



Looking at first meeting of the two Josh Allens

SPORTS, 1C

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Fla. pot initiative is going to court

State attorney general files legal challenge

Brandon Girod
Pensacola News Journal
USA TODAY NETWORK - FLORIDA

With more than a million valid signatures, a recreational marijuana legalization initiative seems poised to pop up on Florida's 2024 ballot, but it has one last hurdle to clear — a legal challenge from state Attorney General Ashley Moody.

Moody filed the challenge against the measure asking the Florida Supreme Court to invalidate it on the grounds that voters wouldn't be able to discern the legality of the drug at the state and federal level. While medical marijuana is legal in Florida for eligible patients, it remains federally illegal.

Smart & Safe Florida, the group behind the measure, has defended the measure's clarity and stated that it should be up to voters to decide the issue.

The state Supreme Court is now slated to hear the case on Nov. 8. Here's what Florida voters should know about the recreational marijuana measure.

What does Florida's new recreational marijuana ballot measure legalize?

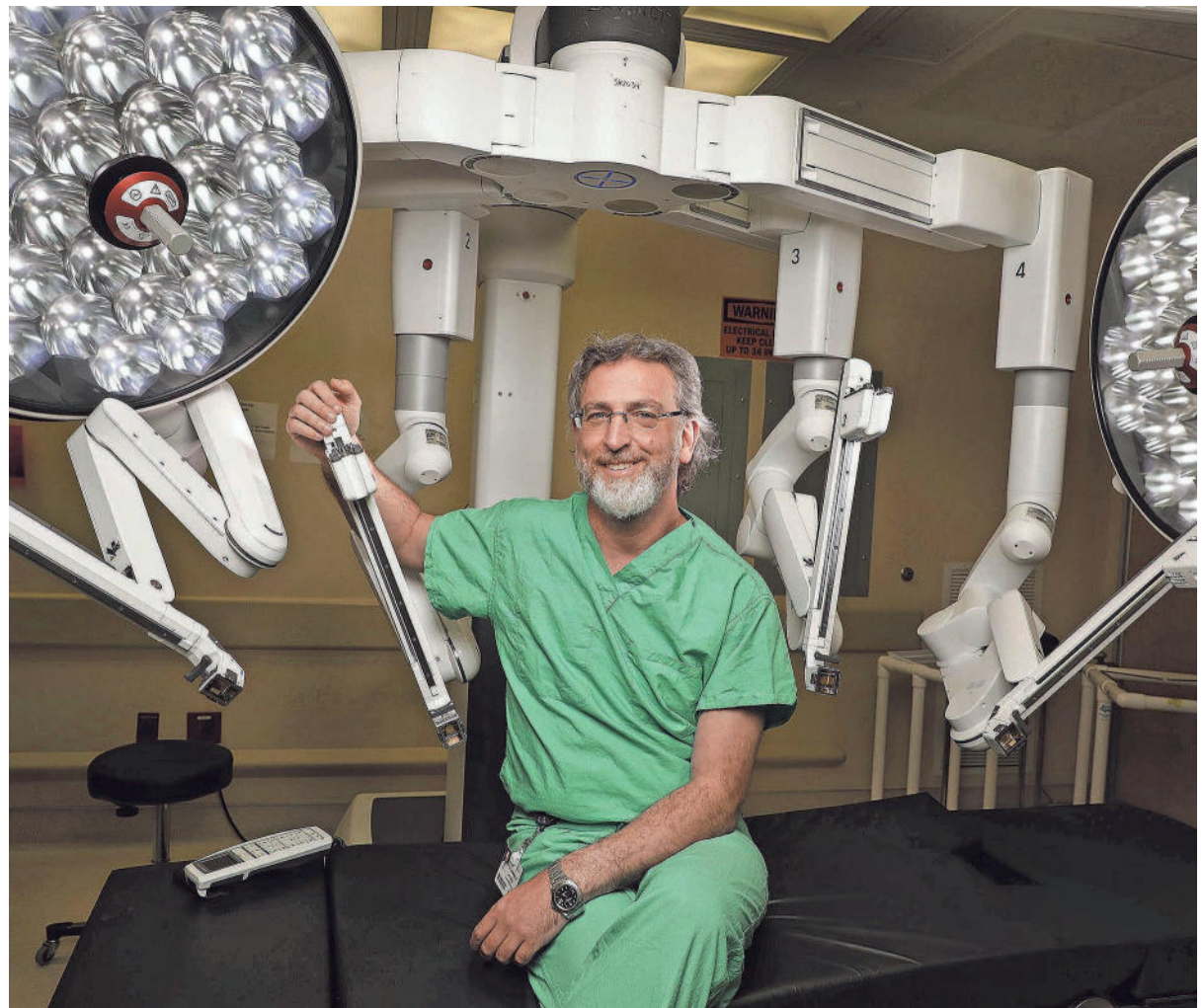
- Adults 21 and older could purchase and possess up to three ounces of cannabis for personal use. The cap for marijuana concentrates would be five grams.

