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GEORGIA OSTEOPATHIC
MEDICAL ASSOCIATION
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Your monthly GOMA news & update

Welcome to GOMA's monthly newsletter where you can stay up-to-date on the latest osteopathic news and happenings in the GOMA community.

Reuniting, and It Feels So Good

Vintage Reunion in Dunwoody



In March of 1989, the only osteopathic hospital in Georgia known as Doctors Hospital located on Idlewood Road, Tucker, GA closed down with staff and patients migrating closer to I-285 on Montreal Road becoming Northlake Regional Medical Center. The old structure was eventually torn down and replaced with Tucker Middle School.

On Friday September 10th, there was a gathering of medical professionals (most of who have retired) at Vintage Pizza in Dunwoody which featured reminiscing and laughter. This vintage reunion was planned by Patty Geltz (wife of Chris Geltz, DO) who did the remarkable feat of getting Dr. Bill McCutchen to return to Georgia from Mississippi. Another reunion is being planned for next year and is rumored to be even bigger and better.

In the picture above (Left to Right): Garnett Fisher, DO; Bob Marsh, DO; Marcia Lee Kelley, DO; David Rearick, DO; Harvey Apple, DO; E. Scott Leaderman, DO; Chris Geltz, DO; Fred Katz, DO; Ed Corkran, DO; Sheldon Soble, DPM; Terry Schwartz, DO; Neil Nickelson, DO; Bill McCutchen, DO; Tom Cain, DPM; John Kelley, DO; Herb Kollinger, DO; David Conway, DO; Alfred Studwell, DO; C. Duane Barclay, DO; John Cox, DO.

DON'T MISS OUT: REGISTER NOW!



GOMA Fall Virtual Virtual CME Preview: A Fantastic Fourteen Hours

Once again, GOMA has put together a great schedule of topics and speakers to help physicians get the latest information to improve care when they return to their practice. And, once again, COVID-19 has made GOMA make this a virtual meeting. The timing of this meeting is important since December 31st is the end of the three year CME cycle for the American Osteopathic Association. This virtual conference offers 14 hours of Category 1-A hours. The schedule offers pertinent subjects by faculty from around the country – as far as the Berkshires of Massachusetts and Reno, Nevada.

Barbara J. Rogers, JD, MBA, MHA is a health law attorney practicing in Atlanta, GA. She represents physicians and physician groups as well as physical therapists, occupational therapists, speech therapists and other non-physician providers. Ms. Rogers will be educating attendees on contracts that physicians are being offered and highlighting red flags that physicians need to be aware of. Karen J. Nichols, DO is known to most DOs in the country because of her being the AOA's first female president. She has just released her book entitled "Physician Leadership: The 11 Skills Every Doctor Needs to be an Effective Leader". Dr. Nichols' one hour talk will guide busy physicians in doing their best to successfully lead people and organizations. Kevin Allen, MD will be giving a timely talk on "Diversity and Gender Equality".

Louis C. Haenel, DO is an endocrinologist in Charleston, SC that has always gotten 5 stars when he has lectured to GOMA in the past. His talk will be on "Update on Diabetes Mellitus and New Medications". William Clearfield, DO of Reno, NV is an expert in alternative and functional medicine who will be giving two lectures "Introduction to Bioidentical Hormones" and "Low-dose Naltrexone".

Miranda Reed Cleaver, DO is a pain specialist in Cumming, GA who got rave reviews last time she spoke at a GOMA conference, and her talk on “Advances in Non-Opioid Pain Management” promises to be an important talk. Similarly, Denise Taylor, DO is always a popular speaker when she presents neurologic updates at GOMA conferences. She will be sharing pearls from her Athens, GA neurologic practice when she presents “Updates in Migraine, Parkinson's and Dementia”. Kevin D. Treffer, DO, FACOFP is the Chair of the Department of OMM for Kansas City University COM (KC and Joplin Campuses) and authored a chapter in Waldman Pain Management Textbook on the Osteopathic Approach to the Chronic Pain Patient, editions 1 and 2. Dr. Treffer will be speaking on “OMM Sacral Dysfunctions”. “Ketamine in Depression” will be an eye opening lecture by Munjal Shroff, DO who practices psychiatry in Smyrna, GA.

