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ALACHUA COUNTY MEDICAL SOCIETY

House Calls



FALL / WINTER 2025



Radiation Oncologist Cherylle Hayes, MD
Serving Gainesville and Lake City

Hematology/Oncology Issue

With A Special Feature About LIFESOUTH Community Blood Centers

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Brittany Bruggeman, MD
ACMS President

Dr. Bruggeman is pediatric endocrinologist and physician scientist at the UF. She completed all her studies and post-graduate training at UF. She is a leader in patient advocacy and policy within the American Academy of Pediatrics and American Diabetes Association and is the President of the Alachua County Medical Society. Her current pursuits include the clinical care of diabetes and endocrine patients and research investigating the natural history, pathophysiology, and clinical care of type 1 diabetes.



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Dr. Al-Mansour received her medical degree from Jordan University of Science and Technology in Irbid, Jordan. She completed her internship in Internal Medicine at the University of New Mexico and her residency in Internal Medicine as well as a fellowship in Hematology/Oncology at the University of Massachusetts, with a focus on Hematopoietic Cell Transplant & Cellular Therapy. She subsequently served as an assistant professor at Loyola University Chicago & at University of Massachusetts, then as an Associate Professor at the University of Florida before joining the HCA Healthcare/Sarah Cannon Cancer Network.



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Kim Kinsell serves as LifeSouth's president and CEO. Kim graduated Phi Beta Kappa at the UFI in 1995 and earned her juris doctor from the UF Levin College of Law in 1999. After graduation, Kim worked for the State Attorney's Office before taking on the role as LifeSouth's general counsel in 2004. Kim serves on the boards of America's Blood Centers (where she currently serves as president), the National Blood Collaborative, the National Blood Testing Cooperative and Biosharing Network.



Scott Medley, MD
Retired Family Physician

Dr. Medley received his Medical Degree from the University of Kentucky, then served in the U.S. Army, where he completed his Residency in Family Medicine. He founded Gainesville Family Physicians, enjoying 20 years in Private Practice. He later served as a Hospitalist and Chief Medical Officer at North Florida Regional Medical Center. He is a Past President of the ACMS and of the Florida Academy of Family Physicians. Currently retired and volunteering at Haven Hospice, he has served as Executive Editor of *House Calls* for the past 26 years, for which he has authored over 110 editorials and articles.

Meet the ACMS President

Brittany Bruggeman, MD



An Interview by: Jackie Owens, ACMS EVP

JO: Where were you born and what brought you to Gainesville?

BB: I was born and raised in Mims, Florida on the Space Coast. My dad is an engineer for NASA and my mom is a middle school math teacher. I came to Gainesville for undergrad and never left- I am a quintuple Gator (undergrad, med school, residency, fellowship, and now faculty) and have a Gator plaque on my wall to prove it.

JO: What prompted you to pursue medicine and specialize in Pediatric Endocrinology?

BB: My journey to becoming a physician was inspired by the teachers in my life. After seeing the impact my mom had on her students' lives, I wanted to follow in her

footsteps. However, handling a classroom of 30 kids was not in my skillset. My 9th grade biology teacher then inspired my love of science, and an executive internship class my senior year allowed me to shadow a local pediatrician, which solidified my interest in medicine. During the endocrinology section of medical school I was fascinated by the complex, intricate pathways, while my husband (now an OB/GYN) was less than thrilled. That gave me the first idea that I may be interested in endocrinology. My experience conducting clinical research at a type 1 diabetes camp for children with Janet Silverstein, MD, further confirmed my interest in the field. I fell in love with the children who were dealing with this chronic illness and the camp's motto, "I can handle it." In this supportive environment, children are empowered and taught to take charge of their health so that they can live the fullest lives possible, all while having a ton of fun.

JO: What do you like best about being a physician?

BB: Empowering my patients and their families as they navigate living with type 1 diabetes is something that I most love about my job. As a pediatrician, I want to empower my patients to live their most healthy, productive, and happy lives mentally, emotionally, and physically. It reminds me of what my mom does with her students. I want my patients to take their health in their own hands and make sure that they do what they need to do for their health and then go do all the things they're called to do with their lives.

JO: What are your goals for the ACMS in 2025-2027?

BB: The Alachua County Medical Society has represented and served physicians and our patients since the late 1800s, and I want to make sure we continue to do so for years to come. My goal is for our organization to represent the local physician's voice in the community, state, and in organized medicine. I want to continue to offer member benefits that empower our local physicians to give the best medical care to our patients and the members of our community, and offer opportunities for physicians in our community to come together and support each other.



Brittany Bruggeman, MD, her husband Bradley Bruggeman, MD and their two daughters.

JO: What do you feel are the challenges facing medicine?

BB: Many factors in recent years have made it more difficult to practice medicine, threatened the patient-physician relationship, and impacted physician autonomy and leadership. The corporatization of medicine, declining financial viability, overwhelming administrative burdens, outside interference into physician/patient decision making, and eroding public trust in our healthcare system have all impacted our day-to-day work.

JO: Why do you believe in supporting organized medicine, especially through your county medical society?

BB: I believe that decisions are made by those who show up and use their voice. The Alachua County Medical Society fights for physicians' ability to practice medicine by using our voice in organized medicine and at the community and state levels. We have recently authored resolutions at the FMA fighting for physician autonomy and fair payment and have traveled to Tallahassee on behalf of our community physicians. Through our member benefits we reduce the administrative burden facing our profession and also give back to our community through the We Care Clinic program. Last but not least, through our mentorship program, poster symposium, and social gatherings we provide much-needed fellowship and support to physicians and physicians-in-training.

JO: Please tell our readers about your family.

BB: My husband is also a physician - he is an OB/GYN at Shands and a leader in medical education. We met through the Junior Honors Medical Program, a combined

Bachelor's/MD program at UF, which we like to call the "Junior Honors Matrimonial Program." We are blessed with two smart, hilarious, and beautiful daughters, aged 6 years and 18 months, who bring me joy every day.

JO: How do you spend your free time?

BB: We attend First United Methodist Church, where I will sometimes sing in the choir. In this time of year we like to visit local fall festivals, visit our families in Mims and Sarasota, and take trips to Disney. When I get a spare moment (not often) I enjoy reading fiction - my favorite authors are Ann Patchett, Amor Towles, and Claire Keegan. We also enjoy skiing (yes, snow skiing), going to the beach, and spending time outdoors.



Dr. Brittany Bruggeman and her Husband Bradley Bruggeman, MD in Vail Colorado at Vail's Back Bowls.

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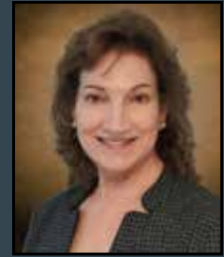
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Transitions: The Robb House Medical Museum



Jackie Owens, ACMS Executive Vice President



The Alachua County Medical Society has maintained its offices at the Robb House Medical Museum in Gainesville, Florida since 1983. Built in 1878, the house was originally the home and office of Drs. Robert and Sarah Lucretia Robb, one of Florida's first husband and wife physician teams and one of the first female physicians in the State of Florida. Today, the Robb House stands as a monument to the early physicians of Alachua County and to the practicing and retired physicians of today.

