Twenty Years of *IMAJ*

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It is with great pride that I congratulate *IMAJ* on the momentous celebration of its 20th anniversary.

The trajectory of IMAJ over the last twenty years is comparable, in some ways, to that of the IMA itself. Both have grown and seen their impact expand. The IMA has come a long way in the last twenty years as we have further established our role as both a strong advocate for the physician and a leading and influential player within the healthcare system.

The IMA can be best defined as an organization of all its members. Interns, residents, specialists, hospital and community doctors, surgeons, and public health specialists – all are crucial to the IMA's agenda. With the growing numbers of women in medicine, the IMA commissioned a special task force to investigate this trend and see what needed to be done in order to facilitate it [1]. Seeking to improve training and conditions for the residents, we established a residents' forum, introduced "direct internship" and an option for part-time residency [2], and opened the opportunity for fellowships in Israel.

In 1995, there were 8000 physician members in the IMA. In 2005 this number more than doubled to 17,124, and today membership stands at over 26,500.

In 1999, we stood at the cusp of a new collective bargaining agreement that led to a strike of 217 days the following year. Eight years later, after mandatory arbitration, the IMA achieved for our physicians a significant salary increase, expansion of pension coverage, mandatory vacation time before residency exams, and perhaps most importantly, the establishment of a public commission (the Amorai Committee) to examine the state of public medicine in Israel and the physician's status.

In 2011, after another lengthy struggle to improve physicians' rights and save the public medical system, we again achieved significant benefits in a new collective bargaining agreement. These included the addition of more than 2.5 billion NIS in funding, 1000 new doctor positions in public hospitals, a limit to the number of resident on-call shifts, salary increases of between 32% and 80%, and special grants for doctors who choose to work in the periphery or in distressed specialties. Eight years later, we find ourselves, once again, ahead of a new agreement to be signed in 2020.

Over the last twenty years, the IMA has further secured its role as a leader in the health system, one that protects the rights of both physicians and patients. We have fought for greater transparency in the committee for determining the basket of services, an increase in hospital beds, mental health reform, the importance of having physicians serve as hospital directors, and more. We have fought our battles and won many of them, in the courts, in the Knesset and in the media.

In 2009, the IMA reviewed its modest collection of ethical guidelines and produced an ethical code of over 200 pages, which was further revised in 2014. The IMA, as the ethical authority for physicians in Israel, has been at the forefront of such issues as the anthrax experiments in the military, the signing of an ethical treaty between the IMA and pharmaceutical companies, the creation of guidelines on physician advertising (which were later adapted into legislation), the treatment of hunger strikers [3], and many others.

As a medical organization, the IMA places supreme importance on upholding the standards of the profession, which it does through its scientific associations, the Scientific Council and the newly formed Institute for Quality in Medicine [4], which produces, *inter alia*, clinical guidelines and informed consent forms, quality indicators, and professional position papers.

Over the last two decades, the IMA has championed Israel's reputation in an increasingly hostile global environment. Despite several attempts to eject the IMA and/or its leaders from the World Medical Association (WMA), the IMA won a majority of votes within the organization on several occasions, and sent its president to serve as Chair of Council (Dr. Blachar during the years 2003–2006) and President (Dr. Blachar in 2008 and Prof. Eidelman in 2018) of the organization. The international medical community adopted a variety of statements submitted by the IMA to the WMA and European Forum of Medical Associations (EFMA), including those dealing with medical care during armed conflict. During this period, we also joined two new international organizations, the European Union of Medical Specialists (UEMS) and the Standing Committee of European Doctors (CPME).

The explosion in technology over the last 20 years has not bypassed the IMA. Boasting a variety of websites including the main site with translations to Russian, English and Arabic, designated sites for the associations, residents, medical journals,

and others with over a million sessions in the various websites in 2018, the IMA has also developed an app for the organization as well as apps specially designed for the scientific associations. Our academy for entrepreneurship encourages physicians who seek to develop startups. The next twenty years promise to be even more exciting.

Unfortunately, as King Solomon said, "there is nothing new under the sun." There are issues with which we have dealt continuously over the last twenty years and are still dealing with today. Violence against physicians, overcrowding in the hospitals, insufficient staffing, and health disparities are some examples of problems that have not been resolved and in some cases have even been exacerbated.

IMAJ, the IMA's English journal, remains a great source of pride for the organization and for Israeli physicians. Established in 1999 it has succeeded in attaining international recognition, and with an impact factor of 1.036 in 2016 it has taken its place among respected medical journals around the world. The range of topics, the combination of erudition and accessibility, and the meticulous editing help present Israeli medicine in its finest light. Both the IMA and *IMAJ* have indeed come a long way and I look forward to celebrating their continued success.

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Capsule

Single-cell profiling identifies myeloid cell subsets with distinct fates during neuroinflammation

The innate immune cell compartment is highly diverse in the healthy central nervous system (CNS), including parenchymal and non-parenchymal macrophages. However, this complexity is increased in inflammatory settings by the recruitment of circulating myeloid cells. It is unclear which disease-specific myeloid subsets exist and what their transcriptional profiles and dynamics during CNS pathology are. Combining deep single-cell transcriptome analysis, fate mapping, in vivo imaging, clonal analysis, and transgenic mouse lines, **Jordao** et al. comprehensively characterized unappreciated myeloid subsets in several CNS compartments during neuroinflammation. During inflammation, CNS macrophage subsets undergo self-renewal, and random proliferation shifts toward clonal expansion. Lastly, functional studies demonstrated that endogenous CNS tissue macrophages are redundant for antigen presentation. These results highlight myeloid cell diversity and provide insights into the brain's innate immune system.

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Capsule

Impact of scaled-up human papillomavirus vaccination and cervical screening and the potential for global elimination of cervical cancer in 181 countries

In a recent study, Simms et al. and an international group of scientists used statistical analyses to predict that cervical cancer could be essentially eradicated in most of the world by the end of the century with increased uptake of broad-spectrum HPV vaccines and widespread adoption of cervical cancer screening programs. The CDC-led study focused on a time period that began 2 years after the first HPV vaccine was introduced in the U.S. and ended the year before the introduction of the nine-valent vaccine, now used exclusively in the U.S. The CDC recommends routine vaccination of girls, age 11–12 years, and catch-up vaccination through age 26. The analysis suggested that 44.4 million cases of cervical cancer would be diagnosed worldwide during the 50-year period 2020–2069 in the absence of any changes in the current status of surveillance and vaccination. Most of the cases would occur in low- and medium-resource countries. The authors projected that rapid scale-up of surveillance and vaccination (80–100% global coverage) programs beginning in 2020 would avert 6–7 million cases over the same period, most of the effect occurring after 2060. Rapid scale-up of prevention programs could reduce the incidence of cervical cancer to four new cases per 100,000 by 2059 for very highly developed countries, 2069 for highly developed countries, 2079 for medium-development countries, and 2100 or beyond for low-development countries. A cervical cancer incidence of less than six cases per 100,000 could be achieved by the end of the century, regardless of resource or development status, they concluded.

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