Former GOMA President Craig Kubik, DO is always a speaker that relates well to his audience. His Waycross, GA gastroenterology practice has been affected by COVID-19 as has every other practice in the country, but he felt that it is important to educate attendees on “GI Manifestation of COVID”. David E. Henner, DO is a nephrologist who will be speaking from western Massachusetts on “Chronic Kidney Disease & Acute Kidney Injuries”. Nathan Cleaver, DO enjoys bringing pictures from his Cumming, GA dermatology practice, and this conference he will be talking on “Medical and Surgical Management of Skin Cancers”. Gregory Harris, DO is a member of GOMA Board, but makes his living as an oncologist at the Harbin Clinic in Rome, GA. He will be talking about “Toxicity of Oncologic Medication”.

The GOMA Virtual 2021 Fall CME Meeting will be held on Friday and Saturday November 12 – 13. The cost for GOMA members is \$425. Click here to [register!](#)



Did you know? GOMA has a new digital home!

GOMA houses its CME on The CME Center (formerly DOcme). it becomes a living resource. GOMA thanks its partner for making CME available to our Georgia DOs!

LISTEN TO YOU GUT

Interview of David Socoloff, DO: Explaining all the Stomach Turning Changes in GI

David Socoloff, DO has been practicing gastroenterology in the eastern suburbs of Atlanta for the past dozen years. His group, East Atlanta Gastroenterology Associates, just went through a merger and is now part of United Digestive. He goes to offices in Conyers and Covington as well as satellite offices in Madison and Greensboro (Lake

Ocone). Dr. Socoloff graduated from Lake Erie College of Osteopathic Medicine in Erie, Pennsylvania (“the original one”) in 2001. He completed his Internal Medicine residency and fellowship at the University of South Florida in Tampa, and then returned to Georgia to be close his UGA Bulldogs. Dr. Socoloff’s practice focuses on colorectal cancer screening and prevention, esophageal disorders and reflux disease, liver disease, pancreato-biliary disorders, and inflammatory bowel disease. Dr. Socoloff was willing to address some of the news in his field



Colon Cancer screening recommendations have changed. Please describe.

Colorectal Cancer (CRC) continues to be the second most cause of cancer related death in the United States, and is the third most commonly occurring cancer in both men and women. In 2020 there were approximately 147,950 new diagnosis of colorectal cancer with over 53,000 deaths. Due to the predictable nature of colon cancer development via the adenomatous colon polyp to carcinoma sequence, the universal adoption of colorectal cancer screening modalities such as colonoscopy have resulted in early detection and prevention of colorectal cancer. Though the rates of colorectal cancer have declined in individual older than age 50 over the last two decades, in recent years there has been a doubling in the incidence in individuals age 20-49. As a result of this data in 2018 the American Cancer Society changed it’s guidelines for average risk individuals to start colorectal cancer screening from age 45 to 50, and in 2021 then American College of Gastroenterology and the U.S. Multi-Society Task Force on Colorectal Cancer Screening adopted the same guidelines paving the way for private insurance companies to adopt this policy. Currently the standard is to start screening at age 45 for average risk individuals.

Are insurance companies covering younger screens?

There has been some delay in the private insurance companies adopting the change in guidelines from 50 to 45, but over time I do not believe this will be a long lasting hurdle.

Do black patients now have screening at age 40 (5 years earlier than old guidelines)?

African Americans do have the highest incidence rates and mortality rates from CRC of any racial group in the U.S. For this reason in 2017, the U.S. Multi-Society Task Force on Colorectal Cancer Screening guidelines did lower the age of initial screening of an average risk African American from age 50 to 45. The most recent guidelines have not

suggested lowering this age to 40, and age 45 is still the appropriate age for average risk African Americans to start their screening.

Review the reasons to consider referring for EGD.

The current approved indications for EGD include: Upper abdominal symptoms that persist despite an appropriate trial of therapy and or new upper abdominal symptoms in anyone over the age of 50; Upper abdominal symptoms associated with other symptoms such as weight loss or anorexia; Difficulty swallowing or painful swallowing; Esophageal reflux that persist or recurs despite appropriate therapy; Persistent vomiting of unknown cause; GI bleeding or iron deficiency anemia; To assess diarrhea in which small bowel diseases such as celiac disease is suspected.

