



PRESIDENT'S MESSAGE

Be Part of the Solution Today

by Steven W. Neeley, M.D., President

As my term as president of the Pennsylvania Society of Anesthesiologists winds down, I have started to reflect on the many issues facing our profession and where we are heading in the future.

First, let me say our society has chosen Joe Talarico to follow me as President. I feel he is more capable than I. We have begun an ambitious grassroots program wherein we hope to activate and invigorate our membership. We continue to monitor scope of practice, educational, and reimbursement issues.

Your PSA Board of Directors are attempting to contact each of you in an effort to let you know what is going on legislatively and to get your feedback on our proposed course of action. When you are called, please don't dodge our call and when a message is left, please don't ignore it. It is of vital importance for all of us to be involved in the political process, especially with such sweeping changes lurking in the future, and with the ever increasing pressure

being applied by nursing to practice as physicians.

We need our voice of patient safety, education, and research to be heard. It is easy to sit back and smugly know we are right on safety issues and assume what we think is reasonable and will always prevail.

I hope that our being that naïve has left us in the wake of all the recent legislative and regulatory pushes against physicians. We are asking each of our members to give an additional \$100 to our Political Action Committee (Z-PAC). Without contributions, it is difficult to have our voice effectively heard.

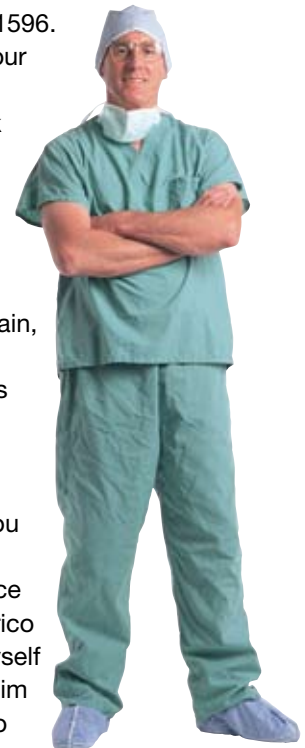
To those who are involved, I truly give a heartfelt thanks and ask you to get your partners committed to helping our society. Individually, we don't have much voice, but together we are a force. Nationally, the ASA and its PAC are well known and very organized. Let's take the challenge to make PSA just as effective or maybe even more so.

We have the best lobbyist in John Milliron and Associates, so

let him be effective by volunteering to be a key contact with your legislator and donating to Z-PAC. Let's all be part of the solution to these politically oriented problems in front of us.

We have a very dedicated and hard working board of directors, but we can always use more help. If you are interested in serving on committees or the board, please contact the PSA office at (717) 558-7750, ext. 1596. We need and want your help.

I can never thank those of you who choose to be involved enough, but I can continue to ask for more members to become involved. Again, please answer our calls for your opinions and help. We know this election season will be crucial, so no matter which party you represent, let's make sure anesthesia's voice is heard. As Joe Talarico steps in, I commit myself 100 percent to help him and ask that we all do the same. *Thank you.*



Fall 2010



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PENNSYLVANIA
society of
ANESTHESIOLOGISTS

Sentinel

Pennsylvania Society of
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Editor

Paul J. Schaner, M.D.

President

Steven W. Neeley, M.D.

Association Director

Susie Wilson

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PSA Newsletter
777 East Park Drive,
P.O. Box 8820
Harrisburg, PA 17105-8820
717/558-7750 ext. 1596
www.psan.es.org

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Last Minute Push by Rendell Administration to Eliminate Supervision

by John P. Milliron, Esq., PSA Legislative Counsel

In late July, the executive director of the House Professional Licensure Committee sent an e-mail informing me that the Department of Health and Department of State had been “working with PANA,” the Pennsylvania Association of Nurse Anesthetists, and had come up with compromise language for House Bill 1866. The executive director sent me the language and requested that I share it with the PSA leadership and agree to meet with all parties later in the summer – representatives of PSA, PANA, State and Health.

We have always agreed to discuss patient safety issues with PANA and the legislature, so this time was no different and we agreed to meet. The PSA’s Executive Committee reviewed the “compromise language” from PANA and was very disappointed. It was not a compromise

but a further push to establish independent practice for CRNAs. The language was similar to what PANA has been proposing for the last 15 years.

