



1,800-plus attend ASCRS Annual Meeting

More than 1,800 registered guests turned out to learn about new surgical procedures and observe award-winning research from around the world at the ASCRS Annual Meeting, June 2-7, in San Diego.

Nearly 1,100 physicians were joined by nurses, spouses, guests, media and over 400 exhibitors, making this year's meeting a tremendous success. The 224 residents and colorectal surgical fellows in attendance made a strong statement on the specialty's future strength.

"The scientific program for San Diego provided surgeons with a current, in-depth look at our specialty, with special emphasis on patient care, teaching and research," said Dr. **Robert D. Madoff**, program chairman. "Interactive sessions explored some extremely interesting work and provided practitioners with

a lively opportunity to share points of view with peers."

The "Consultant's Corner," moderated by Dr. **David Schoetz**, Burlington, MA, was again one of the most popular sessions. Attendees were treated to an interactive format and discussion of different approaches to disease management. A panel consisting of Drs. **H. Randolph Bailey**, Houston, **Robert Fry**, Philadelphia, **David Rothenberger**, St. Paul, MN, and **Bruce Wolff**, Rochester, MN, provided insights

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The Program Committee chaired by Dr. Robert Madoff (left) helped assemble a scientific program featuring internationally known speakers Dr. Francis Giardiello (top left) and Professor Jan Leer (above).

Dr. Robert Fry sworn in as President of ASCRS for 2001-02; Dr. Richard Billingham becomes president-elect

Dr. **Robert D. Fry**, Philadelphia, PA, was sworn in as President of ASCRS at its Annual Business Meeting, June 6, in San Diego. He succeeds Dr. **John M. MacKeigan**, Grand Rapids, MI.

Other newly elected officers are Dr. **Richard P. Billingham**, Seattle, WA, president-elect; Dr. **Yanek S. Y. Chiu**, San Francisco, CA, vice president; and Drs. **James W. Fleshman**, St. Louis, MO, and **Frank G. Opelka**, New Orleans, Executive Council members-at-large.

President

Dr. Fry is chief of the Division of Colon and Rectal Surgery, Thomas Jefferson University, Philadelphia, PA, and Marks 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 American Board of Colon and

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Socioeconomic Committee continues to refine practice expense component for colorectal codes

By Anthony J. Senagore, MD, MBA, ASCRS Socioeconomic Chair

The Socioeconomic Committee (SEC) continues to work with the Practice Expense Advisory Committee of the AMA to refine the practice expense component of the relative value units for colorectal codes. This is the final year of transition to a relative value, rather than percentage of work units, formulation for practice expense.



Dr. Anthony Senagore

The SEC has received a number of calls regarding how to code for the circular stapled procedure for prolapsing hemorrhoids. The correct approach is to use the anal unlisted procedure code of 46999.

It is likely that most payers will expect this bill to be submitted with an operative report as supporting documentation, but each practice should review this with their payers. The procedure as defined for hemorrhoids is not appropriately described by any other currently existing CPT code. The SEC and CPT Committee of the ASCRS will present a code for the procedure.

The CPT Committee is currently working on developing new laparoscopic codes to cover the majority of large bowel resections. It is hoped that these codes should be ready for the 2002 calendar year.

The SEC has provided a copy of the likely impact of the 5-year review by the Centers for Medicare and Medicaid Services (CMS, formerly the Health Care Financing Administration, HCFA) for all CPT codes (see accompanying table). A complete spreadsheet version

of the codes can be obtained directly from the SEC staff, Tricia Bardon. A practice can use this information to judge the impact

“The CPT Committee is currently working on developing new laparoscopic codes to cover the majority of large bowel resections.”

of these changes in RVUs for the various codes. There may be some small changes from the proposed rule data presented in the table, but it is unlikely to be significantly different for these codes.

