking safety at the Naples Depot shelter evacuated during the eye of the storm to the town's only bowling alley in North Naples.

The Foundation of Collier County Medical Society presents

Docs & Duffers 2017

4th Annual Charity Golf Tournament & Raffle benefiting efforts to address access to healthcare, promote health education and serve the community's public health needs

NEW DATE! Sunday, Nov. 12, 8:00am-2:30pm

(non-golfers purchasing raffle tickets need not be present to win)

Bonita Bay Club Naples

3700 Wildwood Blvd, Naples, FL 34120

Register at ccmsfoundation.org

or call (239) 435-7727 or email info@ccmsonline.org

Sponsors
from $550 - $4000

Golfers
$175/person, $650/foursome

Raffle Tix
$25/one or $100/five

Highlights

Win a 3-year lease for a BMW 4-series convertible in our Hole-In-One Contest!

8:00am: Registration & Refreshments

8:45am: Shotgun Start, Scramble Format

1:15pm: Luncheon & Awards

Golfer Goodie Bags, Hosted Beverages, Hole Contests, and more!

CCMS Collier County Medical Society Foundation
Advocates for Community Health and Medical Education

Eagle Sponsor

Gulfshore Urology
A Division of 21st Century Oncology, LLC

FineMark National Bank & Trust

Life in Naples Magazine

VITAS Healthcare Since 1980

SFG

Naples Heart Rhythm Specialists, P.A.
Providing Consultative Cardiac Electrophysiology

Radiology Regional Center

Catherine Kowal, M.D. PA Golden Care Leading Edge Benefit Advisors LTCi Marketplace Mutual of Omaha Bank Presstige Printing
Southwest Florida Physicians Association The Lascheid Family U.S. Bank Private Wealth Management

CCMS Member Spotlight
Call to Duty: Doctoring During the Storm

Mollie Page, President and CEO, Print Page

Dr. Rebecca Smith Cares for Hospice Patients in a New Location

She is 97-years old with end-stage lung disease and terminal cancer. A hospice client under the care of Dr. Rebecca Smith, the nonagenarian's ability to remain in her manufactured home on the west side of U.S. 41 during Hurricane Irma was not recommended by emergency officials and her doctor. Instead, the frail yet independent patient and several others too critical to go to a special needs shelter were transported to Landmark Hospital where Dr. Smith would oversee their care during the storm.

Rebecca Smith, MD and Christina Smith, RN proving care with a therapy dog to the 99-year-old woman with Dementia during the height of Hurricane Irma.

"Most of these patients are already experiencing some level of dementia," said Dr. Smith, a board certified Physical Medicine and Rehabilitation fellow and Medical Director at VITAS Inpatient Hospice Unit at Physicians Regional Medical Center - Collier Boulevard (PRMC - Collier). "So even though it was a stressful situation, as long as staff were able to keep the patients calm and comfortable, they didn't seem to be too concerned with the storm; not for too long at least."

Dr. Smith had four VITAS patients under her care at Landmark during the storm. Dr. Janet Polito, another VITAS physician was stationed at PRMC - Collier with seven additional VITAS hospice patients.

"It was a tense situation; nothing I had ever experienced," said Dr. Smith. "There are a lot of medical scenarios that you have to think about in an emergency. And each patient has a unique scenario that needs to have a plan."

But while there was already a contract between VITAS and PRMC - Collier, none existed between VITAS and Landmark Hospital, so it was up to Dr. Smith to achieve the unbelievable in just three days. Her goal: to negotiate and activate a contract between two corporations whose headquarters are out of state, to coordinate and transport numerous patients with numerous co-morbidities, and to find and retain extra medical supplies and medications.

"By Saturday at noon, all our hospice patients were situated comfortably in rooms on the third floor," said Dr. Smith. "We had two therapy dogs onsite and their companionship provided an incredible amount of comfort to the patients. We also played cards and listened to a patient tell stories about her experience during Hurricane Donna."

Behind the scenes, hospital staff at Landmark – including Dr. Daniel Kaplan who channeled his inner Eagle Scout to organize drills and distribute emergency supplies – kept vigil on patients and the few dozen staff and family members sheltering at the hospital.

