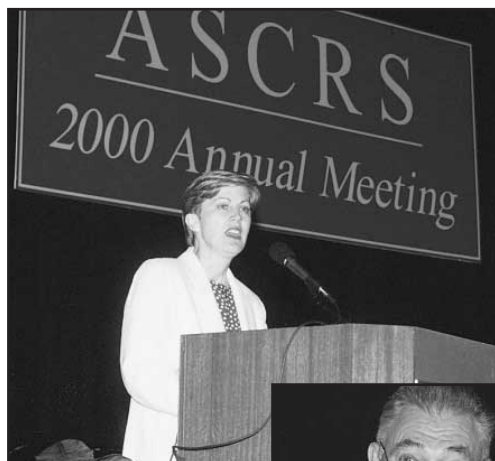




More than 2,000 attend Annual Meeting in Boston



University of Toronto Professor of Surgery Dr. Robin McLeod (above) was among several notable scientific program presenters at the 2000 Annual Meeting. Past President Dr. Eugene Sullivan, at right, gives his Joseph M. Mathews oration, "Giants, Heroes, Comrades and Friends."



More than 2,000 registered guests – including 1,129 surgeons – explored the latest breakthroughs and achievements in treating colorectal disease at the 2000 Annual Meeting of ASCRS in Boston, June 24-29.

Complementing the turnout were nurses, physician's assistants, spouses, guests, media representatives and nearly 600 exhibitors, making this year's meeting the largest non-Tripartite gathering of Society members.

"Many surgeons attend the Society's Annual Meetings for a view of the future cutting edge advances in colorectal disease management," said Dr. W. Brian Sweeney, St.

Paul, program chair. "They also went home with new ideas to apply to their daily practices. Members had ample opportunity to discuss various methods of treating cases that we all see on a daily basis."

The "Consultant's Corner," moderated by Dr. Robert D. Fry, Philadelphia, was among the most popular sessions, featuring an interactive format for surgeons to discuss different approaches to disease management. A panel featuring Drs. Herand Abcarian, Chicago, Victor W. Fazio, Cleveland, Ira J. Kodner, St. Louis, John M. MacKeigan, Grand Rapids, MI, and David A. Rothenberger, St. Paul, provided their insights on challenging patient care situations posed by the moderator, presenting conflicting opinions on "the best" approaches.

Dr. Stanley M. Goldberg, St. Paul, presided over the "Point/Counterpoint" sessions, which weighed options for rectal prolapse repair and included a spirited debate on the pros and cons of anorectal physiologic testing before incontinence surgery.

The symposium, "Previously Unimaginable Medications for the New Millennium," focused on the study of genetics to understand the diagnosis, surveillance and treatment of colorectal disease. This approach promises exciting new possibilities for surgeons in the future.

"If surgeons understand how disease affects the body at the molecular level, they can use these genetic markers to identify patients who are at risk," Dr. Sweeney said. "This approach

... continued on page 4

ASCRS plans for Colorectal Cancer Awareness Month, March 2001

In early 2001, ASCRS members will receive a Colorectal Cancer Awareness Month media relations kit. It will include a tip sheet on how to contact reporters in their cities and press materials designed for customized use in each market.

The media relations kit is part of a well-coordinated strategy to give the Society and colorectal surgeons an active role in the promotion of Colorectal Cancer Awareness Month, March 2001. The

Cancer Research Foundation of America, Washington, DC, will lead overall activities for the event, with participation by many professional organizations and patient advocacy groups.

"Our goal is to position colorectal surgeons as experts in the screening, diagnosis and treatment of colorectal cancer in all ASCRS promotional materials for the month," said Dr. Bruce A. Orkin, Washington, DC, chair of the

Public Relations Committee. ASCRS is a collaborating partner in the Month.

"We will try to urge health care providers to encourage patients to get screened and address the unique needs of minorities to increase their participation in screening," Dr. Orkin said.

The Society's public relations firm, Harris, Baio & McCullough, Philadelphia, will conduct a national media relations

... continued on page 5

In this issue...

Dr. John MacKeigan becomes Presidentpage 3
Washington Updatepage 10

Socioeconomic/Legislative Reportpage 11
Research Foundation Reportpage 13

Embrace strategies to expand professionalism

By John M. MacKeigan, MD

Our professional society has enjoyed successes beyond its size in the world of education and science. While we must maintain and build on this foundation, we need to build on our professionalism as well, and perhaps venture into areas to which we are less accustomed. There is freedom and strength in the immense diversity, intelligent minds and common spirit of professionalism within ASCRS.

We, on the Executive Council, have inherited a growing and vital organization. We have inherited a new group of responsibilities and an expanded agenda.

“We increasingly will be judged on the results of the care we provide — not just the outcome of a procedure, but of the whole episode of illness.”

The Council recently adopted a new strategic plan, which I encourage members to view on the Society’s Website at fascrs.org. This plan, under the leadership of Dr. **Dave Rothenberger**, contains six major goals and outlines multiple objectives and strategies to achieve each of them. (See article on pages 6-7).

The Council will use this tool to strategically manage the Society’s affairs. We are developing time lines and assigning responsibilities for all aspects of the plan, and will communicate our progress often. Your comments and suggestions about areas of emphasis or concern are welcome and, in fact, needed.

Expand Communication

Communication is a major initiative. To provide more frequent updates on timely topics that impact the Society and specialty, we will develop a “members

only” section on the ASCRS Website and a frequent e-mail/fax newsletter. Multiple aspects of the strategic plan involve Internet education and communication vehicles.

The theme of expanded professionalism is one we hope to pursue through the plan. We will focus on three areas of impact: advocacy, accountability and service.

To profess is to “speak out.” We will make advocacy a priority, advocating — or professing — on behalf of our patients and members. ASCRS has traditionally neglected the local issues and hassles. We will strive to make your issues — the local issues — a national concern. When support is needed, we want to develop a mechanism to give that support.

Accountability is another large part of the plan — accountability to you as members but, equally important, accountability to our patients and the public. We will be judged increasingly on the results of the care we provide — not just the outcome of a procedure, but of the whole episode of illness.

Safety is only part of the issue, but a very prominent public aspect currently. A new committee and initiative on Quality Assessment and Safety will be a major focus. We hope to become leaders in the debate and in education regarding issues of quality, outcomes and safety.

Promote Public Service

Finally, the strategic plan emphasizes a commitment to public service. We will promote all types of service, whether



2000-01 President Dr. John M. MacKeigan receives the presidential medallion from his predecessor, Dr. H. Randolph Bailey.

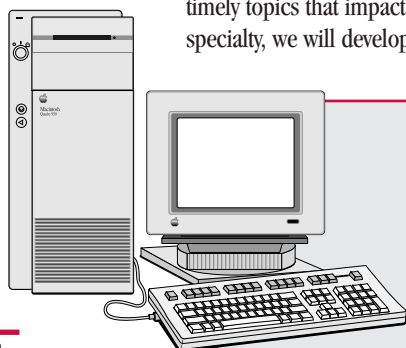
provided individually to the indigent patient or in the wider community. Service to our community, beyond “practice as usual,” may be one of the most valued aspects of our professionalism.

Where service is being performed, we will value it. Where it needs support, we will develop mechanisms to facilitate that support.

Rely on Member Input

Your input in the process is vital. Expanding communication is the best way to ensure that we are all moving in the same direction. Please feel free to call me. You can reach me at home at 616/942-7806 or by e-mail at jmackeigan@msms.org any time and on any issue.

If we manage the organization and the plan strategically, observing time lines and responsibilities, we will advance our Society into a new spirit of professionalism advocacy, accountability, service and communication. ✱



ASCRS has new e-mail address

Online correspondence from Society members to the ASCRS administrative staff can be sent to the new ASCRS e-mail address: ascrs@execadmin.com.

Dr. John MacKeigan becomes 2000-2001 president; Dr. Robert Fry president-elect; Dr. Theodore Eisenstat VP

Dr. **John M. MacKeigan**, Grand Rapids, MI, was sworn in as president of ASCRS for 2000-2001 at the Society's annual business meeting in Boston, June 28. He succeeds Dr. **H. Randolph Bailey**, Houston.

Four new officers also were elected to serve on the Executive Council: Drs. **Robert D. Fry**, Philadelphia, president-elect; **Theodore E. Eisenstat**, Edison, NJ, vice president; **Ann C. Lowry**, Edina, MN, treasurer; and **Heidi Nelson**, Rochester, MN, president of the Research Foundation of ASCRS.

