Fall Program

featuring Guest Speaker

G. van Londen, MD, MSc

Assistant Professor, University of Pittsburgh School of Medicine, Department of Medicine (Hematology-Oncology, Geriatric Medicine)

Director, Women’s Cancer LiveWell Survivorship Program, Magee Womens Hospital - UPMC
Director, Cancer LiveWell Survivorship Program, (Hillman Cancer Center, UPMC Cancer Centers)

Dr. van Londen directs the Women’s Cancer LiveWell Survivorship Program at Magee Womens Hospital and the Cancer LiveWell Survivorship Program at the Hillman Cancer Center of UPMC. These multidisciplinary programs are ideally suited to help the cancer survivors and their providers with the management of emotional and physical symptoms and/or improvement of health behaviors. Her research has focused on the assessment and management of symptoms in older cancer survivors who undergo long-term adjuvant endocrine therapy.

Dr. van Londen will present

Breast Cancer Recurrence - What to Look for and How to Avoid It

October 11, 2011

MONTEREY BAY
Fish Grotto
1411 Grandview Ave  Pittsburgh PA  15211
6:00 p.m. - Registration
7:00 p.m - Program / Dinner
CME and CEU available

Thank You to

Harmony Hospice
Find strength in our care.

for support of the meeting

This program is complimentary to all PAGS-WD members, but you must register! Guests are also welcome.
See back page for Registration Form
Several random articles have crossed my desk recently that remind me of the ancient Chinese curse “may you live in interesting times”. Our times may be getting a bit too interesting! Here are some specifics:

**First**, our healthcare system provides extraordinarily poor economic value. We spend over 17% of our GDP on health, which is double what most nations spend, yet our outcomes are mediocre. Internationally, the U.S. ranks only 49th in life expectancy and 42nd in infant mortality. On the World Health Organization (WHO) index of overall health, we rank about 40th. We are now spending over $2 trillion annually to produce these poor results.

Despite these expenditures, over 50 million of us have no medical insurance. Being uninsured means that people do not receive preventive care or appropriate management of chronic conditions. It has been estimated that lack of insurance leads to 24,000 unnecessary deaths annually in this country. Even people with insurance who have chronic illnesses can spend all their resources on health care due to gaps in coverage. One recent report showed that 20% of all personal bankruptcies were caused by medical expenses so far in 2011.

**Second**, an unfortunate hallmark of our system is variability. The classic example is variation in services and outcomes based upon race. For example, African-Americans have worse health outcomes and life expectancies than whites. Another type of variability is geographic. The death rates of strokes and myocardial infarctions are higher in rural hospitals than in urban hospitals. Access to specialists is less in rural areas. Residents of New Jersey outlive residents of South Dakota by years. Medicare spending per beneficiary varies by a third from one region of the country to another. Drug costs per beneficiary vary by up to 60% between regions.

In Pittsburgh, patients with chronic diseases are hospitalized 50% more than the national average. This is the highest rate in the nation among large urban regions. Medicare patients here undergo surgery 10% more than elsewhere, including 23% more heart valve replacements, 14% more coronary artery bypasses, and 8% more laminectomies. Our costs are the highest in the country, yet our mortality rate is the 11th worst. 23% of our Medicare hospital discharges are readmitted within 30 days. Is something wrong with this picture?

The most important type of variability is failure to translate knowledge from research into consistent clinical practice. This represents under-utilization, versus the examples of over-utilization above. Multiple studies have shown that we follow evidence-based guidelines only about half the time. Examples include failure to prescribe aspirin after an MI, failure to prescribe a beta blocker after an MI, failure to monitor lipids in a diabetic, and failure to prescribe a statin after an ischemic stroke.

**Third**, although the rates of malpractice suits in Pennsylvania have decreased in recent years, national rates are still staggering. A recent article in the New England Journal analyzed data from 1991 through 2005 for approximately 41,000 physicians nationwide. Each year during the study period, 7.4% of all physicians were sued. The proportion of physicians facing a claim each year
ranged from 19% in neurosurgery to 2.6% in psychiatry. Interestingly, emergency medicine physicians were sued at about the same rate as internists, at 7.5%, while family physicians were sued at only 5.2%. It was estimated that by the age of 65 years, 75% of physicians in low-risk specialties will have been sued, while the rate for high-risk specialties is 99%!