"He brought inner tubes, paddles and muck boots," said Dr. Smith of Dr. Kaplan. "I'm not sure if it was his idea or not, but the air conditioning system was set at its lowest temperature in case we lost electricity. I don't think I've ever been that cold in Florida."

Immediately following the hurricane, VITAS sent a gas truck to Physicians Regional so Dr. Smith and staff could drive to numerous locations within Collier County to check on patients. The company also sent extra water that was distributed to staff and their families as well as to area nursing homes. And no medical procedures or interventions were necessary for Dr. Smith's VITAS patients at Landmark Hospital.

"I had taken a board review class in August and was scheduled to take my 10-year board exams in pain management a week after the storm," said Dr. Smith. "Luckily, the exam was postponed so now I've got a little more time to rest before I start studying again."

Dr. Su Parker Watches Over Birthing Center During Storm

Dr. Su Parker, a board-certified OB/GYN, spent those critical 36 hours surrounding the storm just a mile away from Dr. Smith at NCH North Naples Hospital (NCH North). Scheduled to be on-call for deliveries and in the emergency room, Dr. Parker said the delivery ward was eerily quiet with just one high-risk patient who was admitted because of decreased fetal movement.

"The hospital has a rule that says 'no inducing' during a major storm so it was simply a matter of wait and watch with this patient," said Dr. Parker.

Like gusts of hurricane force winds, the contractions of labor come fast and furious. That's what brought a second pregnant woman and her husband racing to NCH North about 30 minutes before the storm hit on the evening of Sunday, September 10th.

"She was already at 5 centimeters when she arrived," said Dr. Parker. "This was her second child, but from her history I knew delivery could get complicated because her first baby was delivered by cesarean."

continued on page 7

continued from page 6

Daniel Kaplan, DO, playing cards with a 97-year-old patient with lung cancer during Hurricane Irma.

"We moved our two delivery patients off the first floor at 3:00 am on Monday along with all the necessary equipment," said Dr. Parker. "I delivered the baby of the mother who arrived just prior to the storm later that morning."

On Monday afternoon, Dr. Parker induced the mother whose baby was in distress. Another physician from her practice, Dr. Jeffrey Heitmann, who had evacuated to Orlando, returned late Monday and finished the delivery on Tuesday morning.

Both babies and mothers are healthy. No patients presented to the emergency room at NCH-North except for the mother in labor, claimed Dr. Parker. She reported that many of her practice's patients evacuated and one mother-to-be delivered her baby at a hospital in East Georgia.

Friends outside of work, Drs. Smith and Parker kept a thread of text messages going to one another through their storm journey. "We did like everyone else mostly, shared information and stories," said Dr. Parker, who admitted that the texts helped her stay calm and strong.

Dr. Sadiq Al-Nakeeb Keeps Patients Stable and Sees Uncommon Injuries

In eastern Collier County, Dr. Sadiq Al-Nakeeb, an Intensivist and board certified Internal Medicine, Pulmonary, Critical Care and Sleep Medicine physician was working during the storm at PRMC - Collier to keep his patients stable and calm in the Intensive Care Unit.

"We had three patients on vents so if we lost electricity they would need to be bagged manually," he said. "Luckily, CHS, our parent company, had flown in extra nursing personnel before the storm so we had some extra hands in case things got bad."

One scenario Dr. Al-Nakeeb had never encountered was a patient presenting with a venomous snakebite. This unfortunate outcome during storm preparation demanded several injections of anti-venom in the emergency room followed by very close monitoring in the ICU for several days.

"Luckily, she didn't require surgery, but the incident did eliminate our supply of anti-venom," Dr. Al-Nakeeb said.

Just before the storm hit, panic compelled an elderly woman in pulmonary distress to arrive at PRMC - Collier. Dr. Al-Nakeeb kept her stable in the ICU but her condition became more complicated when she began to experience tobacco and alcohol withdrawal. Later he found out, that this patient's husband was admitted too.

