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Physician and Entrepreneur

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The 2019 model year will be a busy one for the auto industry. Quite a few all-new vehicles are about to storm on the scene, some with a ton of anticipation built up around them. Even more redesigned models are coming out, set to tempt shoppers as car sales slide.

**Aston Martin Vantage**
Instead of just looking like a warmed-over update of the previous Vantage, the 2019 model marks the launch of an exciting new generation. Even at just a glance, you can tell it’s an Aston Martin, yet the car looks decidedly modern in every way.

The cabin is exceptionally luxurious, with plenty of fine materials and top-shelf craftsmanship. It also houses quite a few modern technologies. Under the skin, the Vantage has an aluminum chassis inspired by the aerospace industry, making it both lightweight and strong. Breathing forth 503 horsepower and 505 lb.-ft. of torque is a twin-turbo 4.0-liter V-8 sourced from Mercedes-AMG.

**Cadillac XT4**
Finally, Cadillac is getting into the small luxury SUV space. To make the XT4 attractive to younger shoppers, Cadillac used a design team made up solely of Millennials. The result is something that looks modern, sporty, and puts a twist on Cadillac's new design language, instead of just being a smaller XT5.

You get a punchy turbocharged 2.0-liter engine that won’t knock your socks off, but it will get this SUV moving. Three different models will be offered, with the base starting with an MSRP of about $37,000. Among the available goodies is white ambient lighting, a wireless charging pad, and near field communication.

**Lamborghini Urus**
Steeped in controversy, the first Lamborghini SUV to debut in some time steps into one of the hottest areas of the market. You either love or hate the mixture of crazy angular features – a hallmark of Lamborghini for some time – mixed with a soccer mom side profile. Regardless, this thing will print money for the Italians, so it’s not going anywhere.

Lamborghini is calling this a “Super Sport Utility Vehicle.” Once you realize it uses a twin-turbo 4.0-liter V-8, you can begin to see why. It hits hard with 641 horsepower and 627 lb.-ft. of torque. But, the fact it’s the first time Lambo has used a turbo engine just further riles purists.

**Jeep Wrangler Pickup**
Many questions surround the first pickup Jeep has made in a few decades, including what it will be called. The prevailing wisdom is that this will be the Jeep Scrambler, but nobody knows for sure.

Recent spy photos have shown that the pickup looks like the new Jeep JL from the front all the way to the rear doors. After that, it wears about a five-foot bed. Of course, what we’re seeing aren’t likely production-spec vehicles, so anything could change before the final reveal. We’re assuming most of the mechanicals carry over from the JL. Unless this thing looks like the Homer, it should sell like hotcakes.

**Ford Ranger**
Coming in the first quarter of 2019 is the all-new Ford Ranger. It will jump into a red-hot midsize pickup truck market, where Nissan, Toyota, and GM are raking in the cash. Just remember this will be much bigger than the old Ranger.

While the new Ranger will look decidedly modern, it will also have plenty of innovative engineering under that well-sculpted skin. A 2.3-liter EcoBoost engine, paired with a 10-speed automatic transmission, will power the truck. According to Ford, torque will match what you get with a V-6, but you can get the Chevy Colorado and GMC Canyon with a diesel. An electronic-locking rear differential comes on FX2 and FX4 models, but can be added to others, proving Ford isn’t going to make the new Ranger a creampuff.

**Lexus UX**
Yes, Lexus is coming out with yet another crossover. Say what you want about the brand, it knows what people want and it’s willing to deliv-
er just that. The UX does wear the dreaded spindle grille up front and lots of sharp angles from bumper to bumper, but it will still sell in droves.

The UX shares a platform with the Toyota C-HR, but that's pretty much where the parallels stop. This is already being marketed as an upscale urban utility machine, so don't expect to take one on dirt roads. The UX 200 will use a 2.0-liter four-cylinder engine with 168 horsepower on tap. The UX 250h uses the same engine in a hybrid configuration, with a peak 176 horsepower.

**Lincoln Aviator**

Like the new Navigator, the Aviator strikes out in a new design direction for Lincoln. From front to back, it conjures up images of airplanes of old, making this full-size SUV a standout in a crowded market. Thankfully, that theme continues into the cabin, where the gauges look somewhat like old airplane controls.

The Aviator will have a traditional powertrain and a hybrid option when it launches in 2019. Both promise to be powerful and will use a twin-turbo system. Among the cutting-edge tech included on the SUV will be the Suspension Preview Technology, which anticipates road changes and adjusts damping accordingly. Reverse Brake Assist will also be available.

**Lincoln Nautilus**

Lincoln will also plunge into the luxury midsize SUV market with a new entrant, the Nautilus. This vehicle promises to provide traction the brand has been seeking for years, despite the Matthew McConaughey commercials.

Really, the Nautilus is the MKX, but with some changes, namely a new turbo 2.0-liter four-cylinder engine. The turbocharged 2.7-liter four-cylinder is sticking around. Both engines work with an 8-speed automatic transmission. Among the new technologies is a lane-centering system, evasive steer assist, wireless charging pad, and a 12.3-inch infotainment touchscreen. You’ll be able to get a Black Label version of the SUV, which changes the design of the vehicle inside and out, plus gives you exclusive perks.

**Mercedes-Benz G-Class**

Since the 1970s, the Mercedes G-Class has stayed pretty much the same, which is absolutely amazing. That all changes for the 2019 model, which launches the second generation of this luxury off-roader.

You’re forgiven if you must do a double take just to see what changed. People were expecting and fearing a rounded, swoopy design for the SUV. Instead, Mercedes kept the characteristic boxy look. It also retained the go-anywhere capability, if owners dare get the vehicle dirty. Three locking differentials, a solid rear axle, excellent front suspension articulation, and an off-road driving mode are just some of the rugged features. The only engine is a twin-turbo 4.0-liter V-8 that produces a peak 416 horsepower and 450 lb.-ft. of torque.

**Jaguar I-Pace**

A sign of the times, Jaguar is launching its first fully-electric crossover, called the I-Pace. The exterior and even the cabin looks much like the concept, which debuted back in 2016. Everything about the I-Pace communicates sophisticated sportiness, something that has largely been missing in the EV market.

A 90-kWh battery pack allows the crossover to go up to 240 miles on a single charge, which is respectable. Jaguar really took advantage of the electric powertrain layout, pushing the wheelbase to almost 118 inches, when the crossover is just over 184 inches long. Behind the backseat is 25 cubic feet of cargo space, which expands to 51 cubic feet if you fold the seats down.

**BMW X4**

Germans sure love their "four-door coupes" and apparently so do shoppers around the world. The X4 is such a vehicle, and we're getting a second generation for 2019. Among the changes is a new chassis that uses wider front and rear tracks, a lower center of gravity, new suspension settings, better aero, and more occupant space.

The crossover is about three inches longer and 1.4 inches wider. Even more impressive is the 50:50 front-to-rear weight distribution, which is a huge boost for handling. The X4 xDrive30i uses a turbo four-cylinder that throttles out 248 horsepower and 258 lb.-ft. of torque. Then there's the x4 M40i with a twin-turbo six-cylinder with 355 horsepower and 365 lb.-ft. of torque on tap.

**Chevrolet Silverado/GMC Sierra**

GM's twin full-size pickup trucks are getting the work-over for a new generation. They're bigger than before, because that's the trend in the truck market, but thanks to innovative materials and manufacturing practices, they weigh less. Contrary to popular belief, GM didn't turn to aluminum body panels to achieve all this, so all that criticism levied at Ford wasn't hypocrisy after all.
Another big change is the carbon fiber bed liner, an option that boosts durability without adding much weight. Both trucks are gaining a 3.0-liter turbodiesel engine, which is another trend in the industry. Overall, the interiors of both model lineups are getting even more luxurious, leaving behind the Spartan and simply utilitarian cabs of trucks from long ago.

Bentley Continental GT
This new iteration of the Continental GT pushes the technology envelope, but without Bentley abandoning its dedication to impeccable craftsmanship. After all, abandoning that ideal would pretty much wreck the brand's reputation.

You'll note the new generation has the same overall look as the previous two, but with a smooth, modern touch. Thanks to aluminum body panels, this big boy has shed 176 pounds. Of course, the 6.0-liter W-12 still adds plenty of weight, but it also hits hard with 626 horsepower and 664 lb.-ft. of torque. The completely new 8-speed dual clutch transmission works with the all-wheel-drive system. As they say, the proof is in the pudding, which is a 0-60 time of 3.6 seconds and a top speed of 207 mph.

Hyundai Santa Fe
In case you haven't heard, Hyundai is hurting since it hasn't been selling enough SUVs lately. The all-new Santa Fe might help. The fourth generation brings a sportier and bolder look, which it needs to stand out in its extremely crowded market segment. You should note the new Santa Fe is what is now called the Santa Fe Sport, because it only has two rows. The three-row version will be called the Santa Fe XL in 2019.

Among the big changes is an optional diesel engine. The vehicle has grown a little in length and width. A higher-end interior, optional Krell sound system, and a system that prevents you from opening the door into the pathway of an approaching car are also new.

Nissan Altima
With the midsize sedan market shrinking, automakers are pulling out the stops to net sales. The Nissan Altima is getting a bolder look that will make you rethink your preconceptions about it. Super advanced technologies and new powertrains also reshape the Altima.