Doctors Steve Neeley (PSA President) and Joe Talarico (PSA Insurance and Legislative Committee Chairman) responded to the new language. They stated: “in short, the proposed amendments do not enhance or even maintain the quality of anesthesia care or patient safety in this critical area ... We are willing to discuss statutory recognition for CRNAs. However, we will not compromise on patient safety and the quality delivery of anesthesia to patients in the Commonwealth.”

Several factors were involved in the decision to meet with the interested parties. First, we always will meet with the Department of Health on any issue dealing with the delivery of anesthesia. The



Department of Health has had the wisdom for the last 30 years to insist on physician supervision in its health care facilities regulations, and we feel an ongoing dialogue will only reinforce this current mandate.

We are not quite sure why the Department of State, through its oversight of the Board of Nursing,

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RESIDENT'S COLUMN

If You're Not at the Table, You're on the Menu: The Importance of Resident Involvement

by Ryan D. Ball, M.D., Resident Component President

This past April, I attended the Annual ASA Legislative Conference in Washington, D.C., and was quite surprised with what I found. Since this was our first legislative conference, my colleagues and I went to the meeting with open minds. We listened to those who were discussing topics of interest to us.

Amid the conferences, meet and greets, visits to Capitol Hill, and lobbying our state senators,

we began to notice something that not every anesthesiology resident knows, but should: there is an entire army of people, physicians and others, fighting to ensure our future as anesthesiologists.

While eye opening and reassuring, the only disturbing part of our entire trip was the lack of resident presence and relatively little involvement that residents had during the week. It was certainly not for lack of effort on

the part of the ASA. Nearly every chance they had, there was some time taken during the events to specifically welcome and thank the residents in attendance for their commitment and presence. More than once, these announcements were met with rousing applause, pats on the back and warm handshakes from practicing anesthesiologists I had never seen before.

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Sunshine and

Anesthesia with One Hand Tied Behind Your Back: Sunshine and Fospropofol

by Joseph F. Answine, M.D.



First of all, I have to declare that I am a speaker for Lusedra® (Fospropofol). The fact that I am a speaker is nowhere near as interesting as how I became one.

A few years back, fospropofol received a lot of press when MGI Pharma attempted to have it (under the trade name Aguavan®) approved by the FDA without the same use restrictions that propofol has being that it is labeled as an “anesthesia” drug that can be handled only by those individuals with the appropriate skills in airway management. Its goal at the time was to have an unrestricted sedative for procedural sedation that can be administered by non-anesthesia providers under the direction of the proceduralists.

For that reason, all the original studies were performed by non-anesthesia providers and the dosages were minimalized to avoid almost all respiratory and cardiovascular adverse events. The FDA, however, appropriately approved fospropofol in 2008 with the restriction that it be handled only by anesthesia providers. MGI Pharma was eventually purchased by Eisai, Inc., and fospropofol (and its labeling) became the property of Eisai, Inc.

Eisai, Inc., now had a sedative/hypnotic anesthetic and began to market it as such. Here is where the company’s hands got tied behind its back. Fospropofol (now with the trade name Lusedra®) was ready in late 2009 to be placed in the carts as well as the hands of anesthesia providers throughout the United States. Along with the drug came the package insert loaded with all the information based on the studies performed by individuals without any anesthesia background describing dosages that were, in general, “ineffective” for the type of “anesthesia-depth” sedation we are comfortable providing.

Regardless and without being privy to the above information, I went to one of the nurse supervisors at our ASC in January of this year and asked if we could obtain some fospropofol to trial. Twenty-four hours later, I had the clear solution in my hands. I read the package insert, gave the recom-

mended dosage, and in about 10 minutes I had a perfect level of sedation to clip fingernails.

As would any good anesthesiologist, I played with the dosages and the level of sedation, and onset improved. I then called Eisai, Inc., and asked to talk with a representative. In a short period of time, I was on the phone with an individual with knowledge about the drug’s pharmacology. I informed her that while it was a good product, the dosing guidelines provided for inadequate levels of sedation.

She said “I know.” However, when I asked what dosages they (Eisai) had found to be more appropriate, I was told that we could not have a discussion outside of the package insert. That is the same package insert that was filled with relatively unhelpful information. I also learned that with my minimal experience with fospropofol, I was a relative expert because there were very few individuals with even the slightest experience with it.