President

Dr. MacKeigan is a member of the Board of Directors of Michigan Medical, P.C., a multi-specialty physician network that includes The Ferguson Clinic, Grand Rapids, MI. He is also associate clinical professor, Department of Surgery, Michigan State University, East Lansing. Dr. MacKeigan serves on the Board of Blue Cross of Michigan and is chairman of the Board of Directors of the Michigan State Medical Society.

A member of the Executive Council for 10 years, Dr. MacKeigan was a delegate to the American Medical Association (AMA), chairman of the ASCRS Manpower Committee and a member of the Society's Socioeconomic Committee. A former president of the American Board of Colon and Rectal Surgery (ABCRS), he is a senior examiner for the Board.

President-elect

Dr. Fry is chief of the Division of Colon and Rectal Surgery at Thomas Jefferson University, Philadelphia, and professor of Colon and Rectal Surgery, Jefferson Medical College. He serves on the Graduate Medical Education Committee of the American College of Surgeons (ACS), as ACS representative to the ABCRS, ABCRS representative on the American Board of Surgery, and vice chairman of the ACS Residency Review Committee for Colon and Rectal Surgery.

He has served as Executive Council member-at-large and treasurer. A former

chair of the Society's Awards Committee, Dr. Fry also served on the Public Relations and Program Committees. He is former president of the Program

and rectal surgery as part of the institution's curriculum for medical students.

An ASCRS Fellow, Dr. Lowry is a member of the Self-Assessment Committee and former chair of the Standards/Outcomes Committee.

Foundation president

Dr. Nelson is chair, Division of Colon and Rectal Surgery, and professor of surgery at the Mayo Clinic, Rochester, MN.

An ASCRS Fellow, she has served on the Society's Website Committee and is co-editor of *Diseases of the Colon and Rectum*. As a member of the Research Foundation, she was the Leon Hirsch Travelling Fellow in 1989, and was chair of the Foundation's Awards Committee.

Dr. **Charles E. Littlejohn**, Stamford, CT, was re-elected to a three-year term as member-at-large of the Executive Council. He joined the Council in 1999 to complete the unexpired term of Dr. **David J. Schoetz, Jr.**, Burlington, MA, who was elected Secretary that year.

Continuing to serve on the Executive

Council are: Secretary, Dr. **David**

J. Schoetz; Past President, Dr. **H.**

Randolph Bailey, Houston; ACS

Governor Dr. **Ira J. Kodner**, St. Louis;

and Council Members Drs. **Ian C.**

Lavery, Cleveland; and **Bruce G.**

Wolff, Rochester, MN. ✳



Dr. Robert Fry,
president-elect



Dr. Theodore Eisenstat,
vice president



Dr. Ann Lowry,
treasurer



Dr. Heidi Nelson,
Research Foundation
president.

Director's Association for Colon and Rectal Surgery.

Vice president

Dr. Eisenstat is director of the Colon and Rectal Residency Program and clinical professor of surgery, University of Medicine and Dentistry of New Jersey, Robert Wood Johnson School of Medicine, New Brunswick. He is chief of the Division of Colon and Rectal Surgery at Muhlenburg Regional Medical Center, Plainfield, NJ.

An ASCRS Fellow, Dr. Eisenstat was chairman of the Committee on Continuing Medical Education for five years. He served as ABCRS president in 1995 and now sits on the Board's Advisory Council.

Treasurer

Dr. Lowry is director of the residency program, Division of Colon and Rectal Surgery, and clinical associate professor, Department of Surgery, at the University of Minnesota Medical School. She lectures frequently on principles of colon

2000-2001 Executive Council

John M. MacKeigan, MD, president

Robert D. Fry, MD, president-elect

Theodore E. Eisenstat, MD, vice president

Ann C. Lowry, MD, treasurer

David J. Schoetz, MD, secretary

Heidi Nelson, MD, Research Foundation president

H. Randolph Bailey, MD, immediate past president

Ira J. Kodner, MD, ACS governor

Ian C. Lavery, MD, member-at-large

Bruce G. Wolff, MD, member-at-large

Charles E. Littlejohn, MD, member-at-large

STOP reports on 'best practice' pilot program to promote colorectal cancer screening in workplace



Dr. Ernestine Humbrick

STOP Colon/Rectal Cancer Foundation President Dr. **Ernestine Hambrick** will report on a pilot program to promote colorectal cancer screening in the workplace at a November 16 meeting sponsored by the Cancer Research Foundation of America (CREA) in Washington, DC. A coalition of national organizations will meet in this forum to share ideas for promoting the second National Colon and Rectal Cancer Awareness Month, March 2001.

STOP is creating a template for colorectal cancer testing in the Chicago Police

vice president. "The Police Department pilot program is still in development, but we plan to get it rolling in March 2001," she added.

STOP also debuted an interactive teaching program for primary care physicians at Resurrection Hospital, Chicago, August 30, and at the University of Illinois College of Medicine Alumni Day, September 16.

"In a random telephone survey of 1,100 individuals, half said their primary care doctor never talked to them about colorectal cancer screening," Dr. Hambrick reported. "We want to change that behavior and get the primary care physicians to discuss colorectal cancer screening with patients. Their recommendations will go a long way in motivating patients to schedule the test."

In its two-part presentation, STOP urges primary care physicians to encourage colorectal cancer screening among their patients and provides a compelling, interactive case management module featuring three diverse clinical scenarios.

"Feedback from these live presentations will help us refine the program before producing it in video form," Dr. Hambrick explained. "We plan to take the format to all 50 state medical societies,

make podium presentations at their meetings and offer the video version for wider distribution."

A patient information brochure distributed by STOP at the ASCRS Annual Meeting in Boston was developed to spread the word about colon cancer prevention to the public at large. STOP's initial press run of 10,000 brochures is being distributed through physicians' offices. Plans for a second printing include distribution through members of the American Academy of Family Physicians and organizations for physicians specializing in internal medicine, gynecology and gastroenterology. *

"In a random telephone survey of 1,100 individuals, half said their primary care doctor never talked to them about colorectal cancer screening."

Department that can be extended to other organizations nationwide.

"Our presentation will be part of a best practices discussion, where collaborating partners in Colon Cancer Awareness Month and invited guests will explore what each organization is doing, what's been most successful and how we can work together to be even more effective," explained Dr. Hambrick, a former ASCRS



More than 2,000 attend Annual Meeting ... continued from page 1

also helps the physician select the best treatment suited to a particular patient's needs."

Invited speakers at this year's Annual Meeting provided insights into some of the most recent advances in colorectal disease management. Dr. **Robin S. McLeod**, Toronto, Ontario, discussed new techniques for managing anal fissure; Dr. **Philip Needleman**, Skokie, IL, gave an overview on Cox 2 and new therapeutic targets for multiple diseases; internationally renowned surgeon Professor **Neil J. Mortensen**, Oxford, England, shared his expertise on management techniques for ulcerative colitis; while Dr. **Eugene S. Sullivan**, Portland, OR, gave a rousing presentation describing past leadership of the specialty.

For the second year in a row, the Endorectal Ultrasound Course was sold out. Chaired by Dr. **W. Douglas Wong**,

New York City, the day-long course gave colorectal surgeons hands-on experience using ultrasound technology to evaluate benign and malignant anorectal disease.

Among the meeting's greatest success stories was the increased participation by young surgeons. Nearly 25% of registered physicians attended an ASCRS Annual Meeting for the first time. This development guarantees a bright future for the Society.

Audio tapes of all scientific programs are available. Surgeons who missed the meeting or want to get copies of specific programs can call Chesapeake Communications at 410/796-0040. *

Dr. H. Randolph Bailey urges surgeons to embrace a lifetime of learning to stay on cutting-edge

Outgoing President Dr. H. Randolph Bailey, Houston, stressed continuing education as a key to success for colorectal



Dr. Randolph Bailey

surgeons in his Presidential Address at the ASCRS Annual Meeting in Boston.

“The need for life-long learning is particularly evident in medicine,” Dr.

Bailey said. “Over the past 25 years, the changes in colon and rectal surgery have been quite dramatic.” Citing the colonoscope and surgical stapling as examples of breakthroughs in patient treatment, Dr. Bailey said these procedures are compelling evidence for surgeons to keep themselves on the cutting-edge.

Improve patient care

He also cited emerging treatments, including ileo-anal and colo-anal procedures, adjuvant chemotherapy and radiotherapy, and endorectal ultrasound as further examples of why a commitment to continued education is essential to improve patient care.

“If I do not continue my lifetime of learning, in three to five years I will not even be able to understand the colorectal literature,” he said.

A lifetime of learning also involves sharing perspectives on surgical procedures with colleagues and staying current with the medical literature. These steps enable surgeons to master developing techniques in the future.