- Medical cannabis dispensaries could "acquire, cultivate, process, manufacture, sell, and distribute marijuana products and marijuana accessories to adults for personal use."

- The legislature would be authorized — but not required — to approve additional entities that are not currently licensed cannabis dispensaries.

- The initiative specifies that nothing in the proposal prevents the legislature from "enacting laws that are consistent with this amendment."

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Dr. Ron Landmann, the surgeon who heads the Baptist MD Anderson Cancer Center's colorectal surgery division in Jacksonville, shows one of the operating rooms with the da Vinci robotic surgical system. This portion of the da Vinci system has four remotely controlled arms that hold the surgical devices that work on the patient in the operating room. BOB SELF/FLORIDA TIMES-UNION

Cancer center explores AI

Software records surgeons' moves

Beth Reese Cravey Jacksonville Florida Times-Union | USA TODAY NETWORK

Baptist MD Anderson Cancer Center in Jacksonville is evaluating using artificial intelligence-based technology in hopes of improving the survival rate and recovery times of colon and rectal surgery patients.

The Theator Surgical Intelligence Platform is a new software that records every move a surgeon makes in the operating room, according to Dr. Ron Landmann, the colon and rectal surgeon who heads the hospital's colorectal surgery division.

That advance, in addition to the use of AI-

based robots to assist in surgery, could "bring about a substantial improvement in quality, safety, outcomes and general improvement in patients' lives," he said.

"I'm so passionate about this technology," Landmann said. "To date, we have never really been able to see, measure and quantify what is actually happening within our operating rooms."

The technology, developed by an Israeli-

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Some Republicans suggest former President Donald Trump is trying to exert power in the party and declare himself kingmaker with regard to the new speaker. DAVID MCNEW/GETTY IMAGES

Trump backs Jim Jordan for new House speaker

Ken Tran and David Jackson
USA TODAY

WASHINGTON — Former President Donald Trump has endorsed Rep. Jim Jordan, R-Ohio, to be the new speaker of the House.

Jordan "is STRONG on Crime, Borders, our Military/Vets, & 2nd Amendment," Trump said in a Truth Social post early Friday. "He will be a GREAT Speaker of the House."

A handful of GOP lawmakers, most of them hard-liners, removed California Republican Kevin McCarthy as speaker

on Tuesday, leaving the lower chamber paralyzed. The House cannot conduct important business, such as passing the spending bills needed to avoid a government shutdown, without an official leader.

The announcement stopped a wave of speculation, powered at times by Trump himself, about whether the former president himself might be nominated for the post. Though every speaker in American history has been a House lawmaker, the Constitution does not

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Strong hiring report a sign of economic resilience

Christopher Rugaber
ASSOCIATED PRESS

WASHINGTON — The nation's employers added 336,000 jobs in September, an unexpectedly robust gain that suggests that many companies remain confident enough to keep hiring despite high interest rates and a hazy outlook for the economy.

Hiring last month jumped from a 227,000 increase in August, which was revised sharply higher. July's gain was also healthier than had been initially estimated. The economy has now added an average of 266,000 jobs a month in the past three months. The sustained strength of the labor market makes it likelier that the Federal Reserve will raise its key rate again before year's end as it continues its drive to tame inflation.

Friday's report from the Labor Department showed that the unemployment rate was unchanged at 3.8%, not

far above a half-century low.

The job market has defied an array of threats this year, notably high inflation and the rapid series of Fed interest rate hikes that were intended to conquer it. Though the Fed's hikes have made loans much costlier, steady job growth has helped fuel consumer spending and kept the economy growing, defying long-standing predictions of a forthcoming recession.