As I gathered more experience, I was asked to be a speaker for the company and the drug. Why? Because only a speaker with actual clinical experience can discuss “off label” uses. However, this information can be passed on only during direct questioning. The slide presentation can only be those slides prepared by the company and found acceptable by the FDA. Any variation during the slide

d Fospropofol

presentation in a manner that can be construed as being over and above that which is based on studies found acceptable by the FDA can lead to significant fines/penalties/30 lashes/caning/etc.

I was told that even a reference to milk on my cereal would be considered inappropriate since propofol is white and no direct studies have been performed comparing the two drugs. I met with lawyers and company product managers, and I finally told them that I didn't feel as if I could be helpful.

However, I quickly learned that without speakers, everyone will continue to be dosing fospropofol for hangnail removals. I eventually went home and told my wife that I was going to become a "drug" speaker and that I believed in fospropofol's potential benefits to my patients. Her response: "You better because the rest of the world will look at you as someone who has sold his soul to the devil."

She proceeded to show me article after article on websites and in newspapers condemning such activities. The spin is that our pockets are being greased by these big pharmaceutical companies swaying our decision making to the detriment of the poor unsuspecting public. An appetizer, a nice cut of meat, a glass of wine and a smile from a well-groomed pharmaceutical rep will blind us to the fact that the "snake oil" that they are peddling will be of no benefit to our patients.

This public opinion "attack" has led many institutions and departments to prohibit its physicians from becoming part of speaker's bureaus, solely because

of the negative opinion that it may bring upon the individual, which will then fall upon the department and eventually the institution as a whole. Ironically, these, for the most part, are the larger academic institutions that are jam packed with those physicians who are considered the "thought leaders" of our field.

The fear runs through the pharmaceutical industry as well. I recently sent an e-mail to a provider giving an overview of fospropofol based on my thoughts and findings, and I carbon copied the representative covering that particular area. Within an hour, I received a frantic e-mail from the young rep pleading with me never to include him in any e-mail correspondences for fear of losing his job since I was discussing "off label" uses. He stated that he didn't read it and immediately deleted it from his in-box. I responded that it was loaded with cool information, and I hoped that he read it before he didn't read it and deleted it.

Now it is becoming clearer. The FDA limits our ability to extract information outside of what is available in the package insert, even if that information is not sufficient to allow us to deliver the medication in an effective and safe manner. Furthermore, the only pathway that can allow this necessary information to be passed along is shrouded in a veil of corruption and deceit—at least in the eyes of the public.

But the government couldn't trust us as physicians to control such a despicable practice, so they introduced "The Physician Payment Sunshine Act," which is now law as part of the health care overhaul bill rammed through Con-

gress this year. This law requires that pharmaceutical companies and makers of medical devices report virtually all payments to physicians or teaching hospitals.

These companies must disclose individual payments or goods or services with a value of \$10 (yes, \$10) or more and cumulative payments or gifts exceeding \$100, including travel, meals, consulting fees, honoraria, research funding and royalties. Research funding? Since money isn't flying out of government agencies to fund research and now it is frowned upon to receive money from the pharmaceutical industry for such important activities, the future is dim for the advancement of health care.

The "Sunshine Act" doesn't mandate the "bringing to the light of day" those individuals and institutions partaking in such nefarious activities until 2013. However, many companies, such as Merck, Eli Lilly and Pfizer—all of which have felt the wrath of the FDA—have started voluntarily reporting already.

I guess I can see the government's concern with the free trips to the Super Bowl, expensive dinners, junkets to Vegas, etc. Oh, wait. Those were treats from the lobbyists and the businesses to the legislators, not the doctors if I remember correctly. By the way, didn't Maxine Waters and Charlie Rangel vote for the Health Care Overhaul/Physician Sunshine Law? How does the Bible passage go? "Let he who is without sin cast the first stone."





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Enhancing Member Services

by Donald E. Martin, M.D.

One of the primary emphases the American Society of Anesthesiologists (ASA) for the next two years will be enhancing services and increasing the value of membership on both the national and state level. ASA is looking at new models for the relationship with state components societies, including the Pennsylvania Society of Anesthesiologists (PSA).

PSA may expect more administrative support, and merging of administrative services, to improve efficiency, save money, and to provide unified electronic membership services immediately available to members. At the same time, PSA will expect to provide enhanced member value on the state level.