In this article, I'd like to present you with the history of the Robb House and invite you to participate in our upcoming fundraising events to move and renovate the building once again. As the land beneath the building has been listed for sale, it is time to relocate the Robb House Medical Museum. The cost of the move is anticipated to be in excess of \$200K. The ACMS will be holding a series of fundraising events over the next year to assist in this move.

The Robbs

In 1882, at the age of 42, Robert Lee Robb, MD, a homeopathic physician, came to Gainesville from Chicago in hope of recuperating from tuberculosis.

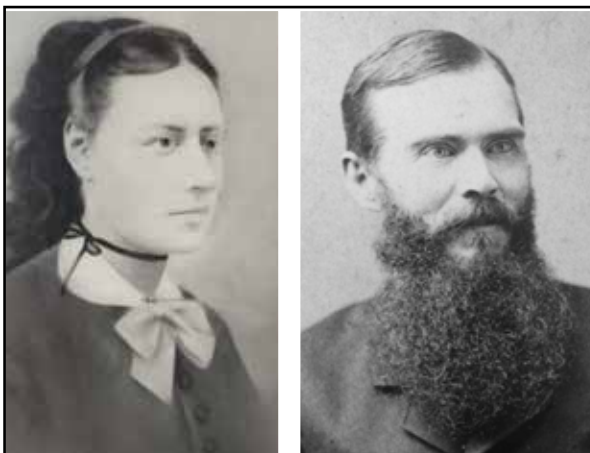


Figure 1. Dr. Sarah Lucretia Robb, and Dr. Robert Robb circa 1885.



Figure 2. Dr. Sarah Robb in her horse and buggy at 406 East Liberty Street (now University Avenue) with the Robb House in the background.

Dr. Robb was born in 1840 in Iowa. He graduated from the Missouri Homeopathic College of Medicine in 1873 (Figure 1).

His wife, Sarah Lucretia Robb, three daughters and a son joined him in Gainesville in 1883. Sarah received her nursing degree from Hahnemann Medical College in Philadelphia prior to moving to Gainesville. Her husband, whom she married on February 14, 1872, recognized Lucretia's potential as a doctor and encouraged her to attend medical school. She was refused entry by U.S. medical schools and therefore travelled to Germany, where after two years of study, she received her medical degree in 1882. She was approved to practice medicine in the State of Florida in 1889. Sarah Lucretia Robb was the first female physician in Alachua County.

Drs. Robert and Sarah Lucretia Robb were involved in many civic endeavors, while they practiced medicine in Gainesville. Dr. Robert Robb was instrumental in establishing the Oddfellows Home, a newspaper, a furniture factory, and one of the first private boarding schools in Alachua County, and he was a member of the county school board. Dr. Sarah Lucretia Robb was one of the founders of the Gainesville Garden Club,



Figure 3. Above is the floor plan of the Robb House in 1909 when it was located at 406 East Liberty Street (now University Avenue).

a member of the First Presbyterian Church choir, and was known for her tailoring, needlepoint and handiwork. Together they wrote the *Robb Family Physician*, a comprehensive treatise on the causes, symptoms and treatment of diseases. The book embodies the holistic approach to medicine we are seeing revived today.

Dr. Robert Robb died in 1902 at the age of 62. Dr. Sarah Robb continued to practice medicine in her office and as a "horse and buggy" doctor (Figure 2), administering to the sick and delivering babies. Retiring in 1917, Dr. Sarah Robb continued to be an

active member of the community and church until her death on May 3, 1937, at age 83.

The House

Joseph Avera, a local blacksmith, constructed the Robb House in 1878. It was located at 406 East Liberty Street – now East University Avenue. In 1898, the Robbs purchased the house for \$1,000 and a year later added another office on the southwest side of the building. The addition resulted in two unique bay windows on the front of the house - one triangular in shape and one square (Figure 3). When Dr. Sarah Robb died, the Robb house was willed to Margaret Gross, her housekeeper. In 1938, Mrs. Gross gave the house to Dr. Robb's three daughters. In 1939 the house was sold to Joe C. Jenkins, Sr., an attorney, and in 1973, the house was sold to a group of attorneys represented by Henry L. Gray.

The house was used as a dance studio, karate center and apartment rental. After several years, it fell into complete disrepair and was scheduled for demolition by the city. The Alachua County Medical Society became interested in it as a future office. The house was purchased by the Society April 11, 1981, and moved to a new site, 235 S.W. 2nd Avenue. Restoration was completed in nine months at an approximate cost of \$90,000. A feasibility study and historical assay were prepared by professors and students of architectural preservation at the University of Florida. Family members provided photographs and background information for authenticity. The formal dedication of the Robb House was held April 17, 1982 by Henry J. Babers, M.D., past President of the Florida Medical Association.

Furniture, equipment, instruments, and other artifacts have been donated to the museum through the

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Figure 4: Parlor and Furniture of the Robbs today and a Civil War Amputation Kit circa 1861.

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generosity of physicians and members of the community (Figure 4). The parlor has the original furniture from the 1800s. The parlor room was originally the medical office of the Robbs and houses a collection of books, instruments, pictures, handiwork, and the original chairs used in the office, reflecting the practice of medicine as it was in the late 1800s.

In the 1982 renovation, two bedrooms were combined to create a Board room, where many of the ACMS Board meetings have taken place since then. The Board Room has a display of photographs of physicians who have served as President of the Alachua County Medical Society and those presidents who also served as President of the Florida Medical Association (Figures 5, 6 and 7).

Originally the Robb's kitchen and dining room, the Museum Main Exhibit Room has artifacts dating back to a Civil War Amputation Kit in mint condition (circa 1861). There are surgical, gynecological, ophthalmological, and other instruments representative of those used in the 19th and early 20th centuries. Operating tables, clinic pieces, a collection of patented medicines, physicians' bags, including a medical saddlebag used on horseback, and a restored pharmacy front from Barton Thrasher's Drug Store on

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Figure 5. ACMS Presidents who also served as FMA Presidents.