**Fourth**, after 8 years of ACGME-mandated caps on resident work hours and work volume, did patient care get any better? According to a recent systematic review in the Journal of General Internal Medicine, the answer remains unclear. Overall mortality did decrease by 10%, but this may reflect temporal trends not related to resident work hours. Rates of hospital complications have been variable. Adequacy of operative experience for surgery residents remains uncertain. It does seem that the rate of resident “burnout” has decreased, and residents now have more personal and family time.

**Finally**, what are we to make of the conflict between UPMC and Highmark? These are large corporations positioning themselves for the future, when reimbursements are likely to be less than they are today. Going forward, one can imagine a region with two competing integrated delivery and financial systems (called an IDFS), each employing a large number of physicians, and each competing for patients. This is actually the way healthcare is already delivered in many other parts of the country, but it will be quite disruptive here as doctors and patients must choose which way to align themselves over the next year or two.

In these “interesting times”, what should an individual health professional do? I have two suggestions. At the macro level, we should remember the guidelines proposed by the Institute of Medicine 10 years ago in their watershed report *Crossing the Quality Chasm*. The IOM aims for an ideal health system include:

- Safe (don’t cause harm)
- Effective (evidence-based, appropriate)
- Patient-centered (incorporates patient values and preferences)
- Timely (minimal waiting)
- Efficient (reduce waste)
- Equitable (uniform high quality regardless of geography, socioeconomic status, race, sex)

We still have a long way to go.

At the micro level, we must keep our patients at the center of activity, delivering the best care we can, while respecting their values and cultures. Although there is much around us that we cannot control, we can always control how well we treat our patients.

Best wishes,

*Fred Rubín, MD*
The Pittsburgh Marriott City Center Hotel was the site of the March 2011 Clinical Update in Geriatric Medicine conference. Previously awarded the American Geriatrics Society Achievement Award for Excellence in a CME program, this conference has been a popular and respected resource for 20 years. Each year, the course continually grows and attracts prominent international and national lecturers, as well as nationally renowned local faculty.

Under the leadership of course directors Drs. Shuja Hassan, Judith S. Black, and Neil M. Resnick, the course is a premier educational event in the region. Over 400 geriatrics professionals from all disciplines, including physicians, nurses, pharmacists, physician assistants, social workers, long term care and managed care providers, and health care administrators participated in key plenary sessions, numerous breakout sessions, and featured 'Ask the Physician' sessions. During the ‘Ask the Physician’ sessions, participants had the opportunity to pose challenging questions from their own practices to geriatric-focused subspecialists in the fields of Hematology, Geriatrics and Nephrology.

A highlight of the three-day conference included several lectures by guest faculty Michael Holick, PhD, MD, professor of medicine, physiology and biophysics; director of the general clinical research center; director of the bone health care clinic and the heliotherapy, light, and skin research center, Boston University Medical Center, Boston, MA. Dr. Holick is internationally recognized for his many contributions in the field of vitamin D, calcium and bone endocrinology and metabolism and is arguably the preeminent Vitamin D researcher of the past 30 years. His lecture, “Vitamin D: Pearls and Pitfalls” educated the audience that the impact of vitamin D is profound and goes way beyond absorption of calcium. Dr. Holick’s enthusiastic presentation addressed that sensible sun exposure, adequate calcium intake along with good dietary sources of vitamin D, and vitamin D supplementation are imperative to maintaining or rebuilding vitamin D levels.

The conference is jointly sponsored by the Pennsylvania Geriatrics Society – Western Division; the Aging Institute of UPMC Senior Services and University of Pittsburgh, in partnership with UPMC and the University of Pittsburgh School of Medicine Center for Continuing Education in the Health Sciences.
The ninth international Hospital Elder Life Program (HELP) was held in Pittsburgh, PA March 31 through April 1 in conjunction with the Clinical Update in Geriatric Medicine.

The conference is designed to educate HELP teams regarding strategies for delirium prevention, and using HELP as a way to improve hospital-wide care of the elderly and create a climate of change. Expert clinicians and seasoned members of the HELP sites shared evidence-based information and their clinical insights on selected topics regarding the influence of HELP, delirium updates, and the larger policy implications of care for the elderly.

The Hospital Elder Life Program was developed by Sharon K. Inouye, MD, professor of medicine, Beth Israel Deaconess Medical Center, Harvard Medical School; Milton and Shirley F. Levy Family Chair. This innovative model program was designed to improve the hospital experience for older patients by helping them maintain their cognitive and functional abilities; maximizing independence at discharge; assisting with the transition to the home; and preventing unplanned readmission.