Members are encouraged to contact the committee with socio-economic and practice management issues. The key contact people are: Anthony J. Senagore, chair SEC, senagoa@ccf.org; Martin A. Luchtefeld, chair CPT, mluchtefeld@aol.com; and Tricia Bardon, staff for both committees, tjbardon@earthlink.net. *

Likely impact of 2002 RVUs for practice expense

CPT Code	Description	2000 RVW	Proposed 2002 RVW	Difference	% Change
44120	small bowel resection w/ anastomosis	14.5	17	2.50	17.24%
44125	small bowel stoma	14.96	17.54	2.58	17.25%
44140	segmental colectomy	18.35	21	2.65	14.44%
44141	segmental colectomy w/ stoma	18.35	21	2.65	14.44%
44145	IAR	23.18	26.42	3.24	13.98%
44146	IAR w/ colostomy	24.16	27.54	3.38	13.99%
44320	colostomy	12.94	17.64	4.70	36.32%
44388	CE thru stoma	2.82	2.82	0.00	0.00%
45135	rectal prolapse/perineal	16.39	19.28	2.89	17.63
45330	sigmoidoscopy, flexible, diagnostic	0.96	0.96	0.00	0.00%
45355	colonoscopy, rigid/flexible transabdominal	3.52	3.52	0.00	0.00%
46080	sphincterotomy, anal, div of sphincter	2.49	2.49	0.00	0.00%
46221	hemorrhoidectomy, simple	1.43	2.04	0.61	42.66%
46250	hemorrhoidectomy, external, complete	4.53	3.89	(0.64)	-14.13%
46270	surgical tx of anal fistula; subcutaneous	3.72	3.72	0.00	0.00%
46760	sphincterotomy, anal, for incontinence	11.46	14.43	2.97	25.92%
46762	implantation artificial sphincter	10.09	12.71	2.62	25.97%
Grand Totals		1874.48	2236.58	362.10	19.32%

Thanks to our Annual Meeting corporate supporters

ASCRS is grateful to the following companies and organizations for their generous support of the following projects and programs, which helped make the San Diego Annual Meeting an incredible success.

ASCRS Research Foundation

The Norman Nigro Research Lectureship, Monday, June 4

Harry E. Bacon Foundation

The Harry E. Bacon Lectureship, Wednesday, June 6

Adolor Corporation

The luncheon symposium, "Contemporary Patient Management in the Perioperative Period," Sunday, June 3

Aventis Pharmaceutical

The preliminary convention program and the "Prophylaxis for Venous Thromboembolism in the Cancer Patient" symposium, Saturday, June 2

B-K Medical Systems, Inc.

The Endorectal Ultrasound Hands-on Lab, Sunday, June 3, and equipment for Saturday and Sunday sessions

Ethicon Endo-Surgery

The Abstracts on Disk, the Executive Council Dinner, the symposium "An International Discussion on the Role of Circular Stapler PPH: Mucosal Prolapsectomy and Anopexy for Hemorrhoidal Disease," Wednesday, June 6, and co-sponsor of the Annual Meeting Webcast

Genzyme Biosurgery

The convention program guide, Welcome Reception on Sunday, June 3, and symposium on "Adhesive Diseases: Issues and Impact on Colorectal Surgery," Monday, June 4

GlaxoSmithKline Consumer Health

All morning refreshment breaks and the Update on Core Subjects

Pfizer/Pharmacia Oncology

The symposium on "Frontiers in Management of Colorectal Cancer," Sunday, June 3

Procter & Gamble

The membership directory and registration bags ✱

1,800-plus attend San Diego Annual Meeting ... continued from page 1

on challenging patient care situations, presenting conflicting opinions on preferred treatments.

In the "New Technologies Update," moderator Dr. **M. Parker Roberts**, Portland, ME, focused on futuristic applications in medicine to enhance surgical practice today. Dr. **Lester**

Rosen, Allentown, PA, provided an update on virtual colonoscopy indications and results.