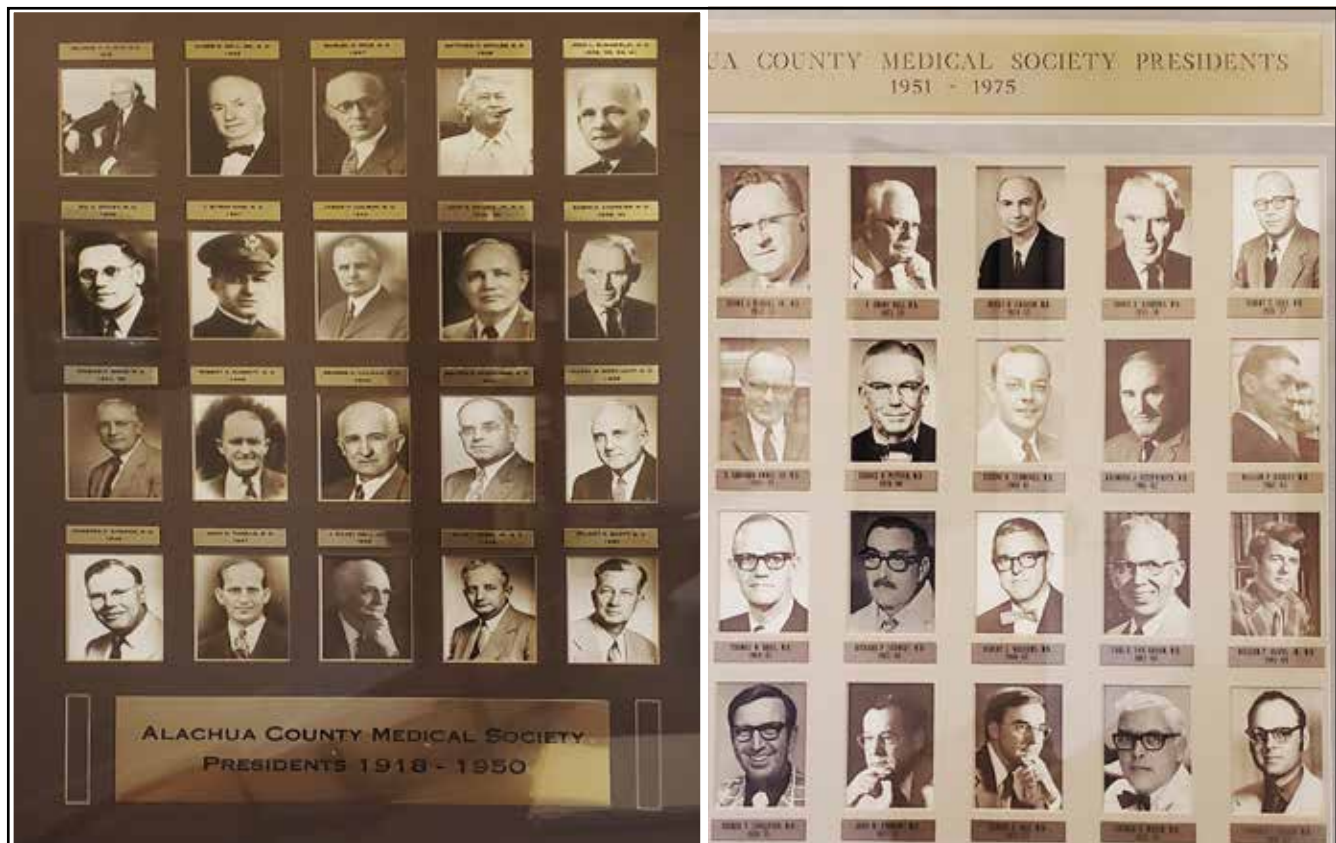


Figure 6: Alachua County Medical Society Presidents from 1918-1950.



Figure 7: Alachua County Medical Society Presidents from 1918 to 2029 (projected).

W. University Avenue (1934) are exhibited. Historical notes and identification of the artifacts are part of the display.

The Future of the Robb House Medical Museum

Last year, an offer was made to purchase the land on which the Robb House currently resides. After requesting an appraisal for the property, the ACMS Board decided to list the property for sale, using the proceeds to establish a new location for the ACMS and set up a future trust to ensure continuity of the organization. A committee was formed, headed by Dr. Mark Barrow, Dr. Joseph Cauthen and Dr. Alice Rhoton-Vlasak, to research the options for relocating the Robb House and to set it up as an independent medical museum, receiving future funding from various sources to support its ongoing operations. The committee has discussed potential locations with Mayor Harvey Ward and the City of Gainesville Staff, and are working towards an agreed-upon destination. Estimates for the move have indicated that the overall expense to relocate the house and contents will be in excess of \$200,000. The ACMS will be kicking off a series of fundraising activities to contribute to this fund and hope that you will join us at some of these

events.

The Robb House Medical Museum documents the history of medicine in Alachua County and one of the first female physicians in the state of Florida. Its history encompasses the Civil War, early pandemics, birth rates and the struggles physicians faced during these years providing health care under primitive, and sometimes extreme, circumstances. We'll be hosting events and tours of the Robb House this spring. Let us know if you'd like to be included on a scheduled tour and we look forward to seeing you at the fundraisers.



The Robb House Medical Museum

Radiation Oncology and Much More: An Interview with Cherylle Hayes, MD



By: Scott Medley, MD



[EDITORS NOTE: I have known Dr. Cherylle Hayes for 28 years. She is known not only as a preeminent Radiation Oncologist, but also as a prominent and active member of the Gainesville Area community. Her philanthropic activities are prolific. She graciously granted us some time for this interview. Scott Medley, MD]

Editor (Dr. Scott Medley): Thank you so much for seeing us today. I know that you must be incredibly busy, even more so lately.

Dr. Hayes: Yes, we are all busy these days. We have two offices, here in Gainesville, and in Lake City. We like to reach out to our more rural patients there. This keeps us very busy!

Editor: You have a very pretty, but unusual first name. I bet it is misspelled a lot. Is there a story behind that?

Dr. Hayes: Yes, I think there was a little mix-up regarding my birth certificate, But I'm kind of a rebel, so I like the unusual spelling of my first name!

Editor: Where were you "born and raised"?

Dr. Hayes: Hollywood, Florida, but we lived in Ft. Lauderdale. That is where I attended NOVA elementary school, middle and high school.

Editor: What about your further education and training?

Dr. Hayes: I'm one of four girls. My father died young, but my mother made sure we all had a good education. I initially started at a small school where I earned a scholarship to Mercer University in Macon, Georgia, and soon realized they didn't have the courses I needed in Health Physics. I therefore continued my education at Medical College of Georgia (MCG) in Augusta, Georgia. This is where I went to medical school after receiving my BS degree. I completed my Internal Medicine Internship and my Residency in Radiation Oncology at MCG.

Editor: My wife, Faye, and I spent one year in Augusta-what seemed like three years. That was my last year