“One of our responsibilities as physicians is to participate in the education of other physicians,” he said, describing the satisfaction he receives from contact with surgeons in training. “Their inquisitive minds and myriad of questions serve to keep senior surgeons reading, thinking and innovating within our specialty.

According to Dr. Bailey, it is no longer acceptable to answer a young surgeon’s questions by saying, “That is how it’s always been done.”

Surgeons must embrace the ideas put forward by their younger colleagues and be willing to investigate their feasibility. Breakthroughs over the last two decades are the result of new ideas and discussion on ways to implement them. “Such success is what a lifetime of learning is about,” he added.

Shorten ‘learning curve’

“As our technology advances, our learning curve can be shortened by hearing about and observing the tricks – and mistakes – of others,” Dr. Bailey said.

Lifetime learning, in Dr. Bailey’s opinion, includes making informed decisions on what “advances” not to adopt.

New diagnostic modalities and anorectal physiologic studies for evaluating anal incontinence present new challenges and new rewards for colon and rectal surgeons. A dedication to understanding these tools and approaches to patient care provide exciting possibilities for surgeons in the next few years. As these techniques become adopted, the specialty will advance as a whole.

“If I do not continue my lifetime of learning, in three to five years I will not even be able to understand the colorectal literature.”

Commencement not completion

“It is no accident that most institutions of higher learning refer to their graduation exercises, not as completions, but as commencements, thus reflecting the beginning of a lifetime of learning,” he said. ✱

ASCRS plan for 2001 Colorectal Cancer Awareness Month... continued from page 1

effort to encourage the consumer press to include colorectal surgeons and ASCRS in coverage of colorectal cancer. “This will include developing and distributing press materials with a colorectal surgery angle to them and making follow-up contact with targeted national media,” said Mark Sahl, of Harris, Baio & McCullough.

Consumer and member information on the month will appear on the ASCRS Website, including introductory letters, fact sheets and brochures.

The Society also will promote the availability of ASCRS members to conduct colorectal cancer screening seminars for primary

care professionals at national and regional medical conferences. The Society’s Professional Outreach Committee is currently developing a standard presentation that members will be able to use for these presentations.

ASCRS members will be provided with promotional materials and tips for contacting local and regional professional associations to offer to do these presentations with primary care and gastroenterology professionals in their communities. “Local-level presentations will also provide those ASCRS members with another opportunity to encourage local media coverage on colorectal surgeons during the month,” Sahl said. ✱

Society identifies six goals; adopts strategic plan

The Executive Council adopted a strategic plan in June to enhance professional education, develop infrastructure and

The 2000-2003 plan – adopted at the Society's Annual Meeting – outlines a series of key tactics to achieve each goal.

“This plan is truly a collaborative effort, assembling the ideas and insights of colorectal surgeons throughout our Society.”

resources, improve communication, maximize collaboration with others, promote research and strengthen the Society.

“This plan is truly a collaborative effort, assembling the ideas and insights of colorectal surgeons throughout our Society,” said Dr. **H. Randolph Bailey**, Houston, immediate past president, in his state of the Society address. “There was a great deal of input from committees, past presidents, past chairs, associate editors and many others.”

Former President (1996-97) Dr. **David A. Rothenberger**, St. Paul, will oversee implementation of the plan, working closely with President Dr. **John M. MacKeigan**, Grand Rapids, MI, Executive Council members and other Society leaders.

A summary of the plan's six goals with key tactics is featured in the adjacent article. For a complete text of the plan, contact ASCRS at 847/290-9184 or ascrs@execadmin.com. *

Building bridges to connect ASCRS with the world

By *William C. Cirocco, MD, Young Surgeons Committee chair*



Dr. William Cirocco

It has been a busy, yet productive year for the Young Surgeons Committee. The ASCRS exhibit booth, a regular attraction at the Society's annual meetings, as well as the Clinical Congress of the American College of Surgeons, raises the profile of young surgeons and other ASCRS representatives striving to connect with meeting participants, distribute information and encourage attendees' questions about the Society and the specialty.

We took the booth on the road this past May to Digestive Diseases Week (DDW) in San Diego. As the premiere gathering area for gastrointestinal specialists from around the country, the week-long meeting was an excellent opportunity to make meaningful contacts with GI surgeons – a natural referral source for colorectal surgeons. Beginning these dialogues will further enhance our network of resources for patients.



The ASCRS exhibit booth is a regular attraction at annual meetings.

On the international front, UK Traveling Fellow Mr. **Brendan Moran** attended the ASCRS Annual Meeting in Boston. As consultant colorectal surgeon, Colorectal Research Unit of the North Hampshire Hospital, Basingstoke, Hampshire, Mr. Moran presented his award-winning research, “Why Basingstoke? Surgical Techniques – Striving for Oncological Excellence.”

In July, Dr. **Brett T. Gemlo**, St. Paul, represented ASCRS as our Traveling Fellow to the UK. He visited several prominent colorectal institutions throughout the United Kingdom, and presented

at the joint meeting of the Association of Coloproctology of Great Britain and Ireland and the Proctology Section of the Royal Society of Medicine. Dr. Gemlo was a fine representative for colorectal surgeons on this side of the Atlantic. The success of the Traveling Fellow program ensures that we will continue building bridges to our counterparts in the United Kingdom and share medical knowledge for the benefit of patients. *

Former President Dr. John R. Hill Dies

Former ASCRS President Dr. John R. Hill, 88, died September 19 at his home. In a colorectal surgical career spanning four decades, Dr. Hill's greatest legacy to the profession may lie in his 20-years of leadership as editor-in-chief of the Society's official peer-reviewed journal, *Diseases of the Colon and Rectum*, from 1967 to 1987.

He was consultant, head of section, and senior consultant in proctology at Mayo Clinic, Rochester, MN, and professor at the Mayo Medical School when he retired in 1977 with 31 years of service there. His contributions to the greater understanding of the etiology, classification, diagnosis and treatment of rectal fistulae earned him recognition as an international expert.

Board-certified in colorectal surgery, member of the American Medical Association and American College of Surgeons, and ASCRS Fellow, Dr. Hill is survived by his wife, Louise; three children, Nancy, John and Richard; and two grandchildren. *

ASCRS Strategic Plan For 2000-2003

Vision

The American Society of Colon and Rectal Surgeons is the recognized authority on conditions and diseases of the colon, rectum and anus.

Mission

The American Society of Colon and Rectal Surgeons is an association of surgeons and other professionals dedicated to assuring high quality patient care by advancing the science, prevention and management of disorders and diseases of the colon, rectum and anus.

Beliefs

The deeply held beliefs of the ASCRS are that diseases of the colon, rectum and anus are significant health problems; people deserve the best quality care for these diseases; and improvement in recognition, treatment and ultimate eradication of these diseases – as well as in the quality of patient care – is enhanced by the professionalism, development of knowledge and dissemination of information fostered by the fellowship of Society members.

Six-Goal Strategy

1. Meet the educational needs of professionals regarding diseases of the colon, rectum and anus.

- Maintain and enhance the international status of the *DC&R*.
- Optimize the Annual Meeting to achieve the Society's Vision and Mission.
- Maintain our educational role in the American College of Surgeons.
- Maintain and enhance current national continuing medical education programs for colon and rectal surgeons.
- Assess need and feasibility for new national continuing medical education programs for colon and rectal surgeons.
- Enhance surgical education methods.
- Assess and prioritize strategies to evaluate and recruit general surgery residents to specialize in colon and rectal surgery.
- Develop educational programs regarding diseases of the colon, rectum, and anus for other health care providers.
- Ensure continued funding for postgraduate education for colon and rectal surgery.

2. Develop the infrastructure and resources necessary to ensure the delivery of appropriate colorectal surgical specialty care

- Develop authoritative, reliable performance measures to assure delivery of quality care.
- Design and assess the feasibility of conducting and funding socioeconomic and clinical outcome studies.
- Continue to evaluate new technologies for assuring an effective, high-quality practice.
- Continue liaison with the government regarding health care issues.
- Provide assistance in establishing and maintaining a colon and rectal surgical practice

and in adjusting to changing modes of economics of practice.

- Serve as a clearing house for members in dealing with local socioeconomic issues and promote colorectal surgery as an essential specialty.

3. Enhance effective communication within the Society, with other health care professionals, and the private and public sectors.

- Develop more effective, bi-directional and timely cost-effective communication with the membership.
- Increase budget and staff support for electronic communications and other technologies as a means of member communication.
- Increase budget and staff support for electronic communications and other technologies to develop, maintain, and monitor a program of public education and awareness in colon and rectal diseases.

4. Maximize collaboration with other societies, organizations, and the health care industry to achieve our Vision and Mission.