"Video Sessions on Surgical Management of Rectal Cancer," moderated by Dr. **Neil H. Hyman**, South Burlington, VT, featured taped demonstrations of diverse procedures, highlighting fine points of expertise and technical efficiency required to perform each operation.

Back for the third year, the "Endorectal Ultrasound Course" was a hit with surgeons. Moderated by Dr. **W. Douglas Wong**, New York City, this day-long course gave colorectal surgeons hands-on experience using ultrasound technology to evaluate benign and malignant colorectal disease.

"Over the past several years, the value of ultrasound has been established as an important part of anorectal disease evaluation," Dr. Wong said. "It is important to the specialty that surgeons become familiar with its applications and interpretation and apply it in their day-to-day practices."

Invited speakers at the Annual Meeting provided insights into some of the recent advances in colorectal surgery and the specialty's future. Dr. **Francis M. Giardiello**, Baltimore, MD, tackled

one of today's most controversial topics, with insights on the value of genetic testing in determining hereditary colorectal cancer. Dr. **Ann C. Lowry**, Minneapolis, MN, outlined the evolution of incontinence and offered a glimpse of the future, while Prof. **Michael J.G. Farthing**, Glasgow, Scotland, shared his perspectives on future challenges on publishing scientific research. In the Bacon Lectureship, "Is Adjuvant Radiation Necessary with Optimal Rectal Cancer Surgery," Prof. **Jan W. Leer**, Nijmegen, Netherlands, addressed a key practice issue.

Urging members to help shape public policy in medicine, Dr. **John M. MacKeigan**, Grand Rapids, MI, delivered an inspiring Presidential Address entitled "Finding Longitude."

A rousing game of "Colorectal Jeopardy," moderated by Dr. **Richard Karulf**, Minneapolis, brought members together for light-hearted competition, as participants matched wits about colorectal disease and related topics.

Audio tapes of all scientific programs are available. Call Chesapeake Communications at 410/796-0040 for copies of specific programs. View the Annual Meeting online at www.fascrs.org ✱

Kids Korner a big success at Annual Meeting



ASCRS extends its sincere appreciation to Lisa Bruce for putting together another outstanding "Kids Korner" for the 2001 Annual Meeting in San Diego, June 4-6. Lisa, pictured here with daughters Sarah (left) and Lauren, assembled an array of activities designed to delight children of all ages. "Kids Korner" guests joined in arts and crafts, beading, tattooing and drawing, making the 2001 Annual Meeting an affair for the whole family.

Dr. MacKeigan urges membership to shape public policy in new century: ASCRS Presidential Address

As the business of medicine becomes increasingly politicized, outgoing



Dr. John MacKeigan

President Dr. **John M. MacKeigan**, Grand Rapids, MI, called on members to chart a course through the profession's turbulent seas and shape the future of medicine in his

ASCRS Presidential Address, "Finding Longitude," June 4 in San Diego.

"We are all navigators; pilots sailing our own vessels; explorers launched into uncertain realms in uncertain times. But let's not give up hope," Dr. MacKeigan said. "Politics balances fact and opinion, and the end result is public policy. Health is our business, but everything is politics. We have to be part of the negotiation," he added.

The horizon offers hope

Citing the loss of public confidence in managed care, Dr. MacKeigan believes the future holds unlimited opportunity for specialty organizations to take the lead and chart a course that satisfies public policy while maintaining professionalism, values and ethics.

"As we lose confidence in our national medical associations to provide relief from public policy, we at the specialty will have to be more active outside of science and education. State and specialty medical societies are tools at our disposal," he said. "We need to utilize them. They are for us to shape and brandish."

the Society's history, Dr. MacKeigan said genetics technology and public education will continue to lie in the hands of specialists. "Our specialty lends itself to an increasing role in the diagnosis, education and treatment of colonic inherited disorders. We must explore and fund more training in this domain for members and trainees," he said. "