Through HELP, the hospital becomes a place where older patients can feel secure as they participate in their course of treatment and maintain some control over their own recuperation. Hospitals around the world have implemented the program and HELP has received extensive coverage in medical journals and mainstream media. For more information on HELP and delirium, or to learn how to become a HELP site, please visit www.hospitalelderlifeprogram.org.

The Pittsburgh Marriott City Center is the site for the 2012 conference under the direction of Fred Rubin, MD. It will be held in conjunction with the Clinical Update in Geriatric Medicine. Dates for the HELP conference are March 22 and 23, 2012.
The Society would like to thank Harmony Hospice for their generous support of the 2011 Fall program.

Harmony Hospice, located in Carnegie, is a home hospice care and education provider with deep roots in both the South Hills and the greater Pittsburgh area. A physician-owned company that provides the highest level of care, the mission of Harmony Hospice is to be a strong, invaluable source of support for an individual with a life-limiting illness, their family and/or their significant others.

The Society looks forward to collaborating with Harmony Hospice to provide future educational programs for the membership.

Welcome New Members as of 10/1/2010

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Diane Krueger, APN
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Vicki McMahon, CRNP
Kelly Neal DNP, CRNP
Jawdat A Nikoula, MD
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Mamta Dahyabhai Patel, MD
Tracy Polak, CRNP
Sangeeta A Rana, MD
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Sarah B Shinn, MD
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Donald R Shoenthal, MD
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Fahd Anzaar, MD
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Sumana Bangalore, MD
Michelle Catena, MD
Susan Cheung, MD
Amy DiPlacido, MD
Constantine Dy, MD
Shami Goyal, MD
SHERLYANA HELEN, MD
Richard Hoffmaster, MD
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Manjusha Kad, MD
Albert Lum, MD
Mrunal Mendhi, MD
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Lawrence Notaro, MD
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Arun Raghunath, MD
Katherine Ritchey, DO
Sahir Shivji, MD
Swati Srivastava, MD
Lauren Strohm, DO
Akhil Dev Vats, MD
XIXI WONG, MD
David Yuan, MD

2012 Membership Renewal

Dues notices for 2012 will be mailed in October. Your dues are instrumental in assisting the Society to continually provide quality educational programs to healthcare professionals in the region. As a benefit, members receive a discount on the registration fee for the annual clinical update and a complimentary registration for the fall program. Dues also aid in one of many affiliates goals, which is to recognize and financially support qualified medical students who are specializing in the field of geriatrics.
Congratulations to the 2011 David C. Martin Award Recipients: Malamo Countouris, Tao Liu, Hilary Michel and Jason Sanders, all medical students at the University of Pittsburgh School of Medicine. Each received honorariums of either $1,000.00 or $1,200.00 to be used solely to defray the costs of attending the American Geriatrics Society national conference. The society’s board of directors reviewed each abstract and selected the winners.

A presentation was held prior to the dinner symposium (held in conjunction with the 2011 Clinical Update in Geriatric Medicine) where awardees were introduced and presented with a certificate of excellence and honorarium presentation. Below are the titles of the winning abstracts:

- **Malamo Countouris** - Exploring the Impact of a Local Hospital Closing upon the Elderly: A Focus Group Study

- **Tao Liu** - Subjective Memory Complaints and Chronic Systemic Illnesses

- **Hilary Michel** - Screening Long Term Care Residents for Osteoporosis: Is There a Better Way?

- **Jason Sanders** - Understanding the physiologic basis of frailty is enhanced by noninvasive measurement of organ structure and function in multiple physiologic systems

The award is named after David C. Martin, MD, who established the first geriatric fellowship in Pittsburgh, PA. The ultimate goal of this prestigious award is to encourage and prepare future physicians in the field of geriatric medicine. Since its inception, the Society is proud to have awarded over $57,000 to medical students interested in the field of geriatric medicine.
Reflections on Japan ... by Daphne Bicket, MD

The road was steep and winding, navigated quickly by Dr. Ohsugi. “They are just poor farmers, I want you to know.” We, two residents and a Kaita nurse, were on our way to see an elderly man with COPD. Kaita Hospital can best be described as a hybrid nursing home-LTAC, about 60 beds. It is home base for the new family medicine residency program and provider for many elderly in the region. The residents were preparing me for the worst. The driveway was a bit steep as we climbed up to the entrance and entered through a gorgeous hand carved door. The house had been built by a patient, a carpenter. We removed our shoes in the front hallway, shiny black slate, and ascended a few steps. To the left was a carved sculpture, almost a wall of abstract serpentine forms. The residents did not think the carpenter made that, but the house itself was all his, Frank Lloyd Wright-like in scale and line.