- Maintain collaboration with the Cochrane Group.
- Expand international influence through relationship to International Council of Surgical Gastroenterology and European Coloproctology Society.
- Initiate a joint ASCRS-GI societies (AGA, ASGE, ACG) effort or conference to improve relationships, and to explore possible collaborations.
- Continue and strengthen the collaboration with the American College of Surgeons.
- Improve relations with SSAT, SAGES, SSO, AMA and other professional societies.
- Continue and enhance collaboration with industry.
- Develop collaborations with lay organizations.

5. Promote research for the prevention and management of diseases of the colon, rectum and anus.

- Support and expand the activities of the Research Foundation to improve the quality of research performed by colon and rectal surgeons.
- Recruit talented residents with experience or interest in performing research.
- Evaluate mechanisms and costs with funding sources to train residents/ASCRS members in clinical research methodologies.
- Identify funding sources for research.
- Identify forums for presentation of basic science research.
- Develop collaborative initiatives.

6. Maintain the Society's fiscal stability, enhance the value of membership, and broaden member participation.

- Continue to wisely invest Society assets.
- Seek to develop and/or increase other sources of income.
- Enhance the value of membership.
- Increase or broaden member participation in the Society.
- Assess the need for increased number of membership categories and the services provided for each.
- Reconstruct the process of nominations, composition of committees, and Council to increase member participation.
- Develop a process to identify and develop leaders for the ASCRS.
- Adopt a strategic management philosophy on the part of Council and committees to ensure continuity and congruence with the strategic plan.
- Further define management responsibility and ensure continuity.

Thanks to our corporate friends

ASCRS thanks the following supporters for their generous grants to projects and programs this year.

ASCRS Research Foundation
The Norman Nigro Research Lectureship.

Harry E. Bacon Foundation
The Harry E. Bacon Lectureship.

Aventis Pharmaceutical
The Preliminary Convention Program and symposium on "Risk Assessment and Anticoagulation in the General Surgery Patient."

Boston Scientific
The symposium on "Alternatives in the Treatment of Large Bowel Obstruction."

Bristol-Myers Squibb Oncology
The symposium on "Colorectal Cancer at the Millennium: Novel Approaches to Diagnosis and Treatment."

Ethicon Endo-Surgery
The Abstracts on Disk and the Executive Council Dinner.

Genzyme Surgical Products
The Convention Program Guide.

Pfizer U.S. Pharmaceuticals
The symposia on "The Role of Cyclosporine, Immuran and Remicade in the Surgical Management of IBD," and "Previously Unimaginable Medications for the New Millennium."

Procter & Gamble
The 2000 Membership Directory and Registration bags.

SmithKline Beecham
The Core Subject Update, morning refreshment breaks and Hotel Key Promotion.

United States Surgical Corporation
The Annual Reception and Dinner Dance, Residents' Breakfast, Hospitality Center for Spouses, Past Presidents' Reception and Luncheon, Parallel Session on Laparoscopy, and the Q&A Pads.



Program Chair Dr. W. Brian Sweeney, left, is commended for the superior scientific program in 2000, as Dr. H. Randolph Bailey presents a commemorative plaque.

Dr. Parker Roberts takes a break from faculty and Technologies Committee Chair responsibilities to relax with wife Suzanne at the Annual Dinner Dance.



*As strategic planners discuss **the future** of the specialty, these young guests personify it. The late-June Annual Meeting date encouraged greater numbers of school-aged attendees.*

Annual Meet



The Society thanks corporate supporters, including: Bristol-Myers Squibb Oncology, Ethicon Endo-Surgery, Genzyme Surgical Products, Procter & Gamble, SmithKline Beecham, and United States Surgical Corporation.

Past presidents connect



1990-91 President Dr. Samuel B. Labow and wife Michelle enjoy the festive atmosphere and the company of Debra Rosen, wife of Dr. Lester Rosen.



1993-94 president Dr. Samuel B. Labow and wife Michelle enjoy the festive atmosphere and the company of Debra Rosen, wife of Dr. Lester Rosen.



ing Highlights



ventis Pharmaceutical, Boston Scientific, surgery, Genzyme Surgical Products, Pfizer U.S. Beecham and United States Surgical Corporation.

ect with colleagues

91 President Dr. Peter A. Volpe and fiancé, esa Morse were among the guests assem- for the annual Welcome Reception.



↳ Putting seriousness aside, 1994-95 President Dr. Philip H. Gordon of Montreal Canada catches up with Chicago colleague Dr. Theodore Sacclarides in one of the meeting's lighter moments.



Australian Fellow Dr. Brian Morgan is flanked by past presidents, Drs. Herand Abcarian (1988-89), and J. Byron Gathright, Jr. (1989-90).



Time Magazine's Christine Gorman (from left) and Information TV Executive Producer Penelope Douglas accept ASCRS Media Awards from Public Relations Committee Chair Dr. Bruce A. Orkin.



Shall we dance? It was the perfect ending to a busy convention day for Dr. John Coller and his daughter, who enjoyed the annual Reception and Dinner Dance sponsored by United States Surgical Corporation.



International Scholarship winner Dr. AKM Fazlul Haque and wife Shabin, of Dhaka, Bangladesb, enjoy a little American hospitality and a unique international exchange of ideas.

Reporter, producer win Media Awards

A medical reporter for *Time Magazine* and an Information Television Network producer were awarded the 2000 ASCRS National Media Awards at the Society's Annual Meeting in Boston.

"Katie's Crusade," the winning article in the print category, chronicled the story of Today Show anchor Katie Couric's efforts to spread awareness of colon cancer after the disease claimed her husband in 1998. **Christine Gorman**, who wrote the article, was on hand to receive the print media award.

The broadcast award was awarded to **Chris Douglas**, executive producer of the half-hour documentary titled "Colon Cancer: The Cutting Edge Medical Report," which aired on Discovery Channel. Executive Producer and sister **Penelope Douglas** accepted the award on his behalf.

Media Award winners receive \$1,000 cash prizes, commemorative plaques and an expense-paid trip to attend the award ceremony.

Members of the ASCRS Public Relations Committee screened entries for medical accuracy. Winning entries were then selected by judges from the Medill School of Journalism, Northwestern University, Evanston, IL.

ASCRS created the National Media Awards in 1995 to help recognize outstanding achievement in communication concerning colon and rectal diseases. Society members who read or view superior reports on topics relating to colorectal surgical care may contact reporters to submit contest entries.

For more information about the ASCRS Media Awards program and entry forms for next year's contest, call Public Relations at 847/934-5580.



Medicare payment cuts, managed care, graduate medical education top Washington agenda

by Erin J. LaFlair, Legislative Assistant, The American College of Surgeons

The second session of the 106th Congress addressed many health care issues important to colorectal surgeons. Medicare payments for many surgical services continue to experience scheduled

Medicare payments reflect regional cost differences.

In addition, the resource-based malpractice RVUs first incorporated into the fee schedule this year are being updated, using 1996-1998 premium data; however, HCFA has not yet calculated the actual RVUs.

Refinements of resource-based practice expense RVUs were very technical and offered little or no relief from payment reductions currently scheduled for many surgical services. However, the American Medical Association/Specialty Society Relative Value Update Committee (RUC) recently gave HCFA some practice expense RVU recommendations, and the final rule will likely address some of them. The draft regulation has a 60-day comment period, with the final rule scheduled to be published around November 1, 2000.

The chart at bottom left illustrates the impact of the new practice expense RVUs being phased in between 1999 and 2002 for some common colorectal procedures. It shows payments proposed in 2001 and 2002 based on the recently issued proposed rule. For comparative purposes,

we show payments for 1989 before the Medicare Fee Schedule took effect.

The transition of the new practice expense RVUs is at the halfway point. It is highly unlikely that any significant refinement of the methodology used to determine practice expense will occur. In response, the practice expense coalition, comprising about 40 medical and surgical specialty associations, has developed a legislative proposal. The coalition is now lobbying Congress to halt the transition at the year 2000 level, while at the same time allowing RVUs for office visit and office consultation codes to continue to increase to their projected 2002 levels.

Funds from the projected budget surplus would finance these increases rather than a reallocation of payments from other physician services. This proposal shares broad support from the medical community, including the American College of Surgeons, American Medical Association, Cleveland Clinic Foundation, and the Association of American Medical Colleges.

Reform bill makes slow progress

Managed care reform continues to dominate the health care agenda in the closing days of the 106th Congress.

Members of a House-Senate conference committee are charged with settling differences between the Bipartisan Consensus Managed Care Improvement Act, passed by the House, and the Patient Bill of Rights Plus Act, passed by the Senate.