The types of services that ASA will emphasize on a national level include an emphasis on improving advocacy for our medical specialty, the single service on which most members place the highest value. Particularly in this climate of increasing government regulation and increasing government responsibility for physician payment, our specialty needs an exceptional advocacy effort to meet ASA's mission of "advancing the practice and securing the future" of the medical specialty of anesthesiology.

Effective advocacy efforts must take place both at the state and the federal levels. Some of the major efforts to advance our specialty at the federal level currently include (1) building alliances with surgeons and other specialty physician groups, (2) mounting an effective response to recent "pseudo science" regarding the equivalence of nurse anesthetists and physician anesthesiologists published in national journals and (3) taking the offensive with

publications and press coverage of major patient safety, quality, and cost containment initiatives spearheaded by anesthesiologists across the country.

Along with advocacy, the ASA is providing additional value to its members with an expanding educational, training, and simulation portfolio, based on the SEE, and the ACE programs, to meet all of the requirements in Maintenance of Certification in Anesthesia (MOCA). Additional educational opportunities will be available in practice management.

One of the fastest growing segments of the physician community, and of our specialty in particular, is physicians who are either employed or are members of very large groups. ASA is in the midst of a special planning effort dedicated to meeting the needs of these anesthesiologists and providing them services that are not normally provided by their practice group.

Indirect member benefits include the practice parameters, standards, advisories, and guidelines published by ASA, both as guidance for its members and as information for non-anesthesiologists. This enhances our status as a medical specialty. The following practice guidelines have been updated during the last year, and will be approved at the October annual meeting:

- The practice guidelines for preoperative fasting and the use of pharmacologic agents to reduce the risk of pulmonary aspiration: application to healthy patients undergoing elective procedures.
- The practice advisory for the perioperative management of patients with cardiac implantable electronic devices:

Anesthesia Quality Initiative (AQI)

The Anesthesia Quality Initiative, which will permit ASA to take the lead in managing quality assurance efforts within our specialty and for our own members, has been in operation for almost one year. It is now staffed by Executive Director Dr. Richard Dutton along with four analysts and administrative staff.

The AQI currently has as collaborators 10 academic anesthesia departments, three subspecialty societies, as well as federal agencies. The National Anesthesia Clinical Outcomes Registry (NACOR) started in February 2010, with the first interim report produced in May.

The AQI is accepting data in electronic format from all anesthesia practices across the country, including large and small groups and academic and private institutions. The data can include billing, quality management, AIMS and hospital EHR data.

Currently, 32 practices have data sharing agreements with AQI and the number is growing. Any practice sharing data will receive reports of its own quality indicators, along with national benchmarks. Having our own professional society in charge of our specialty's quality improvement puts us in a much better position than if this were controlled by either the government or other specialties.

You can contact Dr. Dutton or the AQI at ASA headquarters in Park Ridge, Ill., at (847) 825-5586 or get more information on the ASA website at www.asahq.org.

pace makers and implantable cardioverter defibrillators.

- Practice advisory for the prevention of perioperative peripheral neuropathies.

Practice guidelines for central venous access have also been developed and are receiving public comments from ASA members. Many of these guidelines are available for comment on the ASA website until September 2010.

Remember November 2

by Paul J. Schaner, M.D.



The 2nd of November is the date for the mid-term elections. The midterm elections will determine the future of our country. There are 37 senate seats and all 435 seats of the House of Representatives

to be filled. It is essential that the elected senators and representatives know the Constitution and defend it. That is part of their oath.

In my opinion, elected individuals must adhere to the following basic principles:

1. Represent their constituency.
2. Promote fiscally responsible policies.

3. Read the bills that are passed and permit time for constituents to know the content and have input **before** they are passed. Transparency is critical.
4. Put forth legislation that is easily understood in a concise form. No earmarks.
5. Promote the defense of our country and secure our borders.
6. Promote policies to put our nation back to work.
7. We are one nation under God. To quote President Ronald Reagan: "If we ever forget that we are one nation under God, we will be a nation gone under."

The Republic is to be of, for and by the people. While these seem basic, these principles must

not be quickly forgotten by those elected once inside the beltway. We the people must remind them.

Review the individuals who are running for election. Find out if they will or have followed the above principles. The time for your involvement is now.