Home alone, our patient was in bed and easily aroused. As soon as he saw his doctor, his face lit with a smile, he arose, acknowledged my presence and offered many bows. His oxygen was on, he was saturating well, and the room was quite warm, even for December. A fan blew gently in the corner. With not much room to navigate, Dr. Ohsugi quickly tended to him, focusing on the essential review of systems, medications and exam. The nurse silently completed the blood draw. He thanked us profusely for coming, smiled and bowed. His children would be home later and he would let them know we were pleased with his health. So, this was my first house call in Japan.

The family medicine department of the University of Pittsburgh has a contract with Kaita’s parent hospital, Aso-Iizuka Hospital (AIH), to teach family medicine. This 1,116 bed facility is the site of training for FM, IM and pediatric residents, medical and nursing students. AIH is in the southernmost island of Kyushu, over 600 miles from the earthquake site. I was there last December and again this June. “Teaching” includes formal lectures to faculty, residents and nurses, case presentations, rounding with the team, and performing home and “nursing home” visits.

While Japan has one of the world’s longest life expectancies (average 82.25 years) the practical application of geriatrics, palliative care and end-of-life care is in its nascence. What is so gratifying is the enthusiasm of the health professionals to learn more about how to care for their seniors. As you would expect, honoring elders holds a high priority.

In the context of Japan’s highly technological mindset, this makes for challenging ethics. I found this to be particularly true for the young residents in training who were very interested to know how we handle futile care.
AIH provides all the health care for the region’s population, over 400,000. The complex is old, the walls green, linoleum floors impeccably clean. There is a lot of rain and humidity, with no air conditioning. All manner of clinics are held during the week. I saw pathology I have seen only in books: severe cerebral palsy, thick cataracts, women bent parallel to the floor from osteoporosis. All appear content. The bustle comes to a halt on the weekend. Saturday teaching sessions are still held, and students from outlying cities are invited, no duty hour rules here.

The average length of stay is 15 days. Many of the patients are walking the halls with IV poles. Why are they here, I ask myself? I see on the computer screen 3,000+ days, “What is this about?” An elderly man is on a vent; his sister cannot bear to stop the effort. Nursing students tend to patients everywhere. Windowed rooms, three in a row, house four beds each. It is 10:30 AM, all are still in bed, “why are they not up in a chair?” No room for a chair - I feel as though I walked into the 1950s, with many cases of dementia, connective tissue disease, cachexia, but no MRSA, c diff, or VRE.

In December, I gave two, sometimes three lectures a day on the typical geriatric topics: assessment, falls and fall prevention programs, medication management, ethics, delirium, dementia. The lectures varied in scope due to level of training and audience. I traveled to Hiroshima and gave one at the medical school there. My visit to the Peace Park was brief but powerful, evoking a feeling akin to standing at the Lincoln Memorial. We took the Shinkansen there and back; it is called the bullet, not only for its speed but for its shiny pointed nose. To board, you have to stand on the section of platform designated by your ticket; arrival time averages within six seconds of scheduled time.

The most fun was seeing the oldest of the old patients. A 98-year-old lady, bed confined by aortic stenosis, sang me a song, in fact, sang it over and over and over. Finally the residents gave several brief bows and we walked backwards out of her sun-filled room. What was she singing? “That is our National Anthem,” they said.

A couple slept on the living room floor, cared for by family; they were married for more than 75 years. The 96-year old husband suffered from heart failure, his wife advanced dementia. Whenever he decompensated, he never went further than the ER, insisting to come back and be with his wife. The average sodium intake in Japan, I was told by the residents, is 12 grams a day.

Caregivers love the patients; a soft tone and gentle touch is their language. Happy music, like that you would play for your toddler, is everywhere, and those who can are exercising to it. The Japanese are peaceful and content. They do not ask why: they accept. Their March 11 affected their country much like our September 11, except “nuclear” was the enemy. It will have to settle itself...

Now, while it is a long journey, I look forward to my return.