Long term PPI use. Please discuss pros & cons.

This topic remains controversial and to be honest the verdict is still out. The “anti- PPI” movement has mainly been fueled by observational and retrospective studies which are fraught with bias. Possible correlations between long term PPI use include an increased risk of: C. Difficile infection, Hospital Acquired Pneumonia, Dementia, Acute and chronic Kidney disease, Increased risk of Malignancy. Though these studies are not perfect, it does not mean that the correlation is not a possibility. The current American College of Gastroenterology/American College of Gastroenterology approved uses of “long term” PPI include: maintenance of symptom control in GERD; maintenance of healing of Erosive Esophagitis; treatment of Barrett’s esophagus to prevent progression; Prevention of peptic ulcer disease in high risk individuals taking NSAID and or Anti-platelet therapy; treatment of Pathological Hypersecretory states such as Zollinger Ellison syndrome. In our practice we try to limit use of PPI’s to 8-12 weeks for patients healing from peptic ulcer disease or erosive esophagitis, and advise “on demand therapy” for the treatment of GERD and dyspepsia or when taking short courses of high dose steroids or NSAIDS. Some patients will still require long term therapy to control their GERD or dyspepsia, and I advise to try to limit usage to every other day dosing if possible. For high risk patients taking NSAIDS or anti-platelet therapy or a combination of both, we still advise long term use with periodic monitoring of Creatinine. In female patients over the age of 65, we advise concomitant use of Calcium and Vitamin D to prevent bone density loss with periodic bone density testing per society guidelines.

Zantac is over the counter again but it's Famotidine. What's up with that?

In 2019, there were reports of trace amounts of a possible carcinogenic agent called NDMA found in Ranitidine that was stored in higher than room temperatures over time. This led to the FDA’s April 2020 withdrawal of all prescription and OTC Ranitidine containing products, and the ban remains today. NMDA is an environmental contaminant found in water and food, and is classified as a “possible carcinogen” based on animal studies. Further investigation and lawsuits are still pending, and the long term exposure to Ranitidine is still unknown. In 2021, Zantac relaunched with a new name of “Zantac 360” with the main ingredient being Famotidine (same ingredient in Pepcid AC). As far as I can tell there is no difference in Pepcid AC vs Zantac 360.

Discuss GI symptoms of COVID-19. Any pearls on the subject?

As well all know the novel coronavirus COVID-19 is currently a major health concern not only in the U.S. but also worldwide. It often leads to SARS and respiratory failure with a high risk of mortality affecting both the young and old. Though the main symptoms of acute COVID-19 infection include fevers and chills, difficulty in breathing, upper respiratory symptoms, fatigue and body aches, and loss of smell, GI distress such as nausea/vomiting and diarrhea have been reported as part of the individual viral syndrome. Over 53% hospitalized patients with COVID-19 also reported GI distress as part of their symptom complex. Though GI distress seems to be common in COVID-19 infections, I would advise caution in using GI distress as a solo marker for acute infection and would rely on the classic symptoms such as fever, body aches, loss of taste and smell.

Thanks Dr. Socoloff!

Have You Heard?

Kemp announces incentive for COVID shots, aid for oxygen supplies

An article dated August 30, 2021 by Andy Miller in the Georgia Health News details incentives for Georgians to get the COVID vaccination. The deadline for eligibility will be Nov. 30. Click here for further [information](#).

Interns, Interns, Interns

With one of every four medical students graduating being a D.O., it only makes sense that more and more DO's are coming to Georgia. This issue (see link below) features post-graduate training at Medical College of Georgia in Augusta as well as MCG partnership with University of Georgia in Athens with the newest interns, and subsequent issues will feature other residencies. The osteopathic students that attended PCOM in Suwanee have migrated around the country, and that list can be seen [here](#).