If your candidate is elected, an ongoing dialogue is much more likely to occur when you have been involved in the individual's election. Have your family active in the election process; it is a valuable learning experience.

Contribute funds and your time; these are noticed, valuable quantities. Put up a yard sign. Get out the vote. Work the polls. Hold a coffee klatch.

Above all else **YOU MUST VOTE! One vote can change an election!** Make sure it is a November that you will want to remember.

ASA Seeking Media Award Nominations

Each year, the ASA accepts entries for the Philip S. Weintraub Media Award, a distinction given to one or more outstanding media reports that effectively inform and educate the public about the practice of anesthesiology.

The ASA's Committee on Communications encourages members to submit or nominate local media presentations from broadcast (television or radio), print media (newspaper and magazine) and web-based news services and sites. Increased interest generated in this award could result in a greater number of presentations on the subject of anesthesiology.

The winner receives a plaque, presented during the ASA Annual Meeting. The 2010 Philip S.

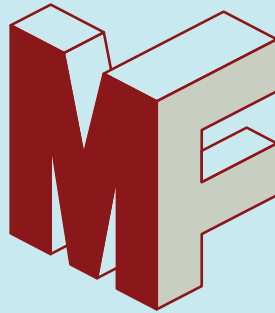
Weintraub Media Award will be presented Sunday, October 17, at the Annual Meeting in San Diego.

Deadline for submission of entries is September 10, 2010 for media reports released between October 1, 2009 and September 1, 2010.

The winners of the 2009 awards were:

- Elizabeth Landau of CNN for her July 2, 2009 report for CNN.com "Diprivan not approved for sleep disorders."
- The TODAY Show producer Kerri Zimmer and Dr. Nancy Snyderman for the August 3, 2009 segment "How propofol affects a patient."
- Producer John St. Augustine for the Dr. Mehmet Oz show segment "Labor and Childbirth," which aired on the Oprah Radio XM Network on March 11, 2009.

Up to four ASA media awards may be given each year, including one report from each designated media category. All entries should be sent to John Dombrowski, M.D., Chair, Committee on Communications, ASA, 520 N. Northwest Hwy., Park Ridge, IL 60068-2573; communications@ASAhq.org.



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LAST MINUTE PUSH

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would suggest such a change when it also has the Board of Medicine under its same umbrella. To our knowledge, this Board was not consulted on the proposed changes.

The Chairman of the House Professional Licensure Committee, Representative Mike McGeehan of Philadelphia, has always been fair and responsive to our views. We are always happy to meet and discuss this or any other concern that the Chairman or his staff may have concerning the administration of anesthesia.

Several meeting dates have been agreed to. It is probable that, by the time you read this article, some of the meetings have already taken place. We will continue to best serve our patients in the legislative arena but are always willing to listen. Please watch your mail and e-mails for further updates.

IF YOUR NOT AT THE TABLE

continued from page 3

What I am getting to is simple: residents need to become more involved. Why? Because the people I was getting handshakes from are not getting any younger. Like it or not, there is going to be a large number of anesthesiologists retiring in the near future. While this certainly opens the door for the younger generation as far as jobs are concerned, it also leaves behind a void in the number of politically active members of the profession, both locally and nationally, who we have on our side.

If residents do not begin filling that void by getting involved early, we run the risk of having a lack of professional representatives for our specialty and will suffer the consequences.

Becoming involved encompasses many facets, but it begins with a donation to the local and national Political Action Committees or PACs. It is

important to remember, however, that it certainly doesn't have to end there. Making the effort to attend local and national meetings is a great way to stay up to date on the inner happenings of the political atmosphere. Visiting or e-mailing representatives and senators to keep them abreast of the important issues of our specialty can also be very effective. Maybe most importantly, we need to advocate and spur interest in our resident colleagues and stress the importance of involvement.

To close, it is important to remember a simple statement: if you're not at the table, you're on the menu. While short, it illustrates the crucial concept of involvement. If we do not promote and sustain our profession, then no one will, and we will have no one to blame for the shortcomings but ourselves.

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SAVE THE DATE

PSA MEETING

The PSA's annual meeting at the ASA will be

Sunday, October 17, 2010

from 12-1:30 p.m.

The luncheon will be held at the

San Diego Marriott Hotel and Marina.

All PSA members are invited to attend.