The College, and virtually all physician specialty organizations, have endorsed the House bill, sponsored by Representatives Charlie Norwood (R-GA) and John Dingell (D-MI).

“One compromise that they are discussing would allow patients to sue their health plans, but would cap non-economic and punitive damages at a certain amount.”

cuts, and managed care remains the most debated issue on Capitol Hill. Graduate medical education (GME) is on the radar screen, although they will not likely address it until the 107th Congress convenes in January 2001.

Physician payment

The Health Care Financing Administration (HCFA) released a proposed rule in July outlining potential Medicare physician payment and policy changes for 2001. The most significant change proposed would update the geographic practice cost indices used to adjust fee schedule relative value units (RVUs), so that

Medicare payment services for surgical services

CPT/Procedure	1989 Average	2001 Proposed	2002 Proposed	%Change 1989-2002
44050, Reduce Bowel Obstruction	\$706	\$687	\$662	-6%
44125, Removal of Small Intestine	\$1,035	\$898	\$855	-17%
44140, Partial Removal of Colon	\$1,218	\$1,085	\$1,050	-14%
44150, Removal of Colon	\$1,615	\$1,341	\$1,309	-19%
44310, Ileostomy/jejunostomy	\$710	\$784	\$783	10%
44320, Colostomy	N/A	\$863	\$878	N/A
44850, Repair mesentery	\$467	\$577	\$567	21%
45112, Removal of Rectum	\$1,608	\$1,531	\$1,481	-8%
45385, Colonoscopy w/ lesion removal, facility based	\$685	\$334	\$288	-58%
45385, Colonoscopy w/ lesion removal, non-facility based	\$685	\$477	\$479	N/A
46250, Hemorrhoidectomy, facility based	\$250	\$286	\$283	13%
46250, Hemorrhoidectomy, non-facility based	\$250	\$348	\$366	N/A
46934, Destruction of hemorrhoids, facility based	\$103	\$261	\$279	170%
46934, Destruction of hemorrhoids, non-facility based	\$103	\$323	\$361	N/A

* Table does not account for further changes in the conversion factor.

The rules just keep a changin' By Anthony J. Senagore, MD, MBA, ASCRS Socioeconomic chair, and Martin A. Luchtefeld, MD, CPT chair

Just when you think you have finally figured out the correct way to code for your services, the rules change.



Dr. Anthony Senagore

This is one change worth keeping abreast of because it affects physician reimbursement and hospital outpatient reimbursement. In addition, failure to accurately code for evaluation and management (E/M) codes will make it difficult for the practicing surgeon to be appropriately rewarded for practice expense. Since 1999, the E/M codes have been reevaluated on many occasions, with current rules allowing either the 1997 or 1995 guidelines.

The matter is once again under scrutiny by the Practicing Physicians Advisory Council (PPAC), a group sponsored by the Health Care Financing Administration (HCFA). New recommendations which look very similar to the 1995 guidelines with the use of much of the physical examination terminology of the 1997 guidelines will likely be piloted this fall. It remains unclear whether the groups testing these guidelines will be given immunity from prosecution for inaccurate coding.

A link from the HCFA Website, www.HCFA.gov, can be used to view the new guidelines. The PPAC is sponsoring a program this fall for education, and the committees will make this information available to Society membership in the next edition of the newsletter.

The Socioeconomic and CPT Committees have been busy completing surveys, in conjunction with the American College of Surgeons (ACS), in preparation for the five-year review of all CPT codes and their respective RBRVS valuations.

Changes are only contemplated for codes that have been "mis-valued" by +/- 10%. If any member feels a specific code is misvalued, please notify Tricia Barton (tjbardon@earthlink.net), and the committees will determine whether it should be included in the presentation. Consideration will be given to codes which have had significant changes in technology, site of service or practice expense over the last five years.

The symposium at this year's ASCRS Annual Meeting in Boston, "Socio-Economic Update," was very well attended. Topics included compliance issues for small and medium sized colorectal surgical practices, methods of assessing and managing practice expense using activity-based cost accounting, an update on CPT coding changes, and an introduction to CPT-5 changes.

Attendees who did not receive the handouts for the compliance session in the mail may contact Tricia Bardon. If any member has issues to be included in next year's update, please forward this information to the committees for consideration.

The Practice Expense Advisory Council (PEAC) is in the process of evaluating every CPT code to convert practice expense to a resource-based formula. Initially, the PEAC is looking at the most frequently billed codes and those with the highest costs per year. We will keep you informed on the results of this process after the PEAC meetings this fall.

"Changes are only contemplated for codes that have been 'mis-valued' by +/- 10%. If any member feels a specific code is misvalued, please notify Tricia Barton (tjbardon@earthlink.net)."

The SEC and CPT committees hope to use this newsletter to keep the membership current on the large amount of information related to these rule changes. If a member has specific issues related to coding or reimbursement, please contact the SEC or CPT committee through Tricia Bardon, the staff person for our committees.*

2000-2001 Committee Chairs

Awards	.Dr. Donald Buie	Program	.Dr. Robert Madoff
Bylaws	.Dr. Richard P. Billingham	Public Relations	.Dr. Bruce Orkin
Continuing Education	.Dr. Alan Thorson	Quality Assessment & Safety Committee	.Dr. Marvin L. Corman
Credentials	.Dr. John MacKeigan	Regional Societies	.Dr. Donald B. Colvin
Emerging Technologies	.Dr. W. Douglas Wong	Residents	.Dr. Ronald Bleday
Finance	.Dr. Ann C. Lowry	Self Assessment	.Dr. Judith L. Trudel
Hospitality	.Mrs. Kelly Bailey	Socioeconomic	.Dr. Anthony J. Senagore
International	.Dr. Steven D. Wexner	Standards	.Dr. Clifford Simmang
International Advisory	.Dr. Steven D. Wexner	Technologies	.Dr. M. Parker Roberts
Local Arrangement	.Dr. Dana Launer	Website	.Dr. John A. Collier
Membership	.Dr. Steven D. Wexner	Workforce	.Dr. Theodore Saclarides
Professional Outreach	.Dr. Michael J. Stamos	Young Surgeons	.Dr. William C. Cirocco

Multi-facility team of researchers honored for submitting *DC&R* Impact paper of 1999

A team of researchers from several facilities nationwide was honored for submitting the outstanding paper published in *Diseases of the Colon and Rectum* during 1999. Dr. **Ann C. Lowry**, Edina, MN,

“Understanding symptoms is the ideal way to rank disease severity and determine the best approach to treatment. A universal scoring system will help surgeons compare situations with peers and share their experiences.”

accepted the Robert Beart Impact Paper Award on behalf of the team at the Annual Meeting in Boston.

Published in December 1999, “Patient and Surgeon Ranking of the Severity of Symptoms Associated with Fecal Incontinence,” was jointly authored by **Todd H. Rockwood**, Ph.D., Minneapolis; Dr. **James M. Church**,

Cleveland; Dr. **James W. Fleshman**, St. Louis; Dr. **Robert L. Kane**, Minneapolis; Dr. **Constantinos Mavroantonis**, Ft. Lauderdale, FL; Dr. **Alan G. Thorson**, Omaha; Dr. **Steven D. Wexner** and **Donna Bliss**, RN, Ph.D., Minneapolis; and Dr. Lowry.

“This paper signals a first step towards achieving a universally accepted fecal incontinence index,” said Dr. **W. Douglas Wong**, New York City, chair of the Impact Paper Selection Committee.

“A questionnaire asking surgeons and patients to rank the severity of incontinence symptoms returned very similar responses. Understanding symptoms is the ideal way to rank disease severity and determine the best approach to treatment. A universal scoring system will help surgeons compare situations

with peers and share their experiences,” he added.

The Robert Beart Award is presented annually to the authors of an article published in *DC&R* based on the paper’s impact, study design, quality and validity.



Representing a team of researchers, Dr. Ann C. Lowry accepts the Robert Beart Award for the Impact Paper of 1999 from *DC&R* Editor Dr. Victor Fazio.