The 2.5-liter four-cylinder engine lives on, with optional all-wheel drive joining the mix. A completely new 2.0-liter variable compression turbo engine will also be available, replacing the V-6. Standard safety tech now includes rear-view monitor, forward collision warning, and emergency braking. Rear cross-traffic alert and blind spot warning are included on most models. The SV, SL, and Platinum also use Nissan ProPILOT Assist.

Porsche Cayenne
This is the SUV that signaled a big shift for Porsche, and it's still quite relevant today. The redesigned third generation still serves up a surprisingly engaging driving experience, plenty of room for five occupants, cutting-edge tech, and loads of luxury.

Overall, styling is like the second-gen, but the SUV rides on a new MLB platform. It's longer and lower than the 2018 models, plus it weighs about 120 pounds less. The infotainment screen measures 12.3 inches. Thankfully the old V-6 engine is out, replaced by a new turbo 3.0-liter V-6 that throttles out a mighty 340 horsepower and 332 lb.-ft. of torque. The Cayenne S uses a twin-turbo 2.9-liter V-6, which pushes out 440 horsepower and 402 lb.-ft. of torque.

Ram 1500
Not to be left behind in the full-size truck race, Ram is redesigning the 1500 for 2019. It weighs less, is stronger than before, features greater capabilities, and boasts even more luxuries. Again, this lines up with market trends of people using pickups as people movers first and things of utility second. This truck stands out from the competition with a more upscale interior, a coil-spring suspension, and arguably the best infotainment system.

Chevrolet Blazer
If you were hoping the new Blazer would be like the old one, think again. What we have for the 2019 return of the legend is a sleek, unibody urban cruiser. It won't be hitting any hardcore trails or reigniting the rivalry with the Ford Bronco, but it will haul the kids and their soccer balls to practice quite well.

Chevrolet will offer the new Blazer with standard front-wheel drive, with all-wheel drive optional. This midsize crossover will seat five and feature the latest Chevy MyLink system for infotainment with an 8-inch touchscreen. The new Chevrolet Blazer will hit showrooms in early 2019.
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Call **Susan Payne, Vice President**, for a personalized consultation.

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As a former wine waiter (Sommelier/Somm) I know a thing or two about ordering wines in restaurants. First and foremost – don't be scared of us, we only bite when you forget to tip (only kidding, well, kinda).

Tip 1 – use your Somm
One of the biggest mistakes people make when going to fancy restaurants is not fully utilizing their somm. There are many benefits in getting assistance from your somm. First and foremost, they know the intricacies of the food on the menu and how well they team with the wines on their list. After all, they have taken quite a lot of time constructing that list, and they assembled it with the type of food they serve. They'll also be able to tell you about the wine's history and personality. And if you're into trying an unusual wine, they can steer you in the direction of unique gems that will make your dining experience all the more exciting.

Tip 2 – Think about food and wine matching and be accommodating
Whether you get help from the somm or not, when perusing the wine list, try and accommodate everyone's food in the wine selection. If this is impossible because of clashing food styles, try ordering by the glass or buy a couple of bottles to drink over the course of the night. If you land yourself in a restaurant where the staff are barely old enough to drink, let alone recommend a wine to go with your meal, try these pointers.

1. Find a link: Between the weight, flavor, texture or intensity of the wine, with that of the food. Poached fish for example is a very light and delicate dish, hence it deserves a light and delicate wine like Riesling. Similarly, a hearty winter stew will sit perfectly with a rich, tannic, full-flavored red, such as a Shiraz.

2. Chilli can be hell to team with wine, but remember this. A fruity wine, with a touch a sweetness will tame the chilli heat.

3. Heavily oaked and tannic wines are terrible when matched with chilli or overly spicy foods. The tannins dry the inside of your mouth and expose you to a greater chilli onslaught, ouch!

4. If your dish is cream based, find a wine with a higher acid. The acid in the wine cuts through the oiliness of the dish to create a balance.

Tip 3 – taste the wine when offered
I know a few of you will cringe at the thought of having to taste the wine when it's offered to you in the restaurant. Many of you probably think it's a big wank, and to actually go through with the ritual makes you look like a big snob. Remember this – you are not being offered the wine to see if you like it. So don't say something like, “oh no, I'm sure it tastes lovely,” because at least five per cent of all wines sold with a cork in a restaurant are 'off'. This is your chance to weed out the bad ones. You would hate to have your whole restaurant experience ruined because you decided to forego your right to test the wine. These 'off' bottles of wine are known as being 'corked': As cork is a naturally occurring product, it can sometimes be tainted with a mold that can make the wine smell like wet cardboard (in the most severe cases). A slightly corked wine will merely lessen the wine's fruit aromas. Either way, you should not be paying good money for this wine.

If you still feel a bit unsure about detecting a faulty wine, it's perfectly acceptable to have the wine waiter smell the wine for you. Don't feel embarrassed – it's their job to look after your wine experience. If the wine is faulty, refuse it and order another one or chose a new wine altogether.

Tip 4 – Taste wines even under screwcaps
Many quality restaurants wines are now being served in screw cap bottles. This is a godsend, trust me. This mere practice is almost eliminating faulty wines, delivering a perfect wine experience every time. So what do you do if you're offered to taste a wine that has been bottled under a screwcap? You still taste it because while the 'corked' element has now been eliminated, there could always be a chance the wine has other faults.

Screwcap are not 100 per cent perfect (the cork manufacturers are probably very happy to hear this). They are a whole lot more reliable then cork however. If the top of the screwcap is damaged in transport it will usually get a ding in it. This can
break the seal at the top of the bottle and let air in, oxidizing your wine. As a result, the wine will taste flat and dull. This rarely happens however and can usually be detected just by looking at the capsule to see if it is in mint condition. You can also taste if the wine has been heat affected. This is when the wine has been ‘cooked’ in high heat during the transport or storing of the wine. It can happen to both screwcap and wines under cork. Smooth and supple reds can become tangy – where tannins and acids become more pronounced. Fruit flavors can also suffer.

**Tip 5 – it’s OK to pour your own wine**

The simple answer is yes! There is no reason why you should miss out on drinking your wine merely because your waiter is not doing their job properly. Many restaurants are under staffed nowadays to cut mounting costs. It’s now acceptable in many establishments that they will open the wine for you and pour the first round. Then if they get the chance to further top the wine up during the meal, consider yourself lucky. These restaurants will usually leave the wine on the table.

If you are at a swanky restaurant and the waiter has taken the wine off the table and either placed it in a bucket or on a side table, you have my permission to embarrass them if they forget to top up your glass. If you cannot get anyone’s attention to pour your wine, wait for the manager to be in eyeshot, excuse yourself from your dinner guests, stand up, retrieve the wine and pour it yourself. The manager will feel like they have the worse restaurant in the world and will offer you free desert and coffees.

If you don’t feel like being that dramatic (which is probably 95 per cent of you) walk up to the Manager and ask them to pour your wine because you feel like you are being neglected. If you do this, the manager will feel it is his or her responsibility for the rest of the night to ensure you have perfect service. Either way – you win.

**Tip 6 – start with an aperitif**

A pre-dinner drink has a purpose, believe it or not. It should be relatively ‘drying’, so that it sweeps away the flavors of the day and prepares your palate for the fantastic meal that awaits. That means ordering a dry vodka or gin Martini (it’s not wine, but I’ll allow it), glass of Champagne, dry white wine or dry Fino Sherry (don’t worry, drinking Sherry is cool again). So if you want to play by the rules, do not order that sweet cocktail I know you’re secretly craving! Save that for later at the bar.

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New Restaurants Around Town – Fall 2018

Writing and Photography by Jerry Watterson, jax restaurantreviews.com

Coming Soon
Bleu Chocolat
Neighborhood: Springfield
Chef Erica Kline one of the stars of the Food Network series Top Chef Desserts had two successful eateries on the island of Tortola. When the hurricanes came through and destroyed them she was left to regroup and build a new route forward. Tortola’s unfortunate loss became Jacksonville’s gain. Chef Cline has joined to other pastry chefs to open a restaurant, bean to bar chocolate and dessert shop, and wine bar in the space that formerly housed Three Layers Cafe.
Expected opening date: End of October 2018

7 Layer Chocolate Mousse Cake, Photo Courtesy of Bleu Chocolat Cafe

Catullo’s Italian
Neighborhood: Intracoastal West
Everyone’s favorite Italian food truck is turning into a brick and mortar store and diners have been waiting patiently for the buildout to be completed. The Catullo brothers have been working tirelessly for the better part of a year on this project and their restaurant is one of the most highly anticipated in the Jax food scene.
Opening Date: November

MLG
Neighborhood: Downtown
From celebrity investor Marcus Lemonis of the tv show The Profit comes the 2nd location of his Chicago based chain. MLG will occupy the space previously held by The Candy Apple Cafe in the old Seminole Club building shared by another Lemonis invested entity Sweet Pete’s. Beloved Jax chef Roderick “Sweet Pete” Smith with share the building putting two Sweet Pete’s under one roof. Expected opening date: Sometime in November

Springfield Unite
Neighborhood: Springfield
One of the owners of European Street Cafe has purchased former auto repair shop on main street in Springfield where he’s planning to open a soft serve shop that will serve up the sweet treat plus beer and wine.
Expected opening date: Sometime next year

Juice Box
Neighborhood: Riverside
Currently located on Southside Blvd. Juice box offers juices, smoothies, acai bowls and more. They’re headed to King Street in Riverside to open location number 2. Folks rave about their all natural smoothies.
Expected opening date: We’re not sure as of now.