Across the economy last month, most large industries added jobs, from health care, which gained 66,000, to manufacturing, which added 17,000, to retailers, which added nearly 20,000. Professional services, a category that includes engineers and architects, gained 21,000. Government at all levels added 73,000 jobs, reflecting the healthy budgets of most state and local governments.

Yet wage growth slowed, with average hourly pay rising just 0.2% from August to September. Compared with a



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MICHAEL DWYER/AP FILE

year earlier, wages are up 4.2%, the mildest 12-month increase in more than two years.

It's possible that the cooling of pay growth may help reassure the Fed's inflation fighters, who are scrutinizing every scrap of data to determine whether to raise their key rate once more this year. Still, the outside job growth may stoke worries that the economy will expand too fast for inflation to cool.

On Thursday, Mary Daly, president of the Federal Reserve Bank of San Francisco, had said that the Fed could stop raising rates if the job market kept slowing.

Job growth has remained resilient for most of the past 2½ years even after high inflation flared and the Fed jacked up interest rates at the fastest pace in four decades.

Yet additional threats to the economy have emerged in recent weeks, including much higher long-term interest rates, rising energy prices, the resumption of student loan payments, widening labor strikes and the ongoing threat of a government shutdown.

Cancer center

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based company called Theator, is computer-vision software that does not require cameras or sensors. It "provides opportunities to act and improve what we do — and this translates into better outcome," he said. "It is truly extraordinary and something that our general population needs to be educated about."

Mayo Clinic in Jacksonville has also been evaluating the platform and plans to begin using it in clinical practice, including surgery, later this month, according to a spokeswoman.

New guidelines for screenings, now younger than 50

Landmann said the general population also needs to be educated about colorectal cancer, which is the third-most common cancer in men and women in the United States and is on the rise among people younger than 50. The Centers for Disease Control and Prevention now recommends colorectal screenings every 10 years for men and women who are 45 years old or older, lowered from the previous recommendation of age 50 because of the rise in cases among younger people.

Anyone who is high risk — such as people who have inflammatory bowel diseases such as ulcerative colitis and Crohn's disease or a history of colorectal cancer in a parent, sibling or child — should get annual screening tests.

A recent American Cancer Society study found that about one-third of U.S. adults are overdue for colorectal screenings, even though they "can prevent the disease and detect it at early stages when the prognosis is most favorable," said Dr. Jordan Baeker Bispo, the society's principal scientist in cancer disparity research.

"These findings are alarming as they highlight a major communication gap about CRC prevention in the clinical setting," Bispo, lead author of the study, said.

About 73.2% of those adults who were overdue also reported that their clinician did not recommend a screening during a wellness visit in the past year. "We're missing one of the best opportunities, while visiting the doctor, to remind adults to get screened for this potentially deadly disease," Bispo said.

Jennifer Ryan is CEO of Volunteers in Medicine, which provides free health care to low-income, uninsured working adults and their families. She was so concerned about the lack of screenings that she submitted a guest column to the Times-Union last year.

"Screening is an important part of the primary care visit," she said. "So many people were not getting the necessary screenings they needed and this is one of those cancers that if caught early can save lives."

The nonprofit provides free test kits to patients who are not at risk for colon cancer and only 4 of 50 in the last 12 months came back positive, she said. Those few patients were referred elsewhere for colonoscopies.

Despite a "significant uptick" in colorectal diagnoses among people younger than 50, Landmann said case rates are declining for people age 50 to 70, he said. He attributed the decline to screenings.

"We are catching it with colonoscopies and other tests," he said.

Colorectal cancer usually develops from precancerous polyps, or abnormal growths, in the colon or rectum. Screenings can find precancerous polyps to be removed before they turn into cancer and find colorectal cancer early, according to the CDC.



Dr. Ron Landmann, who heads the Baptist MD Anderson Cancer Center's colorectal surgery division in Jacksonville works the controls of the da Vinci robotic surgical system. Dr. Landmann maneuvers the surgical arms with the finger controls while watching the various views of the surgery on the monitor. BOB SELF/FLORIDA TIMES-UNION

But many people can be squeamish about the screenings, which can include at-home stool tests to check for blood in the stool. Other procedures are flexible sigmoidoscopy or colonoscopy, in which a medical professional uses a long tube with a tiny camera on one end to check the inside of the colon, or a virtual colonoscopy via a CT scan.