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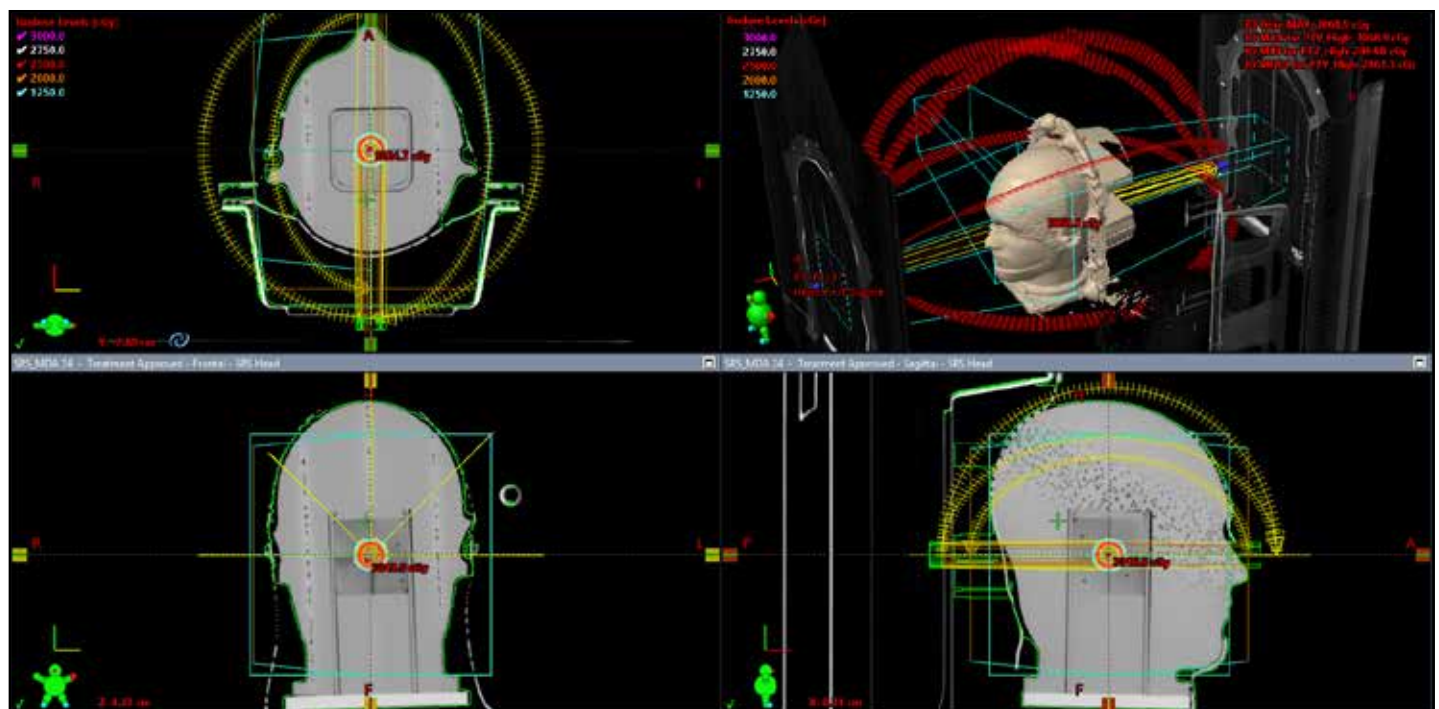


Photo: 1. The brain image- SRS (stereotactic radiotherapy)

serving in the U.S. Army, at the Eisenhower Medical Center at Ft. Gordon

Dr. Hayes: I know it well. Thank you for your service!

Editor: There was not much to do in Augusta, except for one week in the Spring when they had a little event known as The Master's Golf Tournament.

Dr. Hayes: You're correct; I know that event well also. I will say that, as with everything, Augusta has grown and probably offers a bit more socially and with sports.

Editor: What about any further training?

Dr. Hayes: I also completed 6 months of multidisciplinary training in breast cancer and brachytherapy at Emory University in Atlanta with Dr. Karen Godette.

Editor: Gosh, with all that time in Georgia, you're not a Georgia Bulldog fan, are you?

Dr. Hayes: Well, I must be careful because one of my sister's did go to the University of Georgia!! But I'm a Gator Fan through and through.

Editor: Most docs, like me, have education in traditional subjects like biochemistry and microbiology. But you also must have had an education in more unusual subjects such as advanced math and physics.

Dr. Hayes: I developed an interest in Health Physics, which was a newer field many years ago, as well as Nuclear Medicine.

Editor: Do you have a full-time physicist on your team, or do you calculate the radiation doses and duration yourself?

Dr. Hayes: Actually, we have three PhD. Physicists on our team led by Dr. Kate Hisey. They do a great job for us. They help us to ensure safe and effective delivery of radiation to our cancer patients. They also help to improve radiation therapy techniques with new technologies being explored.

Editor: After spending forty years practicing various aspects of Medicine, I feel somewhat acquainted with most specialties, but I must admit that I know almost nothing about Radiation Oncology. Can you tell us a little about your practice?

Dr. Hayes: We are a part of a Multidisciplinary team of specialists who treat many benign and malignant conditions with radiotherapy and who advocate for our patients. We serve on several Tumor Boards—head and neck, breast, lung, etc. We confer with our colleagues in other specialties as to the best way to approach our patients, including clinical trials. We also work with nurse navigators that also help facilitate the connection with the patient and the care teams.

Editor: What diseases and conditions do you mostly treat?

Dr. Hayes: We treat a wide variety of cancers, too many to quote — but more common malignancies include the skin (non-melanomas and melanomas), breast, lungs, prostate, colorectal, gynecologic and many others. We treat many benign conditions too! These include keloids, acoustic neuromas, meningiomas, bone (prevention of heterotopic ossifications, osteoarthritis, etc). We are now delving into a low-dose treatment approach to other benign conditions such as plantar fasciitis, Dupuytren's contracture, and other benign disorders.

Editor: I know that you have a special interest in Human Papilloma Virus (HPV) and the vaccines for same.

Dr. Hayes: Yes, over 80% of us are exposed to HPV and its many strains identified. Did you know there are over 200 known strains! Many types of HPV live on the body and only a small number of types cause problems by changing cells from normal to abnormal. HPV can cause

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Photo 2: Patient treated on the Varian True Beam linear accelerator.

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a variety of malignancies, so educating young people is very important. I am an advocate for HPV vaccines in both male and female pre-teens as this vaccine can protect against HPV-related diseases such as cervical, vaginal, vulvar, penile, anal, and head and neck cancers, as well as benign conditions such as warts.

Editor: What are the major advances in Radiation Oncology you have seen in your long and distinguished career?

Dr. Hayes: Well, over the past 2 decades, Radiation Oncology has seen significant advances that have enhanced treatment efficacy and patient outcomes. Precision techniques such as Stereotactic Body Radiotherapy (SBRT), stereotactic radiosurgery (SRS), image guided radiotherapy (IGRT), intensity modulated radiotherapy (IMRT), and adaptive radiotherapy, all which allow highly-focused radiation doses to tumors while minimizing damage to surrounding tissues. There is also an increase in combining radiation with immunotherapy and targeted therapy, which has shown promise in enhancing treatment responses.

Editor: We have three female close friends in their late seventies who recently have had early breast cancer diagnosed with screening mammograms and cured with surgery and radiation therapy. Sound familiar?

Dr. Hayes: Certainly. There are many success stories! We are seeing more data demonstrating the de-escalation of surgery and cancer treatments including chemotherapy and radiotherapy when cancer diagnoses are made early. We are advocates for various screening studies including mammograms, colonoscopies, various lab work, etc. Every patient should know their individual risk factors, and personal and family history, and be able to discuss a personal screening plan with their provider.

Editor: You are known not only for your exceptional radiation oncology practice, but also for your involvement in the community.

Dr. Hayes: We are community physicians, and I believe in being actively involved in our community, in "giving back." I think we all work so well together in Gainesville. I prefer to do most things "behind the scenes." I have served on many boards but really appreciate getting out into this great community.

Editor: Please tell us about some of your remarkable philanthropic endeavors.