Keke’s Cafe
Neighborhood: St Johns Town Center
This breakfast and lunch chain is soon to open in the Strand next to the St John’s Town Center, near PGA Tour Superstore, Best Buy, and Hobby Lobby.
Expected opening date: before the end of the year

OP Fish House and Oyster Bar
Neighborhood: Orange Park
This spot on Kingsley Avenue is finishing up some construction before opening. Created by the owner of Seafood Kitchen in Atlantic Beach, locals are looking forward to the fresh seafood and chic, coastal setting.

Nudo Vietnamese
Neighborhood: Mandarin
This new Vietnamese place is opening in Mandarin. We don’t have any additional info to share for now but will fill you in when more becomes available to us.

Jumpin’ Jax House of Food
Neighborhood: Atlantic/Neptune Beach
Rumor has it Jumpin Jax House of Food is opening its second location on Atlantic Blvd at the beach. Jumpin’ Jax is fast casual with offerings like soups, salads, sandwiches, pizza, and crazy huge milkshakes.

Now Open
Treylor Park
Neighborhood: Nocatee
One of Savannah’s hottest restaurants has made its way down to Jax and by down to Jax we mean way down….as in south of town in the Nocatee area. The airstream trailer themed Treylor Park restaurant offers up the familiar in unfamiliar ways. They’re known for their peanut butter and jelly wings along with their chicken and pancake tacos. We went to the media event and fell in love with this place. It’s well worth the drive to Nocatee.

Coop 303
Neighborhood: Atlantic Beach
From the owner of Al’s Pizza and The Flying Iguana comes Coop 303, one of the most talked about new restaurants this year. Open just a couple of months Coop 303 features traditional classic Southern dishes with a modern twist. With two floors of dining and sipping with three unique rooms plus relaxing outdoor patios Coop 303 is a great space with fun small plates and entrees that are a fun take on southern cuisine.
**Empanada’s Factory Latin Fusion**  
**Neighborhood: Southside**  
Empanada’s Factory really is a fusion of Latin American cuisine with menu items inspired from Argentina, Colombia, Cuba, Guatemala and Peru. They have two kinds of empanadas- Colombian and Argentinian with any number of meats, cheeses, or veggies for filling, plus real Cuban coffee, dessert pastries, and entrees like Churrasco steak.

**Derby on Park**  
**Neighborhood: Five Points**  
This Jacksonville gem has changed ownership yet again and has been remade into a concept that will hopefully remain a Jacksonville gem for years to come. The new ownership hails from nearby Bread & Board. This iteration of Derby on Park features specially curated ingredients from farms and purveyors to create dishes that not only sound good but taste even better. The huge covered patio is still in heavy use, and the cocktails have never been better.

**The Blazin’ Buffalo**  
**Neighborhood: Wherever their wheels take them.**  
What’s not to love about fries topped with fried chicken tenders and killer sauces? The Blazin Buffalo recently took to the streets offering up their fried goodness. Did we mention they have fried mac n cheese bites? Yes, yes they do. Follow them on social media to find their next location.

**Khloe’s Kitchen**  
**Neighborhood: Wherever their wheels take them.**  
Khloe’s Kitchen is a new food truck hitting the streets serving southern inspired modern cuisine created by a classically trained chef. You might have seen them at RAM recently.

**Back to the Grind Mobile Cafe**  
**Neighborhood: Wherever their wheels take them.**  
Coffee, cold brew, espresso drinks, smoothies, milkshakes, and fresh fruit parfaits are what you can find on the Back To The Grind truck. The banana pudding milkshake looks divine!

**Cousin’s Main Lobster**  
**Neighborhood: Neptune Beach**  
The lobster roll spot of Shark Tank fame has come to Jacksonville. Cousin’s offers both hot and cold lobster roll options and lobster bisque plus lobster grilled cheese and a few other options. At $16.50 per small roll it isn’t cheap but folks were lined up out the front door and down the sidewalk on opening week.

**Rice and Noodles**  
**Neighborhood: Regency**  
Rice and Noodles serves up Korean favorites like Bibimbop, Japchae, and bulgogi. On our one quick visit the food was solid and the service was excellent. We will warn you, don’t roll up at 9pm expecting to be served. They close at 8pm.

**Modu Ramen**  
**Neighborhood: Southside**  
Located on Baymeadows road, Modu Ramen is another entry in what is quickly becoming a crowded Jacksonville Ramen space.

**Vale Food Co.**  
**Neighborhood: Riverside**  
Located in the Brooklyn area of Riverside small Florida chain Vale Food Co. brings its healthy build a bowl concept to Jax. Pick a base like brown rice, noodles, or salad, a couple of meats, some veggies and you’re ready to rock. They also offer acai bowls, tuna poke bowls and a few other options. To drink there’s alcohol or healthier drinks and sodas.

**RP’s Fine Food and Drink**  
**Neighborhood: Jax Beach**  
Located on Beach Blvd in the original TacoLu space, RP’s Fine Food and Drink is a revival of sorts of the former RP McMurphy’s. RP’s Fine Food and Drink features starters, handhelds, and mains that trend southern and coastal, but take inspiration from all over the globe.

**Bonchon**  
**Neighborhood: St Johns Town Center**  
Bonchon is an international brand originally hailing from Busan, South Korea. They specialize in Korean fried chicken, which is a crispy crunchy dish all its own. Bonchon also offers some traditional Korean dishes and some fusion dishes. Korean food is spicy, but there are plenty of options at Bonchon that won’t burn your face off if you are sensitive to spice.

**Domu**  
**Neighborhood: Town Center**  
One of Orlando’s hottest ramen spots has come to Jax! Domu offers ramen folks are raving about plus lots of fun Japanese small plates and a daily soft serve offering that spans a whole lot of fascinating flavors you don’t see every day. The dining room is small and the place stays packed so if you want to dine without a wait make sure to arrive before they open and get on a list. They take no reservations and there’s no takeout.

**Sushi One Two Three**  
**Neighborhood: Jax Beach**  
Sushi One Two Three is the latest entry in the all you can eat sushi category. We went from no AUCE sushi spots a few years ago to at least a handful today. This new Jax Beach spot charges just $11.99 for lunch and $17.99 for dinner. They offer 100+ rolls to choose from all included for one price.
It wasn't until 2017 that Dr. Ahmed turned his eye to technology. And like any good idea, the impetus behind the multi-faceted ATP came from Dr. Ahmed's personal experience. When his mother became ill in Pakistan, Ahmed found it incredibly difficult to be involved in her care. Pakistan has not developed the sort of EHR systems that are being adopted in the US and information seemed impossible to transmit or receive through traditional means. Ahmed had difficulty helping his mother find the right physicians and care options. But when Dr. Ahmed encounters a problem, he fixes it. "I inaugurated the company’s operations by placing lab tests with home sampling, ultrasound and home physiotherapy requests online and got the results in my inbox the next day," he reports. In just one transmission, Dr. Ahmed had begun what has become a collection of "interlinking, innovative health-care eco-systems," with the goal of delivering access, care and transparency that transcends the difficulties of distance.

For many patients in developing countries, access to American and European doctors was once an impossibility due to the expense of travel and the further complication of obtaining visas. That's why ATP launched SHIFA4U in Pakistan, named for the Urdu word shifa meaning "healing" or "cure." SHIFA4U serves as an Amazon-like marketplace where patients are able to find and shop for providers, radiology, lab and pharmacy services at transparent prices, in their area as well as access to a spectrum of Specialty Physicians in the US.

But ATP offers more than referrals. In addition to SHIFA4U, ATP implemented interoperable platforms to address the remaining missing links in international medical services. American Teleclinic, for instance, connects patients with a network of over 70 affiliated specialists from the US and UK specifically for the purpose of second opinions. While, to Americans, that may seem a needless step, Western medicine offers an array of alternatives as yet unavailable in places like Pakistan.

In facilitating the care of his own mother, Dr. Ahmed understood that he’d hit upon the needs of thousands as a result of his own needs as a physician. With that in mind, he made an
effort to expand his business idea with the help of other physicians - and the result is a boon for patients and practitioners alike. From increasing accessibility to developing software, every aspect of ATP is designed by physicians. That strikes a chord with other health care professionals, “Many physicians have been joining the company as investors, as well as providers,” says Dr. Ahmed.

ATP's physician-designed technology platforms are revolutionizing cross-border collaboration. ATP solved the most urgent problem with the implementation of an international electronic healthcare records database called, Universal EMR. Universal EMR “integrates all touchpoints of the patient experience in one electronic medical record.” That works in perfect tandem with ATP’s SmartClinix, a user-friendly telemedicine program that allows physicians to do everything from scheduling to video conferencing, all in real time. Best, the program is compatible with other operational and clinical software, EMR's and bookkeeping applications.

Since its inception just last year, ATP has offered its services to more than 20 cities in Pakistan and is currently launching in Kenya. ATP's mission, “to enable access, price transparency and healthcare beyond borders” is well underway and promises to expand further. As the US engages in the ongoing struggle for pricing transparency, help is on the way with the upcoming launch of a SHIFA4U counterpart called CURA4U, which will initially serve Jacksonville, FL and then expand throughout the state of Florida.