Dr. Bicket is affiliated with the Latterman Family Health Center - UPMC and a member of the PAGS-WD planning committee. She had the opportunity to visit Japan in November of 2010 and again in June of 2011. Accompanying her during her first visit was James Dewar, MD, Director of Integrated Family Medicine, under the AIH/UPMC Department of Family Medicine Educational Program. Her second trip she visited alone.
MARK YOUR CALENDAR

National Conference of Gerontological Advanced Practice Nurses Association
Coming Together to Meet the Evolving Needs of Older Americans

When: September 14-17, 2011
Where: Marriott Wardman Park, Washington, D.C.
Phone: 866-355-1392
e-mail: gapna@ajj.com website: www.gapna.org

Gerontological Society of America
63rd Annual Scientific Meeting
‘Transitions of Care Across the Aging Continuum’

When: November 18-22, 2011
Where: John B. Hynes Veteran Memorial Convention Ctr
Phone: 202-842-1275
website: www.agingconference.com

American Medical Directors Association (AMDA)
AMDA Long Term Care Medicine - 2012
‘A Mission from the Heart’

When: March 8-11, 2012
Where: San Antonio, TX
Phone: 800-876-2632 or 410-740-9743
website: www.amda.com

American College of Physicians Internal Medicine 2012

When: April 19-21, 2012
Where: New Orleans, LA
Phone: 800-523-1546 x2600 or 215-351-2400
website: www.acponline.org

Society of General Internal Medicine
35th Annual Meeting
Promoting Generalist Values in Times of Change

When: May 9-12, 2012
Where: Orlando, FL (WDW Swan and Dolphin)
Phone: 800-822-3060
website: www.sgim.org

2011 Allegheny County Medical Society
Community Award Nominations
A call for nominations for the following Community Awards are now being accepted for the following:

Benjamin Rush Individual Award - recognizes an individual who is not a practicing healthcare professional, who devotes time, skills, or resources to assisting others and contributes to the advancement of healthcare.

Benjamin Rush Community Organization Award - recognizes a company, institution, organization or agency that is successfully addressing a community health issue.

Pittsburgh Proud Award - recognizes individuals or groups who have made a significant contribution to improve health in our community.

Contact the ACMS for award criteria and deadline (412) 321-5030 or visit www.acmsgala.org

American Geriatrics Society
2012 Annual Scientific Meeting

May 3-5, 2012
Seattle, WA

‘Patient Safety and Quality. What Geriatrics has to Offer.’

Phone: 212-308-1414
Website: www.americangeriatrics.org

The AGS Annual Scientific Meeting is the premier educational event in geriatrics, providing the latest information on clinical care, research on aging, and innovative models of care delivery. The 2012 Annual Meeting will address the educational needs of geriatrics professionals from all disciplines. Physicians, nurses, pharmacists, physician assistants, social workers, long-term care and managed care providers, health care administrators, and others can update their knowledge and skills through state-of-the-art educational sessions and research presentations.

The 2012 Annual Meeting offers many continuing education sessions, including invited symposia, workshops, and meet-the-expert sessions. Sessions will include information about emerging clinical issues, current research in geriatrics, education, health policy, and delivery of geriatric health care.
The PMDA Annual Symposium is designed to meet the educational needs of healthcare professionals working in long-term care settings. This year’s program has a Friday morning theme of psychiatric issues in LTC. The remainder of Friday and Saturday includes policy issues, specific disease topics, and strategies to translate current literature into improved care of the long-term patient.

This conference is intended for all long-term-care health professionals, including geriatricians, psychiatrists, internists, family physicians, nursing home administrators, registered nurses, consultant pharmacists, therapists, physical medicine and rehabilitation professionals, and social workers.

A maximum of 9.0 AMA PRA Category 1 Credit(s)™ are available for this program (includes 3.0 hours of patient safety/risk management education as required by the Pennsylvania State Board of Medicine). Nurses will receive a certificate from Penn State College of Medicine verifying their completion of this approved continuing medical education activity. This seminar has been approved for up to 6.75 hours of clinical education and up to 3.0 hours of management education toward certification or recertification as a Certified Medical Director in Long Term Care (AMDA CMD).

TO REGISTER
Phone 717-531-6483 Email ContinuingEd@hmc.psu.edu Web www.pennstatehershey.org/web/ce/home/programs/pmda

20th Annual

Save the Date
Clinical Update in
GERIATRIC MEDICINE
March 22 - 24, 2012

Marriott City Center, Pittsburgh, PA

Brochures will be mailed January 2012.
The conference registration will be available on-line at https://ccehs.upmc.com/formalCourses.jsp in early 2012
The Health in Aging Advocacy Center, hosted by the American Geriatrics Society, offers tools for advocating on issues important to the health and well-being of older adults! The Legislative Alerts and Updates section provides information on crucial issues. The site makes it easy for members to take action now on upcoming issues.

Visit www.americangeriatrics.org and click on the TAKE ACTION NOW button which is located on the right-hand side of the main page! Below are a few key issues that need your support ... Contact Your Senator TODAY!