Outstanding researchers recognized with regional awards

Seven regional awards were presented at the ASCRS Annual Meeting in Boston to honor researchers for their outstanding papers and posters. The Awards Committee, chaired by Dr. **W. Donald Buie**, Calgary, Alberta, Canada, named the following honorees:

- **Chicago Society of Colon and Rectal Surgeons, Durand Smith, MD, Award**—Drs. *Hiroshi Tomita, Peter W. Marcelllo, Jeffrey W. Milsom, Terrence L. Gramlich, and Victor W. Fazio*, “CO2 Pneumoperitoneum Does Not Enhance Tumor Growth and Metastasis: A Study of a Rat Cecal Wall Inoculation Model”
- **Midwest Society of Colon and Rectal Surgeons, William C. Bernstein Award**—Drs. *Maria Stapfer, Erlinda M. Gordon, Ling L. Liu, Jie Hu, Pengxuan Liu, Robert W. Beart, and Frederick L. Hall, Ph.D.*, “Matrix-Targeted Injectable Retroviral Vectors for Metastatic Cancer”
- **New England Society of Colon and Rectal Surgeons Award**—Dr. *Demetrius E.M. Litwin, HALS Study Group*, “Hand-Assisted Laparoscopy verses Standard Laparoscopy for Colorectal Resection”
- **Northern California Society of Colon and Rectal Surgeons Award**—Drs. *Enzio Ganio, A. Masin, G. Dodi, V. Ripetti, A. Arullani, C. Ratto, G.B. Doglietto, M. Frascio, E. BertiRiboli, V. Landolfi, A. DelGenio, D.F. Altomare, V. Memeo, P. Bertapelle, R. Carone, M. Spinelli, A. Zanollo, and L. Spreafico*, “Neuromodulation for Fecal Incontinence: Outcome in 16 Patients with Definitive Implant”
- **The Ohio Valley Society of Colon and Rectal Surgery Award**—Drs. *Kazubisa Sbitoh, Fumio Konishi, Yasuyuki Miyakura, Kazutomo Togashi, and Hideo Nagai*, “Microsatellite Instability as a Marker in Predicting the Metachronous Multiple Colorectal Carcinomas after Surgery”
- **Pennsylvania Society of Colon and Rectal Surgery Award**—Drs. *Harry Wasvary, Jon M. Hain, Michelle Mosed-Vogel, Donald Barkel, and Steven N. Klein*, “A Randomized Prospective, Double-Blind, Placebo-Controlled Trial of Effect of Nitroglycerin Ointment on Pain after Hemorrhoidectomy”
- **Pittsburgh Society of Colon and Rectal Surgeons, Karl A. Zimmerman, MD, Award**—Drs. *Harry Liberman, Julio Faria, Charles A. Ternent, Garnet J. Blatchford, Mark A. Christensen, and Alan G. Thorson*, “A Prospective Evaluation of the Value of Anorectal Physiology in the Management for Fecal Incontinence” *

Comprehensive clinical trials directory connects researchers with funding opportunities

By Heidi Nelson, MD, President, Research Foundation

To support and advance colorectal research, the Research Foundation of ASCRS has compiled a comprehensive directory of colorectal clinical trials, along with listings of surgeons willing to participate in them.

Colon and Rectal Surgeons' Interest in Performing Clinical Trials is being distributed to corporate sponsors of our Centennial Campaign, who helped raise over \$5 million for colorectal research. The directory will help connect those funding various clinical trials with colorectal surgeons eager to participate.

In the past decade, the health care system in the United States has experienced dramatic changes as a result of cutbacks in government health programs, decreased funding for medical research and education, and fundamental shifts in the way health care is delivered. These changes have accentuated the important role the Research Foundation must take in supporting colorectal research. Clinical trials are a vital tool in our mission to develop new methods of diagnosis and treatment that will enhance the quality of patient care, achieve better outcomes, save lives and lower medical costs.

The Foundation will continuously update clinical trials information to provide sponsoring companies with the most current surgeon listings. Society members who share our commitment to advancing research through clinical trials are encouraged to make their interests known by contacting the Research Foundation office at 847/956-1846 for a copy of the questionnaire.

Limited Project Grants

With an endowment totaling more than \$5 million, the Research Foundation's focus on funding research that will strengthen our specialty for years to come moves into fifth gear. Limited Project Grants, which range from \$6,000-\$20,000 over a one-year period, are an integral part of our efforts to promote and support quality research.

Limited Project Grants support residents and clinical investigators in their research endeavors involving specific

and confined issues in colon and rectal surgery. The program also provides "seed" money for projects that later may be supported by an external funding agency.

What makes these grants even more important is the fact that traditional sources of funding are disappearing, leaving the Research Foundation as the major provider of grant monies for colon and rectal research. For information on Limited Project Grants, scan the Society's



Dr. Eugene Salvati (left) received the Research Foundation's Distinguished Mentor Award from Dr. Charles Littlejohn for his dedication, guidance, inspiration and support of young colorectal surgeons.

Website, fascrs.org/, or contact the Research Foundation at 847/956-1846.

Annual Meeting awards

Beyond funding colorectal research, the Foundation encourages the efforts of outstanding young investigators by honoring their exceptional studies.

The Young Investigators Award of \$5,000 was presented to Dr. **Charles A. Ternant**, Omaha, at the ASCRS Annual Meeting in Boston on June 28 for his research, "12-Lipoxygenase Regulated Growth and Apoptosis in Colon Cancer."

The Foundation's Distinguished Mentor Award went to Dr. **Eugene P. Salvati**, Edison, NJ, for his dedication, guidance, inspiration and support of young colon and rectal surgeons, fellows, residents and students. Leaders like Dr. Salvati are shaping the future of the specialty by fostering a commitment to excellence among younger colleagues.

Research a priority

As ASCRS looks to the future, implementing its new strategic plan, promoting research for the prevention and management of colon, rectal and anal disease is defined as one of its top priorities.

The Foundation will take the lead in achieving specific goals of the plan to:

- Support and expand the activities of the Research Foundation to improve quality of research performed by surgeons;
- Recruit talented residents with experience or interest in performing research;
- Evaluate mechanisms and costs with funding sources to train residents/ASCRS members in clinical research methodologies;
- Identify funding sources and forums for presenting basic research; and
- Develop collaborative initiatives.

Achieving these goals will require commitment from all ASCRS members. Participating in clinical trials, mentoring young researchers and sharing your ideas with us will help guide the future of the specialty and enhance patient care. Providing financial support to the Foundation, which has become the primary source of funding for colorectal disease research, is another. There are many ways to contribute.

Contributions may be charged to credit cards, if that is more convenient for donors. We also ask members to consider the tax benefits of making a gift of appreciated securities. Many members choose to have fees, honoraria or royalties paid directly to the Foundation in lieu of making a direct contribution. We encourage creative giving.*

Research Foundation Board

Heidi Nelson, MD
President

James W. Fleshman, MD
Vice president

José Guillem, MD
Secretary

Ann C. Lowry, MD
Treasurer

Trustees:

Mr. Duke Collier

Robert Fry, MD

Mr. Parvitz Kamangar

John MacKeigan, MD

David Rothenberger, MD

Mark L. Welton, MD

Calling for ACS support on issues impacting our specialty

By Ira J. Kodner, MD, ACS Governor



Dr. Ira Kodner

As the Society's representative to the American College of Surgeons, my efforts focus on two categories of issues: (A) identifying and encouraging advocacy in areas of greatest concern to colorectal surgeons; and (B) promoting activities that best meet the needs of colorectal surgeons within ACS.

My Annual Governor's Report to ACS calls upon the College to take the lead in Washington to affect changes in areas with the greatest potential impact on colorectal surgeons, our patients and the future of our specialty. Priorities include advocating changes in legislation to:

"No one's interests are served when surgeons and their patients are forced to go through irrelevant aspects of history and physical exams just to meet reimbursement criteria."

Colorectal surgical issues

- **Reverse negative effects of the Budget Reduction Act of 1997 on teaching hospitals and care of indigent patients.** This remains a chief concern of the Society as implications of this Act threaten to curtail training programs and care of patients without insurance.
- **Create a specialty coding system to replace the gross inequities imposed by the E/M coding system.** No one's interests are served when surgeons and their patients are forced to go through irrelevant aspects of history and physical exams just to meet reimbursement criteria.
- **Involve surgeons in determining what is adequate care at each stage of patient management in hospitals.** Current policies of both hospitals and managed care organizations force surgeons to use equipment and participate in activities for which surgeons acquire liability despite the fact they had no input in determining

the course of action prior to that point. Lobbying efforts in Washington should address quality of surgical patient care as well as surgical reimbursement.

- **Revise RVU to acknowledge inherent differences in the practice of surgery versus other forms of medicine.** Performing a complicated operation is a completely different activity than analyzing a patient situation and writing a prescription.
- **Assure patient confidentiality and recognize patients' rights.** The patient should have the choice of specialist and, most importantly, access to the best care provided by surgical specialists.