Dr. Ahmed still resides in Jacksonville with his wife, Rabia, a Skin Care Specialist. When not running his multi-national corporation, he enjoys playing cricket, dining out and seeing to the needs of his pet bunny. His parents still reside in Pakistan but, thanks to their son's initiative and dedication, Dr. Ahmed's mother continues to receive the best care from abroad.
Meet Juliya C. Moody CPA, CFF of Bookkeeping and Accounting of Florida Inc.

My responsibilities and background: Owner, CPA, Providing CFO and consulting services to business owners and corporations as well as forensic and audit services. Specializing in the healthcare industry.

I started in the accounting industry in 1996. By 1997 I became a controller for a company with 70 employees and outdated accounting software. I was able to help the company pay off the debts and get on a stable financial footing, and replaced and revamped the accounting system. The company is now one of our clients. I started a business that was supposed to be part time in 2002, by 2003 it grew beyond being able to accomplish things in an eight-hour day. I tried to keep it small as long as I could, working 16 hour days, but chose to expand it in 2010.

Our business: B&A of FL Inc. started in 2002 with mindset of helping small and midsize businesses as well as owners to achieve their financial goals and run their business efficiently. Through the recommendations from our clients and building solid relationships the business grew to employ six employees with the same mind set. Our accounting practice has gravitated towards developing an expertise in the healthcare industry with a strong base of healthcare clients. We pride ourselves on unsurpassed client service and make ourselves available to our clients when they have to make decisions that will affect their bottom line. Learning and understanding interworking’s of your business allows us to help you with details that others may not see. Our firm is well versed in new technologies and business trends and we specialize in medical industry as well as few others. We constantly learn new information that would be relevant to our clients as business environment and tax laws change. Our experience and understanding of the healthcare industry helps us quickly and efficiently identify or prevent problems, provide advice to increase profits and maximize tax savings. Our firm offers CFO services, audits and forensic audits, compilations, reviews and of course tax preparation and consulting.

My view of the healthcare industry: The health care industry has been moving in a different direction in the last few years. Many hospitals are buying out physician practices and medical offices and combining them under the hospital’s umbrella. There are many reasons for this movement.

Referral networks and costs of doing business are just the beginning. Hospitals have unique advantage since most of them run under the 501 (c) 3 umbrella and are considered nonprofit organizations and are tax exempt.
The additional changes in the industry that will have an effect on the bottom line are as follows:

- Change in coverage due to Affordable Care Act
- Aging population (more people are covered by Medicare)
- Aging physician workforce
- More demand for limited number of physicians, increasing costs of compensation
- More nurse practitioners and physician assistants providing care
- Electronic health records (increase in costs)
- Increase in high deductible health insurance plans

We also understand that many medical groups have partnerships and personal PA’s. Those vehicles are great for tax planning purposes as well as any 1099 income from locums and additional services to other entities. Through personal interviews and our understanding of the tax laws & regulations, our group can help you navigate through complex tax issues as well as planning to minimize the tax burden.

**Our operation:** We operate our office in Jacksonville, Florida; however, our clients are all over Florida, New York, California, Hawai‘i, NC, SC and many other states; as well as in Switzerland, Spain and Israel. We will travel to accommodate our clients when things can’t be accomplished remotely.

My life away from the business: In my free time I love to take care of and ride my horses, deep sea fishing and spending time with family and friends & enjoying music. My family and I volunteer our time to kids programs that allows at risk kids to attend events and learn things that will help them in the future. We also support many animal welfare organizations.
Keeping your children and grandchildren safe is priority number one. Thanks to smartphones, tablets and the internet, there are many potential threats to them that you might not see coming. They could be using one of these dangerous apps or be in contact with an online predator and you wouldn't know.

That is why I encourage parents to talk to kids before they use technology and set clear rules. You should also be regularly checking their gadgets for dangerous apps and conversations, as well as monitoring their social media accounts.

Of course, constant monitoring can be a problem.

Ideally, you want to be able to peek in on what your children are doing no matter where they are. There are several companies that make remote spy software, such as mSpy, WebWatcher and more.

However, those will set you back $30 or more for the spying app. I've found a spying app that's free and works on up to five phones, so you can keep tabs on all your kids or grandkids. The free app is called Phone Tracker from Spy Phone Labs, and it gives you detailed information about any phone or tablet you put it on.

The Phone Tracker app uses GPS to track a phone's location, gives you a full log of all calls sent and received, and even shows you text messages and web activity. This information is available online after you create a free account. Not bad for a free app that isn't too difficult to install.

Once it's installed, open the app, set up an account name and password, give the phone a nickname and you're done.

To monitor multiple gadgets with the same account, just install the app on each gadget to monitor and use the same account name and password you used for the first one. They'll all show up when you log in online at Phone Tracker. Give it about 30 minutes after installing the app for the data to start appearing.

Warning: The Phone Tracker website has several confusing ads at the top of the page. The button you want to press on the home page is the blue “Login” button. On the login page, enter your username and password and click the gray “Log in” button. You can also scroll down for the answers to frequently asked questions.

Phone Tracker is free and has versions available for both Android and Apple. However, installing spy apps in iOS is no picnic.

Bonus tip: iPhones running iOS 11 can continuously send location information to another iPhone, iPad or Mac computer. On the phone you wish to track, go to Messages >> find the thread of messages they've had with you. In the upper-right corner, touch the “Information” icon, which looks like a lower-cased I. Tap, “Send My Current Location” to instantly send a map of the phone's current location, one time only. Or just below it, “Share My Location,” which will continuously send the phone's location to your Apple gadget. To see the phone's location, go to your Messages app and find your child's contact. Tap the “Information” icon and a map will display the phone's location. Note that your child can easily turn off this location sharing anytime, but perhaps a firm conversation about the consequences of doing so might encourage him or her to leave it on. (Note: These features will also work for your Apple gadgets that are running iOS 10.)

To get around legal problems, Phone Tracker puts an icon on the gadget's home screen and fires off a notification every 12 hours telling the person they're being monitored.

That's actually a good thing in most situations, but kids are resourceful. If they know they're being watched, they can find ways around the app. So, either tell them you're putting it on there and you expect them to leave it alone or go for a paid app that's completely hidden.

To install the app, you will need access to the phone or tablet. Then go to Google Play or iTunes, find the Phone Tracker app and tap “Install.”
ARTICLES IN THIS ISSUE

• Developing Physician Leaders in Northeast Florida
• CME: Menopausal Symptoms in Breast Cancer Patients
When: December 2nd 10:00 am
Where: TIAA Field, Tailgate in Lot X
$40 Ticket includes Tailgate & Game!

Purchase at dcmsonline.org or call Sallie at (904) 355-6561

All proceeds support the DCMS Foundation!
In Spring 2019, the Duval County Medical Society (DCMS) Leadership Academy will kick off the fourth year of the DCMS Leadership Academy. The brainchild of former DCMS President Dr. Raed Assar, the Academy came to be as a way to develop future leaders and Board Members of the Medical Society, but also to ensure that the next generation of national physician leaders has a strong Northeast Florida representation.

The DCMS has a long history of physician leadership, with members who’ve served as presidents of the Florida Medical Association and World Medical Association. They’ve served as hospital executives and lead private practices.

The DCMS Leadership Academy is divided into three day-long sessions that will take place on February 8, March 8, and April 12. The sessions are divided into topics: Your Role as a Leader, EQ and Team Building, and Strategic Planning and Culture Change. During these courses, participants learn a variety of leadership techniques from time management and setting priorities, to management styles and understanding how to work with different personalities.

Cmdr. Michael Kaplan, physician at Naval Hospital Jacksonville, participated in the program in 2017.

“The DCMS Leadership Academy was time and money well spent- it provided me with the fundamentals of how to motivate others, emotional intelligence and effective communication skills.” Dr. Kaplan said. “I would recommend this course for all physicians because it provided pearls that can be used in leadership positions as well as the clinical arena.”

The majority of the Academy is taught by Michael Clark, a continuing educator instructor for the University of North Florida with more than 15 years of experience in developing and presenting leadership programs. DCMS Chief Executive Officer Bryan Campbell also leads a section on the role of organized medicine, as well as understanding personality types.

The Leadership Academy is $799 for physicians who are not a member of the Medical Society. Members of the Duval, Clay, and Nassau County Medical Societies receive a significant discount of just $399. Interested physicians can enroll at dcmsonline.org/LeadershipAcademy or by calling (904) 355-6561, ext. 2001. Questions? Contact Kristy Williford, DCMS Director of Communications, at kristy@dcmsonline.org.
Management of Menopausal Symptoms in Breast Cancer Patients

Background:
The Duval County Medical Society (DCMS) is proud to provide its members with free continuing medical education (CME) opportunities in subject areas mandated and suggested by the State of Florida Board of Medicine to obtain and retain medical licensure. The DCMS would like to thank the St. Vincent’s Healthcare Committee on CME for reviewing and accrediting this activity in compliance with the Accreditation Council on Continuing Medical Education (ACCME).

This issue of Northeast Florida Medicine includes an article, “Management of Menopausal Symptoms in Breast Cancer Patients” authored by Deanna C. McCullough, MD, FACOG and Andrew M. Kaunitz, MD, FACOG, NCMP, which has been approved for 1 AMA PRA Category 1 credit.™ For a full description of CME requirements for Florida physicians, please visit www.dcmsonline.org.