Another casualty of pre-storm chaos was a young boy who suffered a fractured liver when a television fell on him at an evacuation shelter. After emergency room physicians at PRMC - Collier stabilized him, Dr. Al-Nakeeb kept a close eye on the boy in the ICU during the storm until it was safe to transport him to Miami once the storm passed.

According to Dr. Al-Nakeeb, PRMC - Collier – which never lost power – became a temporary shelter for patients on oxygen following the storm due to mass electricity outages in the area.

Like other evacuation facilities, Landmark, NCH North and PRMC - Collier brought in extra water and supplies. Family members and their pets were allowed to shelter with staff at the hospitals too. And at all three facilities, everyone was moved off the first floor and into safe areas on upper floors in anticipation of flash flooding on Monday morning.

"No one died during the storm; which is good!" said Dr. Al-Nakeeb, "but more importantly, everyone who came to the hospital during the week after the storm, including visitors, were offered three free meals a day. I think that says a lot about the role the healthcare industry plays in recognizing the need to deliver more than just medicine during a crisis."

It is without argument that a physician's ability to perform under pressure is characteristic of the profession. Yet for all those brave doctors whose individual pugnacity was tested during Hurricane Irma, they can now also lay claim to having achieved heroism.

While sheltering at PRMC – Collier, hospital staff and family members wait in line for food.

Chronic Opioid Therapy in Nonmalignant Pain

Ravi Mirpuri, DO, Korunda Pain Management Center

Chronic Opioid Therapy (COT) for treatment of nonmalignant pain is routinely seen in medicine, but many question the indications. There is ample evidence to suggest opioids benefit in the acute pain setting, but does this translate to treating chronic pain (>3 months duration of symptoms)? With the numerous short and long acting opioids on the market, one would think there should be several placebo-controlled trials (PCT) publishing 6 to 12-month outcomes. The surprising fact is that these studies do not exist or were never published! Most PCT had duration less than 6 weeks and none lasted greater than 16 weeks. However, to be fair to the pharmaceutical industry, it is very hard to convince subjects to take a placebo for 1 year in a study.

Alternatively, there are several studies that discuss chronic opioid therapy risks. Several studies have shown that patients taking higher doses of opioids have higher mortality rates even after controlling comorbidities. COT has also been associated with increased risk of myocardial infarction compared to non-opioid treatment. Additionally, COT can be associated with all the following: addiction, gastroparesis, hyperalgesia, muscle rigidity, myoclonus, galactorrhea, immunosuppression, increased risk of overdose, fatigue, reduced fertility, and testosterone depletion.

To mitigate some risks (particularly overdose and addiction), there are several guidelines published for appropriate dosing including the "CDC Guideline for Prescribing Opioids for Chronic Pain" which recommends dose restrictions in the primary care setting. Pain management physicians who offer COT likely follow the American Society of Interventional Pain Physicians (ASIPP) or the American Academy of Pain Medicine (AAPM) guidelines, which recommend screening appropriate candidates, performing risk stratification, starting with low opioid doses before escalation, and performing drug monitoring. Also, guidelines imply that COT is highly unlikely to be recommended as a solo treatment since multimodal treatment of pain is the current standard of pain management.

You might be wondering if opioids should even be used at all for chronic nonmalignant pain. If you feel this way, there certainly is very little evidence that could be used to refute you. After all, there are multiple treatments: non-opioid medications (e.g. neuropathic medications, muscle relaxers, NSAIDS, steroids, topical anesthetics, and other newly developing medications), injections, physical therapy, psychotherapy, durable medical equipment, heat/cold modalities, surgery, neuromodulation, acupuncture, chiropractic care, massage, meditation, and many other possibilities.

So why are opioids still being prescribed? Here are some examples of reasons, although none give full justification individually.