Dr. Hayes: Nothing is done without a team approach – so I would say I try to help where I can. We brought "Lyrics For Life Concert-Gala" to Gainesville - which contributes to various children's cancer charities and research funds as well as helping adults offset their cancer-care costs while receiving treatment. The concert is with Sister Hazel and has featured renowned musical artists such as Darius Rucker, Pat Monahan of Train, Rick Springfield, and others. This year's upcoming event in March, 2026 features John Rzeznik of the Goo Goo Dolls! I am also doing the American Cancer Society (ACS) breast cancer walk with the team formed at North Florida! Our rad onc team has started a foundation "Bridging Compassionate Care". With help from the Bosshardt Charitable Foundation we were able to initiate this program which will help cancer patients with gas cards, etc. It is in its infancy, but has already begun to help people.

Editor: In this same issue of HOUSE CALLS, we are featuring an article on LIFESOUTH COMMUNITY BLOOD CENTERS. Have you worked with them?

Dr. Hayes: Yes, I served on the LIFESOUTH Board when Nancy Eckert was their CEO. They do a great job!

Editor: What would you say is the most rewarding thing about your practice?

Dr. Hayes: That's a great question, Scott. One of the most rewarding aspects is encountering patients who are very frightened because they have just been diagnosed with cancer. We try very hard to carefully explain things to them to give them some comfort and reduce their anxiety. There are several reasons beyond medical treatment - including making a difference, building relationships, and witnessing resilience as patients often inspire those around them with their encouragement and determination, advocacy, etc. I better stop here...there are many more reasons!!!

Editor: Thank you again for your time today. Is there anything else you'd like to add?

Dr. Hayes: I wanted to thank you, Scott, for your time! You have helped ACMS in so many ways!

Editor: Thank you again.

Dr. Hayes: Thank you!

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Sarah Cannon Transplant & Cellular Therapy (TCT) Program at HCA North Florida Hospital

By: Zenia Al-Mansour, MD



[Editor's Note: While reading this informative article, some of you may not know that Sarah Cannon is the real name of "Grand Ole Opry" star comedian, "Minnie Pearl", whom I used to watch on T.V. growing up in Kentucky. After being treated for breast cancer, she lent her name to this organization focused on patient care, cancer research, and patient education. The late Sarah Cannon is buried in Franklin, Tennessee, near her beloved Nashville. HEE HAW !!!

Editor: Scott Medley, MD]

History & Timeline

HCA Healthcare & Sarah Cannon Cancer Network

HCA Healthcare is one of the nation's leading healthcare providers, encompassing 190 hospitals and approximately 2,400 ambulatory sites of care in 20 states and the United Kingdom. In our state, HCA Florida Healthcare is one of the largest healthcare systems, with 650 affiliated sites of care, including hospitals, physician practices, freestanding emergency rooms and urgent care centers.

The oncology program at HCA Florida North Florida Hospital is part of the HCA Healthcare Sarah Cannon Transplant and Cellular Therapy Network, the largest provider of hematological cancer treatment in the United

States. The HCA Healthcare Sarah Cannon Transplant and Cellular Therapy Network offers patients convenient and community-based access to treatments for blood cancer and blood and immune-related disorders, including hematopoietic cell transplantation and cellular therapy. Our network of 10 FACT/JACIE accredited transplant centers across the U.S. and U.K. treats more than 1,600 transplant and cellular therapy patients and 2,000 acute leukemia patient admissions annually. Emphasis is placed on providing high-quality research-based care with the opportunity for patients to enroll in innovative clinical trials through the Sarah Cannon Research Institute.

With the rapidly growing population of North Central Florida—and the increasing incidence of blood cancers with age—alongside the accelerated approval of novel cellular therapies, there was a clear need for a local program offering comprehensive care for hematologic malignancies. This led to the establishment of the Sarah Cannon Transplant and Cellular Therapy Program at HCA Florida North Florida Hospital. We opened our doors to treat the first leukemia patient in November 2024, and started doing hematopoietic cell transplantation and cellular therapy in August 2025.

Advantages of a Local Transplant and Cellular Therapy Program



Ribbon Cutting for the New Outpatient Transplant and Cellular Therapy Clinic



First Auto Transplant Group Photo with Patient

Establishing a local transplant and cellular therapy program offers significant benefits for patients in our community, including:

Access to advanced therapies close to home, allowing patients to remain near their community and support network.

Reduced anxiety and financial burden by minimizing travel-related expenses.

Improved continuity of care, with accessible local follow-up that enhances treatment adherence and potentially improves survival outcomes.

Sarah Cannon Transplant and Cellular Therapy Program at HCA Florida North Florida Hospital

Our multidisciplinary team provides specialized care for patients with complex hematologic disorders—including acute leukemias, multiple myeloma, high-grade lymphomas, and bone marrow failure syndromes—who may require hematopoietic cell transplant or cellular therapy at any stage in their treatment journey.

Our team includes:

Experienced hematologists with advanced training in transplant and cellular therapy

Advanced practice professionals

Hematopathologists

Transplant pharmacists

Oncology nurses and transplant coordinators

Cancer dietitians, social workers, and rehabilitation specialists

Financial analysts and coordinators

Support from multiple medical subspecialties (gastroenterology, neurology, infectious disease, cardiology, intensive care, dermatology, ophthalmology, and others)

Our Services

We provide comprehensive care for adult patients with blood cancers or other conditions requiring hematopoietic cell transplant or cellular therapy, including:

Acute Leukemia Care: AML, high-grade myeloid disorders, ALL, and relapsed/refractory leukemias

Aplastic Anemia & Bone Marrow Failure Syndromes

Multiple Myeloma requiring transplant or cellular therapy

Relapsed/Refractory Lymphomas requiring transplant or CAR-T therapy

Autologous Hematopoietic Cell Transplantation for indications such as multiple myeloma

Allogeneic Hematopoietic Cell Transplantation for high-risk acute leukemias, myeloid malignancies, and

marrow failure

Chimeric Antigen Receptor T-cell Therapy (CAR-T) for all FDA-approved hematologic indications

Bispecific T-cell Engager (BiTE) Therapy for hematologic and select solid tumors, in collaboration with community oncology practices

Access to Clinical Trials through the Sarah Cannon Research Institute, offering a rich portfolio of investigational transplant and cellular therapy agents, expected to start in the Spring of 2026.

Our Facilities

Inpatient TCT Unit

Located on the fifth floor of the South Tower at HCA Florida North Florida Hospital, our state-of-the-art 28-bed inpatient unit provides compassionate, individualized and advanced care to immunocompromised patients undergoing treatment.

Outpatient Clinic, Infusion and Apheresis Services

Our TCT outpatient services are offered at two locations:

TCT Outpatient Clinic: For consultations and follow-up visits, located in the **Medical Arts Building, 6400 W Newberry Rd, Suite 205, Gainesville, FL 32607.**



First Auto Transplant Patient Receiving Treatment.

Outpatient Treatment Area: Provides chemotherapy, blood and fluid infusions, and apheresis (cell collection) for transplant and cellular therapy patients, located in the North Tower of the hospital.

The Future of Oncology & Cellular Therapy

The future of oncology is increasingly driven by **precision medicine, immunotherapy, and cellular therapy**—innovative approaches that leverage the immune system to recognize and eliminate cancer. Treatments like immune checkpoint inhibitors, bispecific T-cell engagers (BiTEs) and CAR-T cellular therapy have already reshaped cancer care, shifting from broad cytotoxic methods to targeted immune modulation.