Faculty/Credentials:
Andrew Kaunitz, MD, FACOG, NCMP, University of Florida Term Professor and Associate Chairman, Department of Obstetrics and Gynecology, University of Florida College of Medicine- Jacksonville, Medical Director and Director of Menopause and Gynecologic Ultrasound Services, UF Women’s Health Specialists-Emerson. Deanna C. McCullough, MD, FACOG, Assistant Professor of Obstetrics and Gynecology, Associate Residency Program Director, University of Florida College of Medicine- Jacksonville.

Objectives:
1. List three nonhormonal treatment options for bothersome vasomotor symptoms.
2. Describe the results of the Women’s Health Initiative (WHI) Hormone Therapy randomized clinical trial regarding the effect of both combined hormone therapy (HT) and estrogen-alone HT on the subsequent development of breast cancer, coronary heart disease, stroke, venous thromboembolic events, colon cancer, and fracture risk.
3. For a patient with a personal history of breast cancer, describe four treatment options for the genitourinary syndrome of menopause (GSM).

Date of release: November 1, 2018 Date Credit Expires: November 1, 2020 Estimated Completion Time: 1 hour

How to Earn this CME Credit:
1) Read the “Management of Menopausal Symptoms in Breast Cancer Patients” article.
2) Complete the posttest. Scan and email your test to Kristy Williford at kristy@dcmsonline.org.
3) You can also go to www.dcmsonline.org/NEFMCME to read the article and take the CME test online.
4) All non-members must submit payment for their CME before their test can be graded.

CME Credit Eligibility:
A minimum passing grade of 70% must be achieved. Only one re-take opportunity will be granted. If you take your test online, a certificate of credit/completion will be automatically downloaded to your DCMS member profile. If you submit your test by mail, a certificate of credit/completion will be emailed within four weeks of submission. If you have any questions, please contact Kristy Williford at 904-355-6561 or kristy@dcmsonline.org.

Faculty Disclosure:
Andrew Kaunitz, MD, FACOG, NCMP reports grant/research support from Allergan, Endoceutics, and Therapeutics, MD. He is a consultant for Shionogi, Sebela, Rayen, and AMAG. Dr. Kaunitz also receives royalties from UpToDate. Deanna C. McCullough, MD, FACOG reports that she receives a stipend for her participation as co-editor of weekly online quizzes published in OBG Management.

Disclosure of Conflicts of Interest:
St. Vincent’s Healthcare (SVHC) requires speakers, faculty, CME Committee and other individuals who are in a position to control the content of this educational activity to disclose any real or apparent conflict of interest they may have as related to the content of this activity. All identified conflicts of interest are thoroughly evaluated by SVHC for fair balance, scientific objectivity of studies mentioned in the presentation and educational materials used as basis for content, and appropriateness of patient care recommendations.

Joint Sponsorship Accreditation Statement
This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of St. Vincent’s Healthcare and the Duval County Medical Society.
St. Vincent’s Healthcare designates this educational activity for a maximum of 1 AMA PRA Category 1 credit.™ Physicians should only claim credit commensurate with the extent of their participation in the activity.
Management of Menopausal Symptoms in Breast Cancer Patients

By Deanna C. McCullough, MD, FACOG and Andrew M. Kaunitz, MD, FACOG, NCMP

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Abstract

As the number of breast cancer survivors increases in the United States, many of these women will suffer from climacteric symptoms and a reduced quality of life as a result of adjuvant therapy, chemotherapy, or natural menopause. As such, physicians caring for breast cancer survivors should address survivorship issues related to hypoestrogenism. This article reviews hormonal and non-hormonal evidence-based treatment options for breast cancer patients with common menopausal symptoms, focusing on vasomotor symptoms and the genitourinary syndrome of menopause. Specific attention is given to the safety profile of both systemic and vaginal hormonal therapy in this specific patient population.

Introduction

In the United States (U.S.), breast cancer is the second most common cancer with American women having a 12 percent average lifetime risk of developing breast cancer.1 The American Cancer Society estimates that about 266,120 new cases of invasive breast cancer will be diagnosed in women in 2018.1 Although breast cancer is the second leading cause of cancer related deaths in women, death rates from female breast cancer dropped 38 percent from 1989 to 2015, resulting in more than 3.1 million breast cancer survivors in the U.S. With 23 percent of breast cancer cases being diagnosed in women younger than age 50, in combination with improved breast cancer survival rates, knowledgeable and up-to-date physicians will be positioned to help patients with a personal history of breast cancer manage menopausal symptoms.1 Breast cancer patients may undergo spontaneous menopause or they may experience induced menopause secondary to chemotherapy. Cancer treatment should address female-specific survivorship issues, including the hypoestrogenic-related adverse effects of cancer therapies or of natural menopause in survivors.

Management of Vasomotor Symptoms in Breast Cancer Patients

Vasomotor symptoms (VMS) represent the most bothersome symptoms of menopause and are the most common reason women seek medical care at the time of the menopausal transition. Often referred to as hot flushes or night sweats by patients, VMS are associated with a sudden sensation of extreme heat in the upper body. Other manifestations of VMS include perspiration, flushing, chills, clamminess, anxiety, sleep disruption, and heart palpitations.2,3 A cohort study revealed that the median duration of moderate-to-severe VMS is 10.2 years, with the most common age of onset being 45-49 years of age.4 The impact that VMS have on a woman's quality of life, as well as the prolonged duration of VMS for some women, underscores the importance of treating these common symptoms both in the general population of menopausal women as well as in breast cancer survivors.

Despite limited supporting data, various behavioral and lifestyle measures can be recommended to all patients experiencing bothersome VMS. Possible lifestyle solutions include portable fans, maintaining a low ambient temperature, wearing layered clothing, avoiding consumption of tobacco, alcohol, caffeine, and spicy food, and consuming cool drinks. The effectiveness of alternative techniques including acupuncture, reflexology, exercise, yoga, paced respiration, relaxation training, and mindfulness-based stress reduction has not been established.2,3 Numerous randomized controlled trials have demonstrated that systemic hormone therapy (HT), with estrogen alone or a combination of estrogen with progestin, is the most effective treatment for menopausal VMS. A variety of systemic estrogen preparations are available, including oral formulations, transdermal HT in the forms of patches, gels, emulsions, or sprays, and a systemic vaginal ring.2,3 The goal of menopausal HT is to use the appropriate type, dose, formulation, route of administration, and duration of HT to meet the patient's individualized treatment goals.5 In women with an intact uterus, treatment with estrogen alone is associated with an elevated risk of endometrial neoplasia; when adequate progestogen is combined with estrogen, the risk of endometrial neoplasia is not higher than in untreated
women. As such, it is imperative that all women with an intact uterus be prescribed combination HT consisting of estrogen combined with progestational protection or oral conjugated estrogen combined with the selective estrogen receptor modulator (SERM) bazedoxifene (Duavee®). In contrast, estrogen-only HT is appropriate for women who have undergone hysterectomy.

Findings from the Women’s Health Initiative (WHI) Hormone Therapy randomized clinical trials have helped physicians better understand the benefits and risks of systemic HT. The goal of the WHI study was to assess the effects of postmenopausal HT use among healthy menopausal women aged 50-79 years on the risk of coronary heart disease, fractures, and breast cancer. The WHI study included a trial of combined estrogen-progestin HT in women who had an intact uterus at baseline (n= ~17,000) and a trial of estrogen-alone HT in women who had undergone prior hysterectomy at baseline (n= ~11,000). After an average of five years of combined HT use, a slightly increased risk of breast cancer, coronary heart disease, stroke, and venous thromboembolic events and a decreased risk of fractures and colon cancer were observed. Among women receiving estrogen-alone HT, an increased risk of thromboembolic events was noted without an increased risk of cardiovascular events or breast cancer. Importantly, results for breast cancer differed in the two trials, with an increased risk of breast cancer noted in the combined HT trial and a reduced risk in the estrogen-alone HT trial. A 2013 report reviewed WHI findings from both trials, including post-intervention follow-up stratified by age. Absolute risks of adverse events related to HT were substantially lower and tended to be small for younger women (ages 50-59) than for older women. After study medications were stopped, some elevation in breast cancer risk persisted in the combined HT trial (cumulative HR over 13 years 1.28, 95% CI 1.11-1.48). The attributable risk with combined HT is less than one additional case of breast cancer diagnosed per 1,000 users of combined HT annually. In contrast, a significantly reduced risk of breast cancer (HR 0.79, 95% CI 0.65-0.97) was noted in the estrogen-alone HT trial.

While combined HT appears to modestly increase the risk of breast cancer in healthy women, the effect of HT on risk of recurrent breast cancer in breast cancer survivors is less clear. The U.S. Food and Drug Administration (FDA) lists a personal history of breast cancer as a contraindication to the use of HT because of theoretic concerns that estrogen will stimulate recurrence. Multiple observational studies and a systematic review of four studies suggest that HT in breast cancer survivors does not increase the risk of recurrence and may even be beneficial. A meta-analysis of eight observational studies (n=3710, mean age range 47-64.7 years) showed a decreased risk of breast cancer recurrence in women taking HT during a median follow up of 57.1 months (RR 0.64, 95% CI 0.65-0.82). However, observational studies may be subject to selection bias by including only women with better prognosis disease.