Constance Christian, DO	Pediatrics	MCG	Alabama COM
Courtney Fullmer, DO	Pediatrics	MCG	GA-PCOM
Jane Anne Gorham, DO	Pediatrics	MCG	VCOM-Auburn
Kathleen Herman, DO	Pediatrics	MCG	WVSOM
Casey Jones, DO	Pediatrics	MCG	Alabama COM
Jessica Jones, DO	Pediatrics	MCG	Campbell COM
MacKenzie Lemay	Pediatrics	MCG	VCOM – Carolinas
Christilin Ponraj, DO	Pediatrics	MCG	VCOM—Auburn
Sarah Straka, DO	Pediatrics	MCG	VCOM—Carolinas
Christopher Lewis, DO	Radiology-Diagnostic	MCG	GA-PCOM
Carter Brittain, DO	Radiology-Diagnostic	MCG	VCOM – Virginia
Carlisle Godley, DO	Radiology-Diagnostic	MCG	VCOM—Carolinas
Zach Brodil, DO	Radiology-Diagnostic	MCG	LECOM—Bradenton
Philip Jung, DO	Anesthesia	MCG	Chicago COM
Benz Sawhney, DO	Anesthesia	MCG	VCOM – Carolinas
Blake St. Louis, DO	Anesthesia	MCG	N. Texas COM
John Botts, DO	IM	MCG	Campbell University
Zachery Branham, DO	IM	MCG	
Mark Dalgetty, DO	IM	MCG	VCOM—Carolinas
Melanie McCown, DO	IM	MCG	Lincoln DeBusk COM
Alex W. Johnson, DO	IM then OP	MCG	Liberty University
Maja Magazin, DO	OP	MCG	NOVA SECOM
Arushi Wadhwa, DO	Psychiatry	MCG	LECOM – PA
Ryan Hodgeman, DO	Emergency Medicine	MCG	Michigan State COM
Samuel Jimenez, DO	General Surgery	MCG	GA-PCOM
Lauren Z. Holland, DO	Internal Medicine	UGA-MCG	GA-PCOM
Kevin Moriles, DO	Internal Medicine	UGA-MCG	NOVA SECOM
Manal Zafar, DO	Internal Medicine	UGA-MCG	GA-PCOM
Shelby Sweat, DO	Transitional	UGA-MCG	GA-PCOM

Student Docs for Shocks



The “Student Docs for Shocks” nonprofit works to install AEDs in public spaces as well as to raise awareness on sudden cardiac arrest.

Founded by PCOM Georgia medical students Chris Griesser (DO ’23), Sara Lezcana (DO ’23), Rex Burch (DO ’23) and Tyler Richie (DO ’23), “Student Docs for Shocks” is an organization that works to increase survival for citizens who experience out-of-hospital sudden cardiac arrest (OHCA).

Student doctor Chris Griesser, a former paramedic, explained, “The time between OHCA onset and initial treatment with CPR and an AED is critical to survival, specifically the first

three to four minutes. If an OHCA victim is not treated during that time, the chance of survival is extremely low.”

Learn more about “Student Docs for Shocks”, their mission, and recent recognition by Duluth Mayor Nancy Harris by clicking [here](#). You can donate to help them purchase the equipment by going to this [website](#).

PICTURE (Left to Right): Tyler Ritchie; Rex Burch; Chris Griesser; Sara Lezcana

Decompress on Campus

Serenity Space at PCOM Georgia and PCOM South Georgia



Suwanee, GA



Moultrie, GA

Stress is everywhere these days. PCOM is aware of the extra stress on osteopathic medical students and created spaces for students to take time for themselves and check in on their mental and emotional health.

At the end of August, PCOM Georgia introduced the Meditation Suite to the students on campus. It offers a quiet, safe space for community members to meditate, pray, or reflect. During the Meditation Suite Open House (sponsored by the Office of Student Affairs, the Office of Diversity and Community Partnerships, and the Wholistic Wellness Committee), students were able to tour the space, grab a snack, and then create their own essential oil beaded bracelets.

In September, PCOM South Georgia worked on something similar. The campus community channeled their creative energy by making essential oil bead bracelets and checked out their new meditation room. The Meditation Room is a designated spot for meditation, prayer and reflection. It is open to all students, staff and faculty. The same groups as above were the sponsors for the opening event.

Sharing

“To be yourself in a world that is constantly trying to make you something else is the greatest accomplishment.” – Ralph Waldo Emerson



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Mona Masood, DO is a general adult psychiatrist in the greater Philadelphia area is the founder and chief organizer of the Physician Support Line. , a free confidential peer support line by volunteer psychiatrists was started. It is supported 8 AM to Midnight seven days a week.

Visit our website

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