Next-generation cellular therapies, such as CAR-T and TCR-engineered T cells, are being adapted for solid tumors through advanced engineering that improves persistence and tumor targeting. New frontiers include off-the-shelf allogeneic products, combination immunotherapies, and personalized neoantigen vaccines, all designed to increase accessibility and effectiveness. The integration of AI and molecular profiling will further refine patient selection and treatment response prediction—paving the way for personalized, durable, and potentially curative cancer therapies.

Beyond oncology, cellular therapy is emerging as a transformative approach for autoimmune diseases, aiming to restore immune balance rather than suppress it. Modalities such as autologous hematopoietic stem cell transplantation, mesenchymal stem cell infusions, and CAR-T therapy are showing promise in reprogramming immune responses and inducing long-term remission in conditions like lupus, systemic sclerosis and multiple sclerosis, offering hope for a healthier and more functional future for these patients. As clinical research advances, these therapies hold the potential to redefine disease management—offering not only symptom control but true immune restoration and potential cures.

The vision of the Sarah Cannon Transplant and Cellular Therapy Program at HCA Florida North Florida Hospital is to bring this full spectrum of treatments, including those for autoimmune diseases—both commercial and investigational—to our community by 2026, continuing to expand access to lifesaving, innovative care.

Hematology and Medical Oncology



An Interview with Andy Bhatia, MD

By: Scott Medley, MD



[EDITOR'S NOTE: I have known Dr. Andy Bhatia for over 30 years. He is my Hematologist, providing excellent care for my Hereditary Hemochromatosis (HH), and he is my friend. Andy practices with Florida Cancer Specialists in Gainesville, a group of 5 physicians and 8 APRNs and PAs near HCA North Florida Hospital. He was gracious to sit down with us for this interview.]

Editor (Dr. Scott Medley): Thank you for taking time from your busy schedule to visit with us today.

Dr. Bhatia: I'm very happy to be able to help.

Editor: Let's start at the beginning. Where were you "born and raised"?

Dr. Bhatia: I was born in San Juan, Puerto Rico, and lived there through High School.

Editor: Please tell us about your education and training.

Dr. Bhatia: College at UMass—Amherst. Medical School in Bayamon, Puerto Rico. Total of 6 years at the Cleveland Clinic in Cleveland, Ohio, where I completed my Internal Medicine Residency and my Heme/Onc Fellowship, finishing in 1993.

Editor: How did you enjoy living in Cleveland?

Dr. Bhatia: My training was excellent, but it was very cold on the shores of Lake Erie, especially for a Native Puerto Rican.

Editor: I understand from our mutual good friend, Dr. Bruce Stechmiller, that you had an interesting way of choosing Gainesville.

Dr. Bhatia: Yes, we were both attending a Review Course for our Boards in Boston. Bruce had pinned a 3x5 card on a bulletin board there, advertising an opening in his practice in Gainesville. Florida sounded pretty good to me after those cold winters in Cleveland. So I contacted Bruce and told him that I might be interested in joining his practice. I flew to Gainesville and he took me to

lunch at Sonny's Barbecue. Then he set up a dinner here for me with 2 Puerto Rican physicians and their spouses. I guess they helped recruit me. That was 32 years ago and I'm still here!

Editor: Are the majority of your patients Hematology or Oncology patients?

Dr. Bhatia: They are probably about equal if you just count the number of daily visits. Of course, the Oncology patients require more time.

Editor: What are the most common types of Hematology patients you see?

Dr. Bhatia: By far the most are various types of anemias. Also thrombocytopenia and polycythemia.

Editor: What about my problem—Hereditary Hemochromatosis?

Dr. Bhatia: Fortunately, it is not that common.

Editor: Are you saying that I'm a "rare bird"?

Continued on Page 17



Andy Bhatia, MD.

Continued from Page 16

Dr. Bhatia: (laughing) Yes, in more ways than one!

Editor: What about the most common Oncology problems you see?

Dr. Bhatia: We see lots of cancers of the breast, colon, and lungs. Lung cancer patients don't do well. Of course, we see lots of men with prostate cancer. These patients were formerly followed mostly by Urologists for androgen deprivation therapy, but now we see many of them for chemotherapy.

Editor: I understand that breast cancer is the most common cancer in females and it is now generally curable if discovered early enough.

Dr. Bhatia: Yes, the cure rate for breast cancer has improved remarkably, mostly due to early detection with women doing more self- breast exams and having annual screening mammograms.

Editor: Do you use the frozen "cold cap" to attempt to avoid hair loss in your breast cancer patients during their chemotherapy treatments?

Dr. Bhatia: Yes! This has been a great advancement. The patient's scalp must be kept frozen throughout the chemo treatment. To accomplish this, the patients and their families formerly had to bring in "dry ice" to the treatments. Now we have a machine that keeps the cap frozen.

Editor: I know that you have a large phlebotomy and infusion center in your offices here. Can you tell us about that?

Dr. Bhatia: Yes, we have about 60 chairs in our center. The infusions are mostly iron. We give all kinds of intravenous chemotherapy for various cancers. We used to perform lots of phlebotomies on HH patients like yourself, but now, thankfully, many of those patients are donating blood at Blood Centers.
[Editor's note: See Editorial about LIFESOUTH in this issue of House Calls.]

Editor: I assume that you have seen some tremendous advances in the diagnosis and treatment of certain cancers during your career?

Dr. Bhatia: Yes! For example, Chronic Myelogenous Leukemia formerly had an average survival time of 3 or 4 years from the time of diagnosis. The average

survival rate is normal now. The average survival time for Multiple Myeloma has improved from about 3 years to an almost normal survival time now.

Editor: Do you see many hospitalized patients in your practice?

Dr. Bhatia: Yes, we see many hospitalized patients in consultation as well as providing care for our own patients when they are in the hospital.

Editor: About how often are you "on call" now? What is that usually like for you?

Dr. Bhatia: We are each "making rounds" and are "on call" for the Hospital about one week per month. We usually see about 4 or 5 "consults" per day. The "hospitalists" admit most of the patients at night, so we rarely must come to the hospital at night now.

Editor: I imagine that you are a strong advocate of Cancer Screening—mammograms, colonoscopies, etc.

Dr. Bhatia: Absolutely. If all patients would follow the various cancer screening guidelines, we would see far fewer patients with advanced cancers, which would be wonderful!

Editor: Elsewhere in this issue of House Calls, we are featuring LIFESOUTH Community Blood Centers. Do you interact much with them?

Dr. Bhatia: Yes, and they do a great service over a wide area.

Editor: Thank you very much for spending time with us today. Is there anything else you would like to add?

Dr. Bhatia: I'm really enjoying my practice here. I hope to continue for another several years and then perhaps practice "part-time".