Randomized clinical trial data regarding the impact of systemic HT on risk of breast cancer recurrence are limited and their findings are inconclusive. Two Swedish randomized clinical trials, both initiated in 1997, examined the use of HT in breast cancer survivors and demonstrated conflicting results. The larger study was the Hormonal Replacement Therapy After Breast Cancer – Is It Safe? (HABITS) trial, which provided follow-up data on 442 women with previously treated breast cancer who were randomized to either HT (n=221) versus nonhormonal symptom management (n=221). The HABITS trial was stopped early in 2003 due to an increase in breast cancer events in the HT arm. With median follow-up of four years, new breast cancer events occurred almost twice as often in the HT group compared with the non-hormone group (39 of 221 in the HT arm versus 17 of 221 in control arm, HR 2.4, 95% CI 1.3-4.2). The cumulative incidence of a breast cancer event in the HT and nonhormone groups at five years was estimated at 22 percent and 8 percent, respectively. However, no elevated breast-cancer specific or overall mortality was noted in the HABITS trial.

A similar randomized clinical trial in Stockholm was also terminated early in 2003 based upon the results of the HABITS trial. After 10.8 years of follow-up in the Stockholm study, there was no significant difference in new breast cancer events, with 60 new breast cancer events in the HT group versus 48 in the control group (HR 1.3, 95% CI 0.9-1.9). However, there was an increased risk of contralateral breast cancer with HT use, with 14 contralateral breast cancers in the HT group and 4 in the control group (HR 3.6, 95% CI 1.2-10.9).

Several factors limit the clinical application of these two Swedish studies to U.S. breast cancer survivors, including the small number of events in both trials and 52 percent of study participants in the Stockholm trial concomitantly used tamoxifen with HT (a practice not commonly employed in the United States). Although the data are not entirely consistent, the increase in breast cancer recurrence risk observed in the HABITS trial is of concern. A pooled analysis of results, while showing statistically significant heterogeneity of results, concluded that use of HT after breast cancer was linked to significantly higher recurrence rates (HR 1.8, 95% CI 1.03-3.10).

Given the uncertainty regarding the effect of systemic HT on risk of breast cancer recurrence, expert guidelines recommend the first-line use of nonhormonal therapies for controlling VMS in women with a personal history of breast cancer. When faced with a decision regarding whether to start off-label use of HT in patients with a personal history of breast cancer, the patient and her physician should consider the stage and receptor status of the cancer and then weigh the quality of life expectations against the potential risk of recurrence. Some women with early stage breast cancer and bothersome menopausal symptoms may decide, after discussion with their oncologist, that the benefits of off-label systemic HT use may outweigh the
Management of Genitourinary Syndrome of Menopause in Breast Cancer Patients

Genitourinary syndrome of menopause (GSM) is a common and progressive condition that adversely affects the health, sexuality, and quality of life of many menopausal women. GSM is defined as a set of clinical exam findings and bothersome symptoms associated with estrogen deficiency involving changes to the labia, introitus, clitoris, vagina, urethra, and bladder. Common symptoms of this condition include genital irritation, burning, and dryness, urinary urgency, dysuria, and recurrent urinary tract infections, and sexual symptoms of pain and dryness. Physical examination findings are consistent with vulvovaginal atrophy and include loss of fat pad in the mons and labia majora, labial thinning, narrowing of the introitus (particularly in the absence of penetrative sexual activity), decreased width and depth of the vagina, pale vulvar and vaginal tissue, loss of vaginal rugae resulting in a cervix flush with the vaginal apex, and inflammation of the vaginal mucosa resulting in erythema and friability. Women may experience all or some of these signs and symptoms, which must be bothersome for the syndrome to be diagnosed. Without active management, GSM often worsens over time. Additionally, hypoestrogenic women of any age may experience these symptoms, including women with a personal history of breast cancer who are estrogen deficient secondary to chemotheraphy or radiation.

Nonhormonal approaches represent first-line choices for managing GSM symptoms experienced by women during or after treatment for breast cancer. Women with GSM should be counseled that regular sexual activity may help address symptoms and prevent progression of disease. Use of over-the-counter nonhormonal vaginal lubricants for sexual activity and/or regular use of longer-acting vaginal moisturizers may be effective initial treatment options for women with GSM. Additionally, for women with insertional dyspareunia, 4% aqueous lidocaine applied to the vulvar vestibule prior to vaginal penetration can reduce sexual discomfort.

Pelvic floor physical therapy (PT) and use of graduated vaginal dilators (often under pelvic floor PT guidance) can be highly effective in treating GSM. Combining pelvic floor PT with pharmacologic treatment of atrophic epithelial changes may be necessary for women with severe symptoms.

For breast cancer survivors with GSM who remain symptomatic despite use of nonhormonal treatments, consideration should be given to the off-label use of highly effective low-dose vaginal estrogen therapy (ET). Vaginal estrogen delivers a low dose of hormone to the local vaginal tissue with minimal systemic absorption. Use of low-dose vaginal
ET is associated with serum estrogen levels that are within the normal postmenopausal range, resulting in a high degree of safety. Estrogen decreases the vaginal pH, improves elasticity and thickness of vulvovaginal tissues, and restores vaginal blood flow. Several formulations of low-dose vaginal ET are currently available in the U.S. including vaginal estradiol tablets, two creams, and a vaginal ring. Systematic reviews have noted that the tablets, vaginal ring, and creams have comparable efficacy in treating vulvovaginal symptoms. Women should be advised to use the lowest dose necessary for symptom relief, as systemic absorption is dose-dependent. Studies show that the use of low-dose vaginal estrogens do not result in sustained serum estrogen levels exceeding the normal postmenopausal range, with the vaginal ring and tablets having the lowest rates of systemic absorption. Systemic estrogen impact is more variable with the creams than with the tablet or ring. Accordingly, when prescribing low-dose vaginal estrogen off-label to women with a history of breast cancer, the authors prefer the E2 ring or tablet over estrogen creams. However, it should be noted that the threshold for systemic estrogen levels associated with breast cancer recurrence risk has yet to be determined and the clinical relevance of even very small increases in circulating estrogen levels with low-dose vaginal estrogen products in women with breast cancer remains unclear.

Data do not show an increased risk of cancer recurrence among women currently undergoing treatment for breast cancer or those with a personal history of breast cancer who use low-dose vaginal ET for treatment of GSM. A nested case-control analysis of a cohort study of women with breast cancer who either did or did not use vaginal estrogen showed no increased risk of breast cancer recurrence in vaginal estrogen users. In another study, the risk of recurrence in women who used vaginal cream was not increased, irrespective of the total dose prescribed.

The decision to use vaginal ET in breast cancer survivors may be made in coordination with the patient's oncologist. Additionally, it should be preceded by an informed decision-making and consent process in which the patient has the information and resources to consider the benefits and potential risks of off-label low-dose vaginal ET. When the decision is made to use vaginal ET, it should be prescribed at the lowest effective dose and for a limited time period until symptoms improve.

Special consideration should be taken regarding the use of vaginal ET in women with breast cancer who use aromatase inhibitors (AIs). AIs block 95 percent of estrogen synthesis and are associated with circulating estradiol levels lower than 1 pg/mL. Studies have demonstrated an initial increase of serum estradiol with the use of low-dose vaginal estrogen among women taking an AI, although these levels were not sustained over time and increased cancer recurrence was not noted. However, any rise above baseline serum estradiol levels may affect AI efficacy.

The use of vaginal ET may be appropriate for women with GSM who use tamoxifen. Low and temporary increases of plasma estrogen do not appear to increase recurrence risk in women using tamoxifen because of a competitive interaction with the estrogen receptor. Because of these effects, women on AIs with GSM refractory to nonhormonal approaches may benefit from the short-term use of low-dose vaginal ET with tamoxifen to improve symptoms, followed by a return to normal AI therapy for the duration of the treatment course.

It should be noted that the FDA package labeling for low-dose vaginal estrogen products includes the same boxed warning that accompanies all systemic HT products regarding risk of cardiovascular disorders, endometrial cancer, breast cancer, and probable dementia. This warning is not evidence-based and adversely affects women's health and quality of life by discouraging use of these highly effective therapies.

Intravaginal use of the hormone dehydroepiandrosterone (DHEA) is also approved for the treatment of GSM. Using the provided applicator, patients administer one 6.5 mg prasterone vaginal insert once daily at bedtime. Intravaginal DHEA has not been studied in women with a history of breast cancer nor in those patients currently taking AIs.

For women with GSM who prefer an oral agent, ospemifene (Osphena®, 60 mg daily) is a SERM approved for the treatment of GSM. As with the SERMs tamoxifen and raloxifene, ospemifene may increase the risk of venous thromboembolism and VMS. Ospemifene has not been assessed in women with a history of breast cancer nor in those patients currently taking AIs.

The number of breast cancer survivors is steadily increasing due to early detection and improved therapies. Many of these women will suffer from climacteric symptoms and a reduced quality of life as a consequence of adjuvant therapy, chemotherapy, or natural menopause. As such, it is imperative that breast cancer treatment address survivorship issues related to hypoestrogenism. The guidance provided in this review will help physicians safely improve the quality of life for their patients who are breast cancer survivors. To be continued online...
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Your Greatest Role as a Doctor? Storyteller

Gianna L. Garces-Ambrossi Muncey, MD

There are medical honors so rare you don’t even know they exist. When you’re trudging through the slog of PBK/AOA/other — ultimately meaningless — letters, these seem to be the definition of distinction. Just like every other lesson, a patient taught me what real prestige is.