Caring for an Aging America Act (S. 1095) - Recently, Senators Boxer (D-CA), Collins (R-ME), Kohl (D-WI), and Sanders (I-VT) introduced the Caring for an Aging America Act (S. 1095), legislation that recognizes the importance of ensuring that the healthcare workforce is prepared to meet the needs of the nation’s growing population of older adults. Take Action Now and urge your Senators to co-sponsor this important piece of legislation.

Act Now to Preserve Funding for Workforce Training Programs and Aging Research - We need your help with the American Geriatrics Society’s efforts to urge the Senate to reject proposed cuts to several of the programs we care about, including funding for geriatrics training programs as well as research for the National Institute on Aging. These cuts were part of the recently passed House Continuing Resolution (H.R. 1). As you know, continued federal investments are needed to support the training of the healthcare workforce and to foster groundbreaking medical research so that our nation is prepared to meet the unique healthcare needs of the rapidly growing population of seniors. H.R. 1 could be voted on by the Senate very soon. Simply read the letter below, fill in the form, then click on the “Send This Message” button and your letter will be emailed to your Senators. If appropriate, you should also include specific information regarding the impact that these cuts will have on your program, University, or community.

Medicare Payments to be Cut by Nearly 30% if Congress Fails to Act - AGS has launched a public policy advocacy campaign asking Congress to come up with a lasting solution to the chronic payment problems created by the SGR. If the SGR is not reformed or Congress chooses not to delay further cuts in the fee schedule, fees to physicians and other providers would be cut by 29.4% on January 1, 2012. Future cuts in payments are likely to discourage promising candidates from pursuing careers in geriatrics and may also exacerbate the loss of practicing geriatricians.

The AGS believes it is imperative that a new payment system recognizes that these frail elderly with multiple conditions are the patients who will benefit the most from transformation of Medicare into a patient-centered system focused on primary geriatric care, chronic care management and coordination of care across settings. We ask that Congress replace the flawed SGR and replaced with a more predictable and fairer system of updating physician payments, including appropriate and higher values for primary care services.
OFFICERS

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Judith S. Black, MD, MHA - Secretary/Treasurer

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Nadine Popovich
npopovich@acms.org
412-321-5030

NOMINATING COMMITTEE ANNOUNCES SLATE OF CANDIDATES

The Nominating Committee has submitted the slate of candidates for the election of Board of Directors. The following individuals will be placed on the 2012 ballot. The election ballot will be mailed to the membership on November 4, 2011.

BOARD OF DIRECTORS

(three-year term: January 1, 2012 - December 31, 2014)

George Gleeson, MD
David Nace MD, MPH
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Michael Yao, MD
October 11, 2011
Monterey Bay Fish Grotto
1411 Grandview Ave  ➔  Pittsburgh PA 15211
Valet parking available for a fee

6:00 p.m. - Registration  6:45 p.m. - Business Meeting  7:00 p.m. - Program/Dinner

Guest Speaker

G. van Londen, MD, MSc
Assistant Professor, University of Pittsburgh School of Medicine, Department of Medicine (Hematology-Oncology, Geriatric Medicine)
Director, Women's Cancer LiveWell Survivorship Program, Magee Womens Hospital - UPMC
Director, Cancer LiveWell Survivorship Program, Hillman Cancer Center, UPMC Cancer Centers

will present

Breast Cancer Recurrence - What to Look for and How to Avoid It

The program is complimentary for members, but REGISTRATION IS REQUIRED!*

Please RSVP by returning this form no later than October 7, 2011 to Nadine Popovich by fax 412-321-5323;
e-mail npopovich@acms.org; or phone 412-321-5030

Guests are welcome at a fee of $50.00, which includes one year of membership. Checks may be made payable to 'PA Geriatrics Society' and sent to: Nadine Popovich, PAGSWD, 713 Ridge Ave, Pittsburgh, PA 15212.

Visa/Mastercard are also accepted. Please contact Nadine at 412-321-5030 to pay by credit card.

Name __________________________________________ Member Yes_______ No ________
(please print)

Email __________________________________________ Phone _________________________

Guest: _______________________________________ ($50.00 fee) Email __________

*There will be a $25.00 NO-SHOW fee charged to members who respond, but do not attend the program.

To cancel your reservation, contact Nadine @ 412-321-5030 or email npopovich@acms.org by 2:00 p.m.

Thank You to HARMONY HOSPICE for support of this meeting.