Anything involving poop makes people uncomfortable, in all sorts of ways, Landmann said.

"Nobody likes to talk about poop," he said. "There is a stigma behind it."

Dr. Vickey Findley is medical director of Volunteers in Medicine. Many patients are reluctant to get colorectal screenings for a variety of reasons, she said.

"Some people are just afraid of the result, unfortunately they don't want to know," she said. "Some think they are too young to need the screening if they are between 45 and 50 — the perception is that it is for seniors or those much older. Some think the whole thing is just gross."

Others think they don't need it because of no history in their family, or they just don't think it will happen to them, she said.

But screenings that find nothing amiss or those in which polyps are removed can give people peace of mind. And even people who are diagnosed with colorectal cancer requiring surgery are more likely to survive and have reduced recovery time at hospitals.

'Black box' in the operating room

Operating rooms can be "one of the best places for patients," and also can be a "dangerous place," Landmann said.

But advances are lessening the dangers. In recent years, AI-based robotic surgery has offered a less invasive, more precise method that leads to a shortened recovery time. And the new Theator platform and others like it provide video on everything that happens in the operating room, which can prevent errors and increase efficiency.

"Not all surgeons do the exact same case the exact same way," Landmann said. "There is not a black box [to explain what happened] for when things

don't go as planned."

Surgeons may think they took a particular surgical step — because they typically do — when in fact they did not, he said.

That's where artificial intelligence-based technology can help. Dr. Tamir Wolf is co-founder and CEO of Theator, which developed the Surgical Intelligence Platform being considered by Baptist MD Anderson.

"Today, there is significant variability in surgical outcomes not only in different parts of the world, but even within the same hospital," he said. "Our ... platform helps tackle this problem by shining a spotlight on why."

Personal experience led Wolf to consider that question. Within a few months of each other, his wife and his boss underwent the same emergency appendectomy surgery, each at a top hospital in New York City, but had different experiences afterward, he said. Within 12 hours of surgery, his wife was recovering at home. But his boss had complications that led to weeks in the intensive care.

"This got me thinking, how could two people undergo the same surgery for the same condition at reputable hospitals, but have widely different outcomes? It was time for this to change," he said.

The platform provides the change. When a surgery gets underway, it automatically begins recording and analyzing. It also provides live updates to increase surgeons' efficiency and notify them of each "critical event" as it happens, according to Theator.

The platform collects surgical video, "de-identifies" it to ensure patient confidentiality and structures videos to include each procedural step. Each "intraoperative event," such as bleeding, is cataloged, along with safety milestones and procedure complexity, among other things. The video is then connected to patients' electronic records "allowing us to finally understand, for example, which surgical practices yield optimal outcomes, where there might be an opportunity to standardize a specific practice across a hospital system to reduce postoperative complications," Wolf said.

The system also identifies potential

methods to improve surgical quality, he said.

The Theator platform, he said, is the only one that analyzes surgical data "with pre-and post operative surgical data across hundreds of procedures and specialties."

For instance, the platform can "automatically identify how often specific surgical best practices are being met," he said. On such best practice is performing a colon "leak test" to reduce the risk of post-operative leaks that could cause a patient to have cause bowel control issues, Wolf said.

"This is a novel concept in the world of surgery ... capturing raw surgical video," he said. "Prior to Theator, there was no way to video record all minimally invasive and robotic surgical procedures in an automated fashion. And capturing them alone is not enough: Procedure videos need to be structured and connected to [electronic records of] patient outcomes to conduct any meaningful analysis."

The videos allow surgeons to "identify key components and moments in surgery" in real time, he said. That can help avoid complications.

About 300 million surgical procedures are performed every year. Nearly 50 million of them involve complications that lead to 3 million deaths every year, he said. Some complications are unavoidable, but some are not.

"Until surgery is standardized using real-world data-driven best practices, variability in care and surgical outcomes will continue to exist and, patients will continue to suffer, unnecessarily," Wolf said.

He said he recognized that artificial intelligence is viewed with suspicion in some quarters, even in health care.

"Fear of the unknown is understandable, but AI is already out there and will be increasingly present in our lives," Wolf said. "Imagine AI as an enabler. ... It can better understand what's done and ultimately support physicians and surgeons as they provide care."

"AI will not replace surgeons. But surgeons who use AI will for sure replace those who don't," he said.

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