Well, it wasn’t entirely that Oslerian, it was the patient’s nephew.*

Carl paged me on an ordinary day — a fellow physician, he once saved my family’s life with the silent, brusque wave of a pen. His aunt, Sharon, had been hospitalized for weeks. Carl knew I wasn’t on service, but he’d heard about me. Could I just take a look, see if I could add anything?

The background Carl gave me soon proved essential. Sharon was a maternal force — she’d transformed his cousins (her sons) from window-destroying bottle rocket launchers into actual rocket scientists. She was also lonely. Her sister — who was her best friend — recently died of leukemia. Sharon knew about the end, the part where you stop responding to treatment. But she’d controlled stereotypes for decades—hell, she’d do “the end” her own way, too. She’d made her boys promise they wouldn’t “do the breathing tube.” They’d promised to “let her go.”

Then, just when she needed them the most — her boys changed their minds. They reverted back to bottle rocket launchers. Instead of firing at windows, they aimed legal threats at nurses. They were powerful, they said: they could have this whole place shut down. Listen to me! She was fine two weeks ago.

That’s when Carl stomped out to find me.

I walked into ICU room 10 and saw the morphine pump. Sharon seemed like a toddler in an adult-sized bed — all pillows and bedsheets, just tiny crumpled body in a field of white. Her fine hair seceded to patches of scalp, and her mouth was edentulous. Across the room, one son grimaced. His beige hoodie offset eyes so black that it was hard to tell if he was crying or analyzing. He said that she was proud, fierce. The kind of woman who raised us hellions all by herself in Dorchester. She never cried, “cept when we bleached her favorite Pats jersey … we just wanted to help Ma for Mother’s Day.”

As I walked out of Sharon’s room, I wondered how her sons were so young. Her enormous chart reminded me that she was 65, not 95. The chart filled in other parts of the narrative, too. She had meant to see her oncologist. She hadn’t noticed the oozing from her dialysis line.

Everywhere, dismal numbers of every type: vitals, labs, procedures. Every vasopressor maxed, every antibiotic titrated. Every consultant’s note signed with “poor prognosis.” The balloon-perfect nurses’ writing captured the weeks before the boys arrived. We’ve got meetings in the city; we’ll come when she’s better.

As I read through the chart, I reflected on what went unsaid: She was dying. And there are only so many ways to accept the point of dying — but I’m not sure I’ve figured out any of them. Sometimes, I think to myself, “God is calling you home.” Other times, it is “birth, inverted.” But mostly, death
is our grand unifying theory — being human is a fatal condition. But how do you distill philosophy into practice?

In the ICU we had a little room for big talks. That’s where we met. It was just me, Carl and the boys. They looked at me with a frustrated hope we call anger. I looked back at them, empty. There was no data to add, no procedures to suggest.

So instead, I told them a story. It was the story of how we die now. I told them the pattern of it: little things — little falls that become hip fractures, little confusions that become delirium, little coughs that become pneumonia. "Little things" that add up so subtly, we forget to call them by name: multi-organ failure. We talked about how, sometimes, the only thing saving anyone is social support — once the safety net rips, it pulls us down with it. The beige-hooded son fixed those eyes on me like steel.

This was a story, that, as doctors, we know so well: how we die in modern medicine. So, I apologized. I couldn't give them any answers, and I couldn't provide them with any cure. I could only say that looking back on it, Sharon's history was a real one. It made sense from a physiological, medical and human perspective.

I was a little embarrassed. A colleague asked me for analysis, and I gave an anecdote — an anecdote that, deep inside, the boys already knew. The son with the beige hoodie turned and said simply, "It all makes sense now. It’s been happening to her for a long time, hasn’t it?"

He proved me wrong with those eyes: close enough for a handshake; they were filled with tears.

We each left the family room empty handed that night — but something changed. There were no more arguments in Sharon’s room, no more demands over vital signs. Her morphine drip calmed her breathing, and her sons calmed each other. Six hours after starting hospice care, she stopped breathing. She stopped breathing, but she did not stop. Her story did not end. Each arc of her life had a record: birth, Dorchester, boys, family, death. But her family hadn't understood the last part. They needed the final story to let go of her body, yet retain her spirit.

Looking back on it, that's when I saw the greatest honor of all — the everyday honor of storytelling for our patients. Maybe that's the only cure we have for death … translating what happens from the body into the world. Perhaps that is the last frontier of care: sharing the understanding of how we get to the end — just as much as how we got to the beginning. Maybe, we should reframe the last note we write for our patients — and make it the last story we share instead.

* Details have been changed, and cases combined, to protect patient and physician privacy.

Giannina L. Garces-Ambrossi Muncey is a critical care physician.
I do not feel that I truly survived my lawsuit. Sure, I am alive, but the emotional toll it took on me during the four years that we co-existed was tremendous. That being said, I do feel that it taught me several things that may be helpful to others.

My lawsuit occurred very early in my career. The series of events that led up to it happened when I was a mere 15 months into my pediatric practice. Being named in a lawsuit as a young new physician led to serious self-doubt and much thought about how to abandon medicine as a career entirely. Being $100,000 in debt from my medical education (a sum that pales in comparison to what many of my trainees these days have racked up) certainly motivated me to continue practicing medicine. It also influenced my decision to pay back my student loans as quickly as possible, despite favorable interest rates. I saw my medical school debt as a psychological burden more than a financial one. I could not abandon medicine until those debts were paid.

Discovering that other physicians I knew and respected had been involved in lawsuits was my salvation. Being sued is an isolating and shameful experience even though 75 to 99 percent of physicians will experience this during the span of their careers (75 percent of “low risk” specialties and 99 percent of “high risk”). We don’t like to talk about it, so it seems as if it is an uncommon experience, an anomaly. After I learned that the records pertaining to my case had been requested by a legal team, I shared my angst with my partners. I was surprised to hear that both of them had been through lawsuits of their own. But it is not something that most physicians will readily advertise.

How to Survive a Medical Liability Lawsuit

My lawsuit also taught me how excruciatingly slow the legal system can be. It took two years after my interactions with the patient before the suit was filed. The process from that day in December until it was finally dropped dragged on for nearly four years. Progress occurred in fits and starts. I would receive thick packets of records in the mail one day but then hear nothing else for months. Although the suit occupied my mind on a daily basis, I could almost get to the point of pretending it didn’t exist. But then the next thick packet would arrive.

Another unsettling revelation was that, on the surface, nothing was different. It was difficult to reconcile such a life-altering event with a seemingly unaltered daily routine. A scarlet “M” did not appear on my forehead. My employers, when I notified them, did not seem overly concerned. No one showed up on my doorstep to snatch my medical license away. Not that I wanted those things to happen, but my personal reality of living with a lawsuit was totally incongruent with how life just went on.

Ultimately, the lawsuit was dropped. Lots of time and the distractions of work and becoming a parent several times and gaining more age and experience have faded the scars a bit. Along the way, I thought less and less about abandoning medicine and continue to practice nearly 12 years after the lawsuit was filed. I work with residents every day and have started to share pieces of this story with them. I wish I could protect them from the likelihood of going through this someday, too. Instead, I will let them know that they are not alone.

The author is an anonymous physician.
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How to Use Airbnb Like a Pro: Save Money & Avoid Surprises

By Jason Lengstorf

Airbnb is near the top of my list of the greatest things to happen to the world in the last ten years.

The sharing economy has made it incredibly easy to save money by renting other people's unused things. Airbnb and competitors like VRBO do this by allowing people to rent out their extra space — from a spare room to an empty home — to other people.

**Airbnb: A Hotel that Doesn't Suck**
Finding a hotel that doesn't smell like industrial-strength cleaner is expensive. And finding one that's comfortable enough to live in for a long period of time is difficult.

Airbnb offers the ability to find a place to stay that feels less like a filing cabinet for tourists and more like a home.

Getting the most out of Airbnb can be tricky. But it's not hard.

**Define What Matters**
Before you start traveling, you'll want to come up with a list of what you need in order to be happy.

Remember: long-term travel is very different from a weekend stay. Something that might not bother you on a quick trip, such as a shaky internet connection, will be a big problem if you're there for a month.

Be honest with yourself about what you need in order to feel at home.

**For me, the list is pretty short:**
- I want an entire place to myself — shared rooms are for very short stays only
- The wifi needs to be fast and reliable — without it, I can't work
- The bed needs to be comfortable and at least queen-sized
- Temperature control for the room is essential — I can't sleep when I'm too hot or cold
- The location needs to be within walking distance of both good restaurants and coffee shops with wifi
- Having a washing machine in the unit is ideal since I only have 5 days' worth of clothing (in a pinch, I can do without this)

Everything else is negotiable. By figuring out what my non-negotiable items are, I can quickly remove options that would stress me out while I was there.

**Set Your Filters Appropriately**
Airbnb has a very simple search interface, but if you're not paying attention it may look like you're only able to search for a date range and what kind of room you want.

If you click the "more filters" button, though, you can filter by amenities ranging from wireless internet and air conditioning to a gym or a doorman.

Airbnb's amenity filters on desktop (left) and mobile (right) are easy to use.

- Do you like to cook? Make sure they have an oven.
- Traveling with a dog? Check the "pets allowed" filter.
- Using the filters, you can quickly exclude any listings that don't meet your needs.

**Confirm the Non-Negotiables with the Host**
After filtering down the listings that definitely aren’t what you're looking for, you'll probably have a few additional items on your list that you need to verify. Send the host a message to ask any clarifying questions or to verify information about the listing.