Promoting specialty within ACS

In meetings of the Advisory Council for Colorectal Surgeons and the ASCRS Executive Council, colleagues provided several good recommendations for addressing the needs and concerns of colorectal surgeons within ACS. Our "wish list" recommended that the College:

- **Create a "home room" at the ACS Chicago headquarters** to house memorabilia of each of the specialties. The objective is to draw specialty members of ACS to visit College headquarters during annual meetings in Chicago.
- **Encourage other internal ACS bodies, especially the Oncology Group, to call on the Advisory Councils** to recommend individuals whose expertise best qualifies them to participate in ACS activities.
- **Improve the link from the ACS Website to the ASCRS site,** particularly the ability to access patient information brochures posted on our site.
- **Establish policies to foster high standards of quality and ethics in surgeon presentations and activities conducted on the Internet,** specifically addressing Internet consultations on patients.

- **Develop clear guidelines to promote ethics as surgery becomes increasingly dependent on industry financial support** of academic programs and research studies. We found the AMA's recently released guidelines too restrictive in addressing relationships between industry and teaching programs. The need for guidelines becomes increasingly apparent as potential for corruption grows. Many surgeons and/or their programs now receive more money for participating in an industrial study than they receive for the surgery, pre- and post operative care combined.
- **Create a "senate" type panel within ACS** to ensure that even small specialty groups such as ASCRS have a voice in matters of concern.
- **Develop policies for assessing and accrediting new surgical technologies and ensuring the quality of surgical care** at ongoing levels. It is understood that the Board of Surgery does not participate in credentialing, but the College might offer guidelines to ensure the proficiency of members.
- **Continue to be involved in outcomes and performance measures,** providing guidelines for the specialty societies.

Statistics of ACS meeting attendance revealed that colon and rectal surgery sessions continue to draw disproportionately large numbers of registrants. Colorectal surgeons may well comprise a relatively small specialty among ACS membership, but our teaching sessions remain a very big draw for the College. Based on our strength as a significant teaching asset within the College, we will continue to press ACS for its support on issues most important to our members.

ASCRS welcomes new Fellows, Members, Candidates

ASCRS welcomed 51 new Fellows, 117 new Members and 111 new Candidates at the Society's annual business meeting in June. To qualify for Fellowship, applicants must achieve ABCRS certification, specialize in colon and rectal surgery for at least three years immediately preceding application, have attended at least one of the last three ASCRS Annual Meetings and

provide letters of recommendation from two ASCRS Fellows confirming that all Membership requirements have been met. Applications are available through the executive office. Following are the Society's new Fellows, Members and Candidates for 2000:

Fellowship

Steven Albertson, MD
Taro Arai, MD
George E. Belzer, MD
Thomas B. Blake, III, MD
Anthony N. Brannan, MD
Scott M. Browning, MD
Rebecca L. Cali, MD
Frank M. Carter, MD
Michael E. Chen, MD
Matthew J. Cywinski, MD
Christina Czyrko, MD
Alberto J. Del Pino, MD
John W. DeNobile, MD
Robert W. Dodson, MD
Nora Evans, MD
June M. George, MD
Ernest D. Graves, III, MD
Said Hashemipour, MD
Ann L. Kalthorn, MD
Michael S. Kim, MD
James V. Klas, MD
Ravin R. Kumar, MD
Jacqueline L. Kaiser, MD
Syl A. Lord, MD
Raoul Mayer, MD
Paulo R. Monterosso, MD
Joseph P. Muldoon, MD
Sean C. O'Donovan, MD
David P. Ondrula, MD
Glenn S. Parker, MD
W. Brian Perry, MD
Nana A. Pianim, MD
David J. Piazza, MD
Fabio M. Potenti, MD
Steven G. Proshan, MD
Thomas E. Read, MD
W. Terence Reilly, MD
Feza H. Remzi, MD
Andrew H. Ritter, MD
Segundo A. Rodriguez, MD
Miguel A. Rodriguez-Bigas, MD
Rolando H. Rolandelli, MD
Glenn D. Sakamoto, MD
Mark E. Sher, MD
Saul Sokol, MD
Julia H. Sone, MD
Marcos Szomstein, MD
Herschel D. Vargas, MD
James D. Waller, Jr., MD
Jeffrey L. Williamson, MD
Muhammad T. Yasin, MD

Membership

Paulo C. Abrahao, MD
Dean R. Adams, MD
Raffi E. Agopian, MD
Stephen I. Allison, MD
William S. Auriemma, MD
Hector J. Azuaje, MD
Hiroshi Azuma, MD
Moo-Jun Baek, MD
Arnold M. Baskies, MD

Marc D. Basson, MD
Osvaldo A. Bosisio, MD
Marc I. Brand, MD
Trudi J. Brown, MD
Juan P. Carrion, MD
Julio Castillo, MD
Robert A. Cecchino, MD
Eu-Myung Chang, MD
Lynn Chao, MD
Kyung-A Cho, MD
Dong H. Choi, MD
Edward K. Chough, MD
SungWon Chun, MD
Woo-Shik Chung, MD
Kenneth A. Giardiello, MD
Vincent Cifello, MD
Jaime P. Contreras, MD
Arnold G. Coran, MD
Joaquim Costa Carvalho, MD
James D. Cazzarelli, MD
William J. Cunliffe, MD
Antonio E. Menegaz de Bem, MD
Mauricio J. de Matos e Silva, MD
Daniel T. Dempsey, MD
Lynda S. Dougherty, MD
Brian Draganic, MD
Gary D. Dunn, MD
Adam J. Dziki, MD
Gonzalo C. Egloff, MD
Thomas A. Erchinger, MD
Goodluck Eze, MD
Pablo A. Farina, MD
Martha A. Ferguson, MD
Anthony Firilas, MD
Gregory P. FitzHarris, MD
George E. Foster, MD
Joseph T. Gallagher, MD
Pascal A. Gervaz, MD
Guillermo A. Gomez, MD
Xavier Gonzalez Argente, MD
Nigel R. Hall, DM
Yukihiro Hamahata, MD
Patrick F. Hammen, MD
Bruce A. Harms, MD
William R. Henwood, MD
Tetsuya Hirano, MD
Herbert C. Hoover, Jr., MD
Karen D. Horvath, MD
Emina H. Huang, MD
Dae-Sung Huh, MD
Jefferson B. Hurley, MD
Rifaat A. Kawy Hussein, MD
Do-Yeon Hwang, MD
Jean A. Jaffke, MD
Kambiz Jahadi, MD
Anil K. Jain, MD
Gwang-Sik Jang, MD
Johannes HPM Jongen, MD
Yong-Won Kang, MD
Chan-Gi Kim, MD
Chang N. Kim, MD
Jae-Ho Kim, MD
Ji-Yeon Kim, MD
Kuhn-Uk Kim, MD

Steven SJ Kim, MD
Young-Il Kim, MD
Yu-Yong Kim, MD
Clifford Y. Ko, MD
Leszek A. Kolodziejczak, MD
Matthias J. Kraemer, MD
Luis Leal Hernandez, MD
Eric D. Lederman, MD
Jong S. Lee, MD
Suk H. Lee, MD
Wooyong Lee, MD
Christopher R. Mantyh, MD
Michael J. Mar Fan, MD
Claudio Mattana, MD
Christoph A. Maurer, MD
Kathrin L. Mayer, MD
Willie C. McClaire, Jr., MD
Elizabeth J. McConnell, MD
Michael J. McCue, MD
Stephen J. McLaughlin, MD
Paul J. McMurrick, MD
Ronald B. Melbert, MD
Juliane A. R. Miranda, MD
Seong-Do Moon, MD
Eduardo Moreno-Paquentin, MD
Ho-Tack Nam, MD
Maurizio D. Nichele, MD
Meade T. Palmer, MD
Carlos M. Parellada, MD
Duk-Hoon Park, MD
Won-Kap Park, MD
Cesare P. Peraglie, MD
Pablo E. Piccinini, MD
John Th M Plukker, MD
Adrian L. Polglase, MD
Orlando Prado Filho, MD
Jose I. Restrepo, MD
Alan M. Roe, MD
David B. Rosenfeld, MD
Nicolas A. Rotholtz, MD
Jordy S. Sacksner, MD
Naoto Saigusa, MD
Lorenzo K. Sampson, MD
Mark G. Scherrer, MD
Mohamed I. Selem, MD
Graham J. Sellers, MD
Michael J. Snyder, MD
Kwang W. Suh, MD
Koki Sunouchi, MD
Marek J. Szczepkowski, MD
Patrick Y. M. Tan, MD
Mustafa C. Terzi, MD
Clifford T. Thompson, MD
Michael R. Thompson, MD
Guillermo C. Tinghitella, MD
Kishore S. Tonsekar, MD
Christian Torres Ortiz
Ocampo, MD
Mauricio A. Trabanino, MD
Laurier J. Tremblay, Jr., MD
Charles B. Tsang, MD
Chun-Wah Tse, MD
Yasunobu Tsujinaka, MD
Reggie A. Vaden, MD