HAPPENING

ACMS

2025 Florida Medical Association
Annual Meeting in Orlando Florida



L to R ACMS Delegates: Jade Walter, DO; Carolyn Holland, MD; Angeli Akey, MD; Althea Tyndall-Smith, MD, ACMS Vice President; Brittany Bruggeman, MD, ACMS President; Karen Harris, MD; Voke Chuba, MD; Joseph Thornton, MD; F.B. Cannon, MD; Petra Townsend, MD; Thomas Benton, MD; and Shyam Sabat, MD.



L to R: Watson Ducatel, DO; Christopher Bray, MD; and Richard Wyderski, MD.



Congratulations to Angeli Akey, MD, receiving the FMA Certificate of Appreciation from Lisa Cosgrove, MD FMA Past President.



Karen Harris, MD Delegate at the FMA Meeting representing American College of Obstetricians & Gynecologists (ACOG).



Brittany Bruggeman, MD, ACMS President, with Thanks to our Sponsors UF Health and Dr. Connect.



Speaker Azra Bihorac, MD, presenting on "From Bedside to Bytes: Digital Twins for Precision Health."



ACMS President Brittany Bruggeman, MD, welcoming the sponsors, speaker and guests.



The ACMS would like to thank our generous Platinum Sponsor James Moore & Company!
L to R - Julie Kniseley; Jay Hutto, CPA; Speaker Azra Bihorac, MD; Stacy Dreher; and Rebeca Denahan.



Cynthia Cromer, MD; and Jeff Cromer.



Siddharth Thakur, PhD; and Jyoti Budania, MD.



Juan Merayo, MD; and Forrest Clore, MD.

HAPPENINGS

ACMS

ACMS September 2025 CME Meeting &
Whiskey Tasting Around the World Social
UF Professional Park, September 25, 2025



Thank you to our Generous Gold Sponsor Bank of America!
L to R: Roger Morales; Graham Hawkins; Donna Anthony; Jordan Benner and David Hulse.



Noelle Lucke-Wold, NP; and Brandon
Lucke-Wold, MD.



Christopher Bray, MD



Cathy Boon, MD; and Blanca
Millsaps.



L to R: Rogers Bartley, MD; Caroline Rains, MD; and Michael Dillon, MD.

HAPPEN

ACMS

ACMS September 2025 CME Meeting & Whiskey Tasting Around the World Social
UF Professional Park, September 25, 2025



Thank you to our generous Gold Sponsor UF Health.
 L to R - James Andrisin; Rhonda Tompkins; Karina Quinn; and Erika Griffith.



L to R: Erin Black, MD; Lauren McDonald, MD; and Rebeca Denahan.



Thank you to our generous Silver Sponsor The Good Pour and to Paul Dickhaus for a fantastic tour of whiskey from around the world.



Thank you to our Generous Silver sponsor MagMutual and Staige Hoffman.



Joseph Thornton, MD; and Cynthia Cromer, MD

HAPPENINGS

ACMS

Haven Hospice Care Center
Celebrating and Remembering Colleagues
October 21, 2025



L to R: Ann Grooms, MD; Justine Vaughn, MD; Perry Foote, MD; Judy Lukowski; and Steven Reid, MD.



L to R: Casey Jones, MD; Evelyn Jones, MD; and Scott Medley, MD who hosted the event for the seventh year.



Scott Medley, MD; and Faye Medley.



Bruce Stechmiller, MD; and Rick Tarrant, MD.



Cherise Bartley and Rogers Bartley, MD



Mark Barrow, MD; and Rudy Gertner, MD.



Norman Levy, MD, PhD; and Roslyn Levy.

In Memoriam

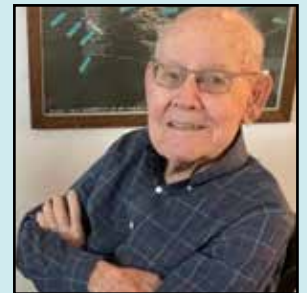
Ian Driscoll, MD - (1979 - 2025)

Dr. Driscoll passed away in March 29, 2025. Dr. Driscoll graduated from the University of Florida in 2006, a military veteran, an educator and an expert physician, Driscoll passed away after a battle with cancer, leaving deep marks among those who knew him personally and professionally. An associate professor in the Department of Surgery, the Department of Anesthesiology and the director of the University of Florida Health Shands Burn Center until his death. He is survived by his wife, Jodi Lanier Driscoll and daughter, Bridget Driscoll.



John W. Andrews, MD - (1929 - 2025)

Dr. Andrews passed away on July 13, 2025. Born on May 7, 1929, in Cedar Key, Florida, Dr. Andrews lived a life marked by compassion, service, and unwavering dedication to the wellbeing of others. His academic journey through the University of Florida and Emory University, culminated in a Medical Degree and board certification in Internal Medicine and Cardiology. Dr. Andrews served two years in the Air Force as a base physician in Lubbock, TX. He was instrumental in the founding of NFRMC in 1971. He served in leadership roles at UF Health Shands Hospital as a Chief Resident, NFRMC first Chief of Staff and as president of the Alachua County Medical Society. He is survived by his wife Joanne, daughters: Jennie Bryan, Debbie Warden, Vivian Graham and one granddaughter.



David Thompson, MD - (1947 - 2025)

Dr. Thompson passed away on September 26, 2025. Born in England and growing up in New Zealand. Dr. Thompson received his Medical Degree at the University of Otago in New Zealand. Dr. Thompson completed his Medical internship from St Lukes University and his residency in Family Medicine at St Margarets. While living and practicing in Archbold, Ohio he delivered more than 1,000 babies. Dr. Thompson and his family relocated to Gainesville, FL in 1998 where he continued to care for patients practicing family medicine at HCA. Dr. Thompson is survived by his wife Cynthia, his three daughters and nine grandchildren.



Darren W. Postoak, MD - (1963 - 2025)

Dr. Postoak of Gainesville, FL, passed away on November 2, 2025, following a sudden stroke. Dr. Postoak was born in Lawrence, Kansas. He graduated from the University of Michigan Medical School, specializing in Diagnostic, Vascular and Interventional Radiology. He was an attending physician at Louisiana State University, University of Texas, and at the University of Florida. He is survived by his wife Jennifer Kay and his children. In lieu of flowers contributions can be made to UF Medical Guild, Inc., P.O. Box 142246, Gainesville, FL 32614 or online at https://com-medical-guild-2.sites.medinfo.ufl.edu/?page_id=10558&preview=true The UF Medical Guild endows scholarships for medical students, funds special projects at UF Health and other community health organizations in Alachua County, Florida, and provides financial support to patients and their families who lack resources for immediate needs that arise while patients are treated in the hospital.



LIFESOUTH COMMUNITY BLOOD CENTERS

Saving Lives Every Day Across Three States



By: Scott Medley, MD and Kim Kinsell, JD

THE BIG PICTURE

Although I have been donating blood for many years at LIFESOUTH Community Blood Centers (much more about that later!), until I was doing research for this Editorial, I was unaware of the number and scope of the life-saving services it provides. LIFESOUTH prides itself on being the “non-profit community blood centers where the blood supply collected from donors directly services the needs of patients in their communities.” They proudly state that “COMMUNITY IS OUR MIDDLE NAME.” Locally, LIFESOUTH has 2 centers in Gainesville, and centers in Jonesville, Chiefland, and Alachua. And it is the official blood provider to all Gainesville hospitals. But it is also one of the largest community-based blood banks in the Southeastern United States-- supplying more than 150 hospitals in Florida, Georgia, and Alabama. It has over 1,000 employees, 54 donation centers, and 68 bloodmobiles. Bloodmobiles, reaching out to all areas of communities, account for about 60 % of blood donations to LIFESOUTH. Blood and blood products are carried to some of the more distant centers by the LIFESOUTH courier airplane, which flies every night.