For example, I always verify wifi speed before committing to a place by asking the host to run a speed test.

Other things aren't selectable by the filters, such as the size of the bed, so you'll need to check with the host about that as well.

**Get a Feel for Your Host Before You Book**
Once you've decided that a place is probably a good fit, Airbnb encourages you to book immediately — don't do this.

Instead, use the small "contact the host" link below the "About This Listing" box to send a message to the host — including the
Read the Reviews
Both the person renting the space and the person who owns the space are encouraged to review each other after a stay, so you're able to read what fellow travelers thought about the space.

Reading reviews can help you spot potential problems before you book. Keep an eye out for red flags like issues contacting the host, problems with amenities that you care about, or comments about the general neighborhood.

The number of reviews (and cumulative ratings) are also a good indicator of whether you're dealing with someone who frequently has renters or if it's someone who may lack experience in dealing with guests.

I've stayed with both types of people and enjoyed the space, but there's something to be said about the comfort of booking a listing with dozens of five-star reviews.

Find Your Ideal Hotel-to-Home Ratio
There are certain aspects of the hotel experience that are really pleasant: knowing your room will be cleaned each day, having fresh towels, and so on.

If you ask for it ahead of time, you can often arrange to have the good parts of a hotel-like experience in your Airbnb rental. One thing to be aware of is cleaning. A lot of rentals don't have a cleaning service, so if you're staying for longer than a couple weeks, you'll either have to clean it yourself or work out a deal with the owner to provide cleaning services.

I usually ask if there's a cleaning service, and if not, I'll arrange with the landlord to have the place cleaned every week or two while I'm staying there.

I didn't do this at my first couple locations, and it sucked. I hate mopping floors and changing sheets, so I'm more than willing to pay a little extra to have it done for me.

Speed Things Up with a Message Template
You can save time by creating a template for contacting hosts that introduces yourself and communicates your non-negotiable items.

For example, here's the message I send to each host before I book:

Hi!
My girlfriend, Marisa, and I have been looking at your listing, and we love it!

We are spending all of 2015 traveling around the world, renting Airbnb apartments in the cities we want to visit.

We're both so grateful that people like you have opened your homes to travelers, because without you, our adventure wouldn't be possible. So thank you!
We're very interested in renting your apartment, but I wanted to ask a couple questions first:

First, we both work from our computers and will be working while we travel. Since our jobs rely on an internet connection, could you please let us know how fast and reliable the wifi connection is at your apartment?

If you're not sure how fast it is, could you please search Google for "speed test by ookla" and click the first result? On that site, click the "Begin Test" button to check the connection's speed. Second, since we're planning to stay for an extended period, we're interested in negotiating additional cleaning fees so we could have the apartment serviced every two weeks. Would that be a possibility?

[ ADD A PERSONAL NOTE ABOUT THE AREA AND/OR THE LISTING HERE ]
Thanks again. We'll look forward to hearing from you!
Jason & Marisa

Save (More) Money
It turns out you can save even more by being on top of your booking and taking advantage of Airbnb's price breaks.

Longer Stays Cost Less
By default, Airbnb shows the cost of a listing per night. For example, at the time of writing, for example a listing in Atlanta costs $82/night if you book it for six nights.

However, if you book the same listing for a week, the cost drops to $71/night.

If you book for a month, the cost drops further to $51/night.

If not all Airbnb listings have breaks for longer stays, but when you search for longer stays, the ones that offer breaks are easy to spot by their lower prices.

If you can stay put for a month, you stand to save a bundle by taking advantage of Airbnb's price breaks.

Book Way in Advance for Better Cheap Options
There's only one of each place, so when it's booked, you're out of luck.

The nice listings with low prices will be the first to go, so if you're sure of your travel plans way ahead of time, you should book early to make sure you've got your pick of the best locations.
A Physician’s Personal Health Transformation

By Stephanie Strozuk, MD

May 1998 – My personal health transformation had very innocent roots. I remember standing with my medical school graduating class at what was then Avery Fisher Hall in New York City, reciting the Hippocratic Oath. I was excited about my future career in Adolescent and Young Adult Medicine and was ready to dive head first into the rigors of Internship, Residency and eventually Fellowship training. The oath stated in part:

“I will remember that there is art to medicine as well as science, and that warmth, sympathy, and understanding may outweigh the surgeon's knife or the chemist's drug.

I will not be ashamed to say “I know not,” nor will I fail to call in my colleagues when the skills of another are needed for a patient's recovery.

I will prevent disease whenever I can, for prevention is preferable to cure.”

And so it began. Completing medical school was just the beginning of the journey that would lead me down many twists and turns to the eventual path that I find myself on today.

My first few years of training were spent much like any other intern or resident – early mornings, late nights, innumerable 30 hour shifts caring for the patients who were counting on me to provide them relief in the most vulnerable times in their lives. While I was diligently caring for my patients, however, I slowly began losing myself. Once a vibrant 20-something, I was getting burnt out. I couldn’t even seem to recall the joy that I used to feel while being at work. I was getting home from work I felt crushing fatigue. I really was unsure where to turn at that point, since as I was told my labs were normal, I was following my physician's advice, and I thought that I was making huge strides in nutrition for myself.

I followed my new plan diligently but somehow I was not seeing the results that I had hoped. I still felt anxious. Driving home from work I felt crushing fatigue. I really was unsure where to turn at that point, since as I was told my labs were normal, I was following my physician's advice, and I thought that I was making huge strides in nutrition for myself.

Holistic Psychiatry: What the Doctor Ordered

In 2013, I happened upon the work of Dr. Kelly Brogan. She described herself as a Holistic Women’s Health Psychiatrist. The concept was definitely intriguing. It was clear that the conventional medical model that I had been clinging to for advice and support was failing me and as I looked around at friends, family and patients, it was failing them as well. By August 2013, I decided to schedule a consult with Dr. Brogan. Little did I know that that first consultation would completely change the trajectory of my life, both personally and professionally. I quickly learned that the dietary tenets that I had been adhering to did not serve me well at all. Gluten was an issue for me? Traditional fats were what would serve me best? Meditation could help heal my taxed adrenals? Yes, yes and yes! I transitioned to an ancestral diet, began practicing yoga and meditated daily. Within days, the fog lifted. Something had shifted.

In the first month, I felt like a different person. I was alive and vital. Anxiety faded away, I had boundless energy, my skin was flawless and my joint pains were gone. Not one of these issues was treated with a prescription. It could not be found in a pharmacy. This was something that I had complete control over and the results were nothing short of astounding!

The Journey Home to Myself

There are times in our lives when we know intuitively that we have gone down the wrong path, whether it be in our professional lives, personal lives or in the realm of our health. For some, that realization comes early on, but for others it may take years or even decades. We sometimes need for someone to light the way. To let us know that the skeptical voice that we hear within us is valid. We awaken to possibilities that we never thought possible. For me, I was fortunate enough to listen to my inner voice and embrace the work of Dr. Brogan. I am now unencumbered by what has ailed me in the past. I am able to look back and see that there were so many things along the way that brought me to where I was 15 years ago. From a nutrient depleted diet, to the endless months of antibiotic treatment for acne in my teens, early twenties and into my thirties, to the inability to take time for myself to recharge and reconnect with my inner being. All of these things and more...
intersected to bring a once vital woman embarking on a
career in medicine to someone struggling to find answers
for her own issues.

The answers came when I began to take a deep dive into the
science and find that what we have been spoon-fed is not
the whole picture. That some of the concepts that I learned
in medical school that were just touched upon as an aside,
actually played a more central role in health. That the an-
swers to chronic health issues, whether they be medical
or psychiatric, do not have a quick fix found in a pill. The
prescriptions which beget more prescriptions keep us tether-
ered. Movement, mindfulness and nutrition are powerful
healing tools and things that we have ultimate control over.
Yes, this approach takes work, but for those who are willing
to walk this path, the rewards are bountiful.

**Paying It Forward: Holistic Pediatrics, Adolescent, and Young Adult Medicine**
In 2015, I decided to take the leap from academia and open
my private practice. I knew wholeheartedly that the road
that I had been on was for a greater good. That the jour-
ney I have made over the past three years would enable
me to perhaps light the way for others. From the 16 year
old with a list of psychiatric diagnoses and medications to
match, who actually had undetected and untreated Hashi-
moto’s Thyroiditis. To the 25 year old with panic disorder,
on multiple medications for years without relief and a host
of gastrointestinal complaints, who had non-celiac gluten
sensitivity driving her symptoms.

I have come to realize that we need to dig deep and un-
tangle the web to find our individual answers. We cannot
accept the 10 minute physician visit and a prescription as
you walk out the door as true healthcare.

As an adolescent medicine physician, I am humbly aware
of the impact that I can make on my patients and the role
that I may play in their formative health years. Now more
than ever, I hold that space sacred. I am able to talk the talk
because I have walked the walk. I have been in the shoes of
many of my patients and I hope to be able to inspire them
to journey with me to bring them to their optimal health.
As I look back on that day when I stood and recited the
Hippocratic Oath, I can honestly say that those words reso-
nate with me now more than ever.

I hope to be able to continue to illuminate the path for oth-
ers through my own experience and work so that others
may find the light burning within themselves.

***

Stephanie Strozuk, MD is the founder of Evolved Adolescent and
Young Adult Medicine in Ridgewood, New Jersey. You can find her
on her at evolvedmedicinenj.com and on Facebook.

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