Cyrus Vakili, MD
Indiana J. Venetucci, MD
Juan Vinas-Salas, MD
Qiang Wang, MD
Theo Wiggers, MD
John B. Wiles, MD
Shigeki Yamaguchi, MD
Richard J. Yarger, MD
Jose F. Yeguez, MD
Chien Y. Yeh, MD
Seong Y. You, MD

Candidates

Ahmet F. Agachan, MD
Nasser A. N. Al-Sanea, MD
Ali H. Al-Shemeri, MD
Ahmed S. Alkoraishi, MD
Tracey D. Arnell, MD
Khawaja Azimuddin, MD
Bruce M. Belin, MD
Paul E. Bernick, MD
Ian D. Botterill, FRCS
Marcella W. Bradway, MD
James P. Brooks, MD
Michael A. Buckmire, MD
Mahdi M. Budayr, MD
Frank J. Caliendo, MD
James P. Celebrezze, Jr., MD
Andy S. Chen, MD
Ian D. Chin, MD
Frank A. Chrzanowski, Jr., MD
Heidi K. Chua, MD
Robert R. Cima, MD
Paul F. Conarty, Jr., MD
Conor P. Delaney, MD
Deborah A. DeMarta, MD
Howard D. Dobson, III, MD
Eric J. Dozois, MD
Hans J. Duepree, MD
Jonathan E. Efron, MD
Josselyn T. Emslie, MD
Edward J. Eyring, MD
Raymond Fang, MD
Julio Faria, MD
Adil Farooqui, MD
Alessandro Fichera, MD
David R. Fischer, MD
Deborah J. Fox, MD
Stanley B. Fuller, MD
Jules E. Garbus, MD
Cary L. Gentry, MD
Gabriela A. Ghitulescu, MD
Graham K. Gibb, MD
Richard T. Guttman, Jr., MD
Jihan Hegazy, MD
Tim J. Heilizer, MD
Glen D. Hooker, MD
James T. Hynes, MD
Beth R. Jaklic, MD
Kristina H. Johnson, MD
Joshua A. Katz, MD
Ran S. Kim, MD
Mark H. Kimmins, MD

Peter F. Klein, MD
Lauren A. Kosinski, MD
Alex J. Ky, MD
Harry A. Liberman, MD
Edward Lin, DO
Kevin M. Lin, MD
Matthew W. Lube, MD
Anthony R. MacLean, MD
Hiroyoshi Matsuoka, MD
Steven J. McClane, MD
Jeffrey D. McNeil, MD
Jennifer K. Moldovan, MD
Roland M. Mollen, MD
Martin R. Moon, MD
Harvey G. Moore, MD
Isay Moscovitz, MD
Timothy B. Murray, MD
Wyn D. Nguyen, MD
Michael J. Page, MD
Alexander A. Parikh, MD
Samir N. Parikh, MD
John S. Park, MD
Alon J. Pikarsky, MD
Benjamin M. Piperno, MD
Michele Pisano, MD
James Pitt, MD
Lisa S. Poritz, MD
Timothy A. Pritts, MD
Babak N. Rad, MD
Craig A. Reickert, MD
Petachia Reissman, MD
Lucian J. Rivela, MD
Uwe J. Roblick, MD
James D. Rorabaugh, MD
Seth A. Rosen, MD
Wayne S. Rosen, MD
Howard M. Ross, MD
Khalid S. Sabr, MD
Kent C. Sasse, MD
Arkan S. Sayed-Noor, MD
David M. Schaffzin, MD
Oliver Schwandner, MD
Susan A. Sgambati, MD
Lisa C. Shamo, MD
Maniamparampil
Shashidharan, MD
David Shibata, MD
Christopher T. Smith, MD
Toyooki Sonoda, MD
Jeffrey A. Sternberg, MD
Barry J. Sullivan, MD
Oscar Tellez, MD
Gino T. Trevisani, MD
Josephine Y. Tsai, MD
Santiago A. Ulloa, MD
Robert A. Underwood, MD
Madhulika G. Varma, MD
Martin R. Weiser, MD
John H. Winston, MD
Paul E. Wise, MD
Ronghua Zhao, MD
Oded Zmora, MD



ASCRS to provide Core Subjects CME credit online

In the first step towards providing continuing medical education opportunities Online, surgeons will be able to earn CME credit by accessing Core Subject presentations on the ASCRS Website at www.fascrs.org.

Links on the Website will provide graphics and slides from each of the Core Subject presentations made at the ASCRS Annual

“The online program enables users to earn CME credit whenever it is most convenient for them. That’s an incredible benefit for surgeons juggling busy, stressful schedules.”

Meeting in Boston, along with audio of the speaker presenting. The new CME online program is planned for end of year.

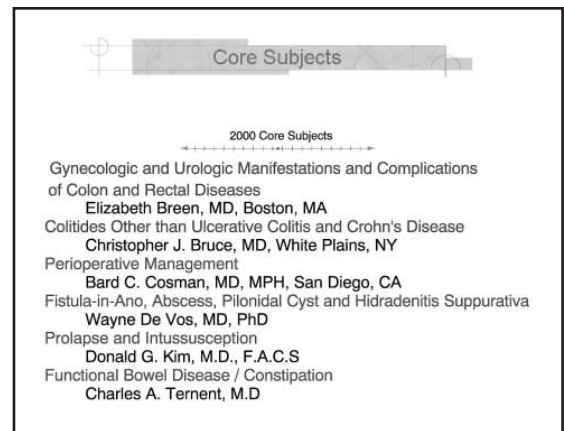
“After each half-hour lecture, surgeons can log onto a separate Web page, pay a

small fee and answer a series of questions for CME credit,” said Dr. **H. Randolph Bailey**, Houston. “The online program enables users to earn CME credit whenever it is most convenient for them. That’s an incredible benefit for surgeons juggling busy, stressful schedules.”

By attending the six Core Subject presentations at the ASCRS Annual Meeting, surgeons earn three hours of CME Category I credit. CME over the Internet offers surgeons who couldn’t attend the Boston meeting the opportunity to earn credits they otherwise would have missed.

The American Board of Colon and Rectal Surgery (ABCRS) developed the Core Subject Update with ASCRS to foster

continuing education and help prepare surgeons for recertification.



Twenty-four Core Subjects are covered over a four-year period. Six of these key topics are presented each year at the Annual Meeting. Additional presentations from the Annual Meeting may be posted on the Website in the future. *

Washington Update... continued from page 10

The conference committee reportedly has agreed on many important provisions, including the establishment of a prudent layperson standard for emergency care coverage, access to specialty care, and the appeals process. The panel has not yet reached agreement, however, on the issues of health plan liability and the scope of the patient population covered by the legislation.

One compromise that they are discussing would allow patients to sue their health plans, but would cap non-economic and punitive damages at a certain amount.

Graduate medical education

Graduate medical education (GME) continues to attract interest on Capitol Hill. However, due to the heated managed care debate and efforts to resolve problems created by the Balanced Budget Act of 1997, it looks as if Congress will wait until the next session to address GME.

The Medicare Payment Advisory Commission (MedPAC) has continued to explore options to improve GME. Its June report to Congress, entitled “Selected Medicare Issues,” reviewed options for modeling a proposed teaching hospital adjustment (THA) that would combine the payments for direct and indirect medical education. This work stems from the Commission’s August 1999

report on options for revising Medicare’s GME payment policies, as mandated by the Balanced Budget Act of 1997.

The June report reiterates the Commission’s view that direct graduate medical education (DME) expenses incurred in providing patient care should be recognized as inpatient costs, rather than as education costs. Since the indirect medical education (IME) adjustment is also associated with patient care costs, the report recommends combining the two payments. The result would be a combined THA to hospital diagnosis related group payments, eliminating hospital-specific DME payment rates.

The report suggests that the new adjustment be budget neutral, with the amount of the subsidy continuing as under current policy. The Commission also suggests that its recommendations be implemented with a reasonable transition to limit the impact on hospitals that may experience substantial changes in Medicare payments and to ensure that beneficiaries have continued access to the services of teaching hospitals.

The full text of the June report will be posted on MedPAC’s website, at <http://www.medpac.gov>. *

Mark your calendar for future Annual Meetings of ASCRS

June 2-7, 2001
San Diego, CA
San Diego Marriott Hotel

June 4-9, 2002
Chicago, IL
Sheraton Chicago

June 21-26, 2003
New Orleans, LA
New Orleans Hilton Riverside