MY STORY

I was diagnosed with Hereditary Hemochromatosis (HH) in the year 2000. (What a way to ring in the new Millennium!) HH is an inherited disease where one's body absorbs too much iron, raising the blood iron level (ferritin) to dangerous levels which can damage the heart, liver, and other organs. Fortunately, at the time of my diagnosis, I had not, and still have not, suffered any organ damage. But my blood ferritin level was dangerously high. The only definitive treatment for HH is frequent phlebotomies (removing blood from the body), removing about 500 cc with each treatment. From my diagnosis in 2000 until 2014 I underwent about 64 phlebotomies, removing, and at that time, discarding, a total of about 8.4 gallons of blood! Much to my dismay, all of my iron-rich, healthy blood was discarded in front of my eyes at my physician's office. At that time, HH blood was considered perhaps somehow “tainted” and it was felt that only “altruistic”

donors should be accepted, not “therapeutic” donors like me. Then, in 2014, following new guidelines from the National Institute of Health (NIH) and others, I partnered with the then CEO, Nancy Eckert, and excellent LIFESOUTH leadership team to allow “HH blood” to be used for donations. I was proud to be the first HH donor at LIFESOUTH. Since that time, I have undergone 32 donations at LIFESOUTH for a total of 4.2 gallons! So now I am a proud LIFESOUTH multi-GALLONEER donor!

LIFESOUTH estimates that they now have about 14,000 therapeutic donors and that about 10% of them are HH donors. If 1400 HH donors give blood at their usual rate of 3 to 4 times a year – that adds up to about 5,000 to 6,000 more units of blood coming into the system every year!

THE DONATION PROCESS

I actually have come to enjoy the donation process. I answer all the questions on the registration form tablet (I have learned to bring my own stylus). There are many questions about one's medical history and, as required by the FDA, whether the prospective donor has practiced high-risk activities for diseases such as HIV, hepatitis, and other conditions that are harmful to the community blood supply. A “mini-physical” is done, including blood pressure, pulse, temperature, and hemoglobin to be sure one is healthy enough to give blood. The results of these tests are given to the donor immediately. The phlebotomists are skilled, professional and cheerful. The actual donation time is usually less than 10 minutes. About 500 cc of blood is removed, plus a few vials of blood are drawn for other tests. The donor is later given the levels of their blood cholesterol and other tests such as Hgb A1C, a measure of possible diabetes. As many as 80% of people with prediabetes or early diabetes do not know that they have it. According to LIFESOUTH President and CEO (and daughter of Nancy Eckert) Kim Kinsell, “A1C is an important part of our services to our patients. We have uncovered many cases of prediabetes and diabetes. If a donor's A1C is out of range, we advise them to see their provider for further evaluation.”

Continued on Page 25

The fun part of the donation process is being given a drink (orange Gatorade for me) to maintain hydration. Then come the snacks of your choice (for me – yummy cookies which I don't ordinarily eat!). And finally, one gets a free LIFESOUTH donor tee shirt! (I must have about 25 of them!). Some of my colorful tee shirts have snappy phrases printed on them like "Always give 100%-UNLESS you're giving blood" or "Blood is like a parachute-If it's not there when you need it – chances are you'll never need it!"

TYPES OF DONATIONS

Most donors, like me, donate whole blood. But LIFESOUTH offers many other types of blood donations. APHERESIS is a medical procedure where donating blood goes through a machine which, through centrifugation, (seems like magic to me) separates and removes specific components from the blood like red blood cells, white blood cells, platelets, and plasma, while returning the remaining components back to the patient. Platelet transfusions are important in the treatment of cancer patients and help trauma patients by preventing blood loss.

Patients can even "donate blood to themselves" through AUTOLOGOUS donations, where the patients donate their blood, and it is later transfused back to them before surgery, or for other reasons.

CORD BLOOD

Even newborn babies can provide blood donations through the LIFESOUTH CORD BLOOD BANK. Cord blood is the blood remaining in the umbilical cord and placenta after a baby is born. It is rich in stem cells that generate new blood cells. After birth, blood is collected from the umbilical cord and placenta – no blood is taken from the newborn baby and only a small sample will be taken from the mother for testing. Cord blood can be used to cure patients with blood cancer and other life-threatening diseases like sickle cell disease and aplastic anemia.

Donated cord blood that meets testing criteria will be listed on the "Be The Match Registry", the world's largest donor registry, and stored until matched to a patient in need. There is no cost to the patient. More than 80 diseases can be treated with cord blood. Patients are more likely to find a cord blood match than a bone marrow match. Unfortunately, less than 1% of cord blood is donated for transplant. Therefore, most of it is simply discarded.

LIFESOUTH RESEARCH INSTITUTE

According to Kim Kinsell, "Many willing donors are unable to give blood for transfusion due to previous deferrals, health and travel histories, medications and more. The LIFESOUTH Research Institute (LSRI) was created to allow these donors and all donors to save lives by participating in medical research focused on discovering lifesaving treatments for patients with cancer, autoimmune disorders and other chronic diseases rather than direct patient transfusion."

Kim goes on to say, "In 2024, the LIFESOUTH Research Institute began collecting leukopaks or mononuclear cells. These white blood cells and other blood components are donated via a process called leukapheresis, which is similar to a typical platelet donation. Some donors are contributing to specific disease research, as we collect from donors diagnosed with autoimmune disorders such as lupus, rheumatoid arthritis and Crohn's disease. These products are sent to researchers affiliated with our academic and research hospital partners."

IN SUMMARY

I asked Kim Kinsell how they manage such a huge undertaking. She states, "This is more than a job, it is a labor of love for all of us. We are all passionate about what we do. Our dedicated employees are our best asset." The wonderful professionals at LIFESOUTH provide amazing life-saving blood and blood products to a huge number of people in a very wide service area. They pride themselves on being non-profit and community-based. They absolutely deserve our unwavering support and gratitude. Finally, PLEASE GIVE BLOOD!



L to R: LIFESOUTH President and CEO Kim Kinsell with Scott Medley, MD, sitting in a 'donor chair', wearing one of his many LIFESOUTH donor T-shirts. Photo by: Brite Whitaker.

LIFESOUTH

Community Blood Centers



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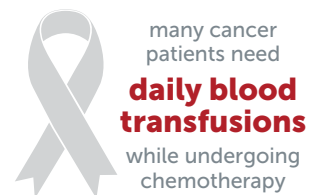
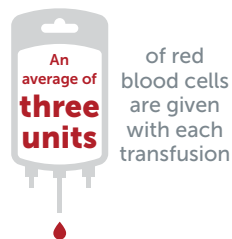
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