1. If a patient fails all the other treatments, what other option is there?
2. All the alternatives treatments do not necessarily have great evidence either.
3. The absence of evidence is not the evidence of absence. COT is not completely unproven.
4. Physicians risk losing patients by not giving into patient demands.
5. Physicians risk losing referral source if patient complains of "inadequate" treatment to the referral source because COT wasn't initiated.
6. COT with high dose opioids used to be the "standard of medicine" historically for chronic pain.
7. Patients weaning from opioids feel temporary worsening pain due to intrinsic opioid receptor downregulation secondary to prior chronic use. Thus, they believe the opioids must have been working since they feel pain when they stop medication.
8. Conflicting expert opinions within the medical community.
9. Some practices are not equipped to handle multimodal treatments.

Although physicians have a plethora of alternative treatments, it can be hard to determine which treatment is appropriate to use. Most of you probably can recall reading several articles questioning the treatment efficacy of a variety of alternative treatment options. However, unlike COT, most of these alternative options have proven beneficial for some diagnoses. Besides acute and malignant pain, COT has not demonstrated strong evidence in superiority over any other treatment option for chronic nonmalignant pain.

In general, single treatment therapy is rarely the sole answer. However, a combination of physical, pharmacological, psychological, and interventional approaches has a much higher likelihood of success. The interventional options alone to treat pain are expanding yearly and constantly change. Nonetheless, it is unavoidable to have patients who failed multiple treatments without much benefit. Is it appropriate to tell a patient you have no other treatment options before even attempting COT? Alternatively, is offering COT simply placing

continued on page 9

continued from page 8

unnecessary risk to the patient with the hopes of achieving a non-evidence based miracle?

As a pain physician, my goal is to convey that no physician should be criticized for trying multiple alternative treatments (both interventional and non-interventional) before trialing opioids in chronic pain patients. A physician's choice to use opioids for chronic pain should not be a measure on whether they provide the "standard of care". No guidelines state that COT must be offered during ANY phase of treatment. However, this article is not meant to condemn COT across all nonmalignant pain indications. COT is not unproven, but more research is needed to determine if there is long term benefit. As a general rule, the risks of COT may be considered acceptable when other evidence based treatments have been exhausted.

References:

Chou R, Fanciullo GJ, Fine PG, et al. Clinical guidelines for the use of chronic opioid therapy in chronic noncancer pain. The Journal of Pain. 2009;10(2):113-130.

Carman WJ, Su S, Cook SF, Wurzelmann JI, McAfee A. Coronary heart disease outcomes among chronic opioid and cyclooxygenase-2 users compared with a general population cohort. Pharmacoepidemiol Drug Saf. 2011;20(7):754-762.

Dowell D, Haegerich TM, Chou R. CDC Guideline for Prescribing Opioids for Chronic Pain--United States, 2016. Jama. 2016;315(15):1624-1645.

FMA Addresses Opioid Epidemic

After hosting the FMA Opioid Summit in Tampa on Oct. 6th, at the Florida Medical Association's Fall Board of Governors Meeting in Palm Beach on October 7th, the FMA Board passed the following resolution:

"That the FMA support Governor Scott's efforts to combat opioid abuse and work with the legislature and Governor's office to pass meaningful legislation that is evidence-based, designed to save lives, while not impacting patient care."

CCMS looks forward to working with the FMA and other stakeholders to address this important healthcare issue.

Radiation Therapy Available Today

Chaundre Cross, M.D., 21st Century Oncology

According to the American Society for Radiation Oncology (ASTRO), approximately 2 out of 3 cancer patients will receive some form of radiation therapy. While the technology continues to advance, the foundation remains the same – to direct a lethal dose of radiation directly to cancer cells, while minimizing exposure to the healthy surrounding cells.

Various types of radiation oncology are used to treat cancer today. Patients' radiation oncologists will consider their unique conditions and make recommendations for the most effective therapies to treat their disease. The following therapies are all currently available in Collier County.

External Beam Radiation Therapy

External Beam Radiation Therapy, or EBRT, delivers radiation from outside of the body with a linear accelerator. EBRT precisely aims radiation beams at the tumor from several angles. EBRT usually features **3D Conformal Radiation Therapy**, which conforms the radiation beam to the shape of the tumor. During treatments, a device called a "multi-leaf collimator" will shape the radiation beams to fit to the outline of the tumor according to the computerized data and instructions created for each individual patient.

Intensity Modulated Radiation Therapy

Intensity Modulated Radiation Therapy (IMRT) is an advanced mode of high precision radiation therapy that utilizes computer controlled x-ray accelerators to deliver precise radiation doses to a malignant tumor or specific areas within the tumor. IMRT varies the strength of thousands of individual "beamlets" aimed at the tumor. The intensity of the beams is adjustable to minimize the dose reaching sensitive normal tissues. TomoTherapy® Highly Integrated Adaptive Radiotherapy (HI-ART) is a type of image-guided IMRT that delivers radiation slice-by-slice rather than irradiating the entire tumor at one time.

Stereotactic Radiation Therapy

Stereotactic Radiation Therapy is a specialized type of EBRT that uses multiple narrow beams to target a well-defined tumor with extreme accuracy. **Stereotactic Radiosurgery** (SRS) is a radiation delivery system so precise it can be used to treat inoperable tumors of the brain and spine. **Stereotactic Body Radiation Therapy** (SBRT) is used to treat tumors elsewhere in the body with the same technology. Both SRS and SBRT deliver an entire course of treatment in five days or less. This option is not appropriate for all patients.

Image Guided Radiation Therapy

Image Guided Radiation Therapy (IGRT) is used with these EBRT technologies to ensure proper patient positioning. Some treatments also feature real-time tumor tracking called respiratory gating, where the radiation beams are continuously adjusted to accommodate the motion of the patient's breathing. This means that radiation only hits the tumor and not the healthy tissue surrounding it through guidance by specialized imaging tests, such as CT scans, to target cancerous tumors, even as they move or shrink.

Internal Radiation Therapy

Internal Radiation Therapy (Brachytherapy) is used often to shrink tumors to relieve symptoms and is particularly effective against certain breast and prostate cancers. Brachytherapy can be used as a standalone treatment or after a tumor has been surgically removed to eliminate any remaining cancerous cells.

High-Dose Rate Brachytherapy

High-Dose Rate (HDR) Brachytherapy is a powerful form of internally delivered radiation therapy that destroys many types of cancers including skin, cervical, prostate and breast. After each session there is no radioactive material remaining in the body. Accelerated Partial Breast Irradiation (APBI) is an effective, post-lumpectomy, specialized form of HDR Brachytherapy.

Low-Dose Rate Brachytherapy

Low-Dose Rate (LDR) Brachytherapy destroys many types of cancers including cervical, esophageal, head and neck, and lung, but it is most often used to treat prostate cancer. Prostate Seeds, as they are called, are small radioactive devices that are permanently placed strategically around the prostate. These seeds give off radiation in a slow manner to target cancer without affecting nearby organs.

My colleagues and I are currently participating in national research studies involving prostate cancer. As participating associates in these trials patients are exposed to investigational agents and longitudinal studies that may improve their outcome. One recently completed trial included stage IV prostate cancer and immunotherapy utilizing vaccinations.

Radiation Oncologists are experts in making recommendations regarding the best treatment plans for your patients. A team approach is most effective, working with primary care physicians, medical oncologists, and other specialists to coordinate the most effective care for patients.

Why are You a Member?

If you know a colleague who isn't a current CCMS member, encourage them to call (239) 435-7727 or visit ccmsonline.org/membership and join today!

Update on Physician Led Access Network of Collier County (PLAN)

William Kuzbyt, Psy.D., J.D., Chair, PLAN Board of Directors

PLAN is a nonprofit 501(c) (3) that coordinates health care for low-income, uninsured residents in our county. Originally launched by CCMS in 2003, PLAN is a community-based referral network program of over 200 volunteer physicians, clinics, hospitals, and other healthcare providers who help provide access to quality health care for that underserved population.

PLAN offers physicians and facilities an efficient and rewarding system for assisting eligible patients. The volunteer physicians refer a patient to a PLAN Patient Care Coordinator who qualifies the patient and coordinates his/her care through the participating members of the PLAN network. Specifically, PLAN sets appointments and follows the patient's progress through to discharge. Services currently available include, but are not limited to, office visits, diagnostic testing, laboratories, surgeries, hospitalizations, and ancillary services.

PLAN volunteer physicians and facilities treat income-eligible patients without remuneration and are able to utilize the Florida Department of Health's Sovereign Immunity Protection rather than rely on his/her own malpractice insurance. CME credits are offered and tracked based on the number of patient visits. During a period of two years, it is possible for a physician to accumulate a sufficient number of credits to waive re-licensure fees.

It is PLAN's mission to "Make a Difference in the Health of Our Community" by maximizing the donated resources to significantly impact the health of eligible members of our community. There continue to be challenges in accommodating all the needs of patients referred to our program. We often have a shortage of volunteer providers in certain specialties. We welcome all healthcare professionals to become PLAN Providers and extend services to the eligible people in our community.

To date, PLAN has coordinated over $25 million in medical care to over 16,000 participants. While this is a tremendous accomplishment for which we are grateful to our network partners, there unfortunately still remains a significant unmet and ongoing need. We are always looking to add physicians, physician groups, and other healthcare professionals and facilities to our network.

At this time, we are also looking for physicians who may be interested in joining our Board of Directors. Our by-laws require the Board composition to include physicians and this is also an excellent way to serve the patients in our community. If you are interested and would like more information regarding PLAN, please call 239-776-3016. On behalf of all patients, the Board of Directors of PLAN, and PLAN staff, we thank you for your support and participation.

Patient Referral Information

Services: Specialty/primary healthcare services by participating PLAN members; Diagnostic tests, laboratory work and imaging (x-rays, MRIs); Hospitalization; Surgery

Eligibility: Open to any Collier County resident – U.S. citizenship not required. Must not have health insurance of any kind or be eligible for Medicaid, Medicare or VA Benefits. Income must not be greater than 200% of the Federal Poverty Level, for their household size.

Referrals: Contact the PLAN Patient Navigator, 239-776-3016 for a Patient Referral Request Form, return as instructed. PLAN will contact the patient directly to set up an appointment for eligibility.

PLAN Board Members

Chair: William J. Kuzbyt, Psy.D., J.D. – Behavioral Health Solutions
Secretary: David G. Whalley, M.B. ChB, FRCA – Physicians Regional Healthcare System
Treasurer: Kelly Daly – NCH Healthcare System
Michael J. Carron, M.D. – Radiology Regional Center
April Donahue – Collier County Medical Society
Rolando Rivera, M.D. – Gulfshore Urology
Susan Takacs – Physicians Regional Healthcare System
Stephanie Vick – Collier County Health Department
Mitchell Zeitler, M.D. – Physicians Regional Healthcare System

I ♥ PLAN℠

Physician Led Access Network (PLAN) of Collier County is a 501(c)(3) organization that coordinates access to free medical care for eligible low-income uninsured Collier County adults via a network of volunteer physicians and medical facilities.

To help support this worthwhile organization visit www.plancc.org or call (239) 776-3016

Your generous support is needed to help PLAN fulfill its mission.

"Making a Difference in the Health of Our Community"

CCMS Fall General Membership Meeting – August 23
CCMS After 5 Social/Hurricane Relief Drive – October 13

Dr. James Lim and Doris Lim

Dr. Rolando Rivera, Dr. Fritz Lemoine, and Dr. Alan Galbut

Dr. Jon Banas, Dr. Steven Bossinger, and Dr. Marilyn Varcoe

Tracey Finan and Dr. Eugene Finan

Dr. Joshu Raiten and Katie Raiten

Dr. Nancy Goodwin and Matthew Goodwin

Representatives from the Immokalee Foundation and hurricane relief supplies donated by CCMS members

THE FORUM

Cesar De Leon, D.O., Editor
Rebekah Bernard, M.D., Associate Editor
1148 Goodlette Road North
Naples, Florida 34102
Ph. 239-435-7727
Fax 239-435-7790
E-mail info@ccmsonline.org
www.ccmsonline.org

You're Invited!

Friday, November 17, 6:30pm
Wyndemere Country Club

Register at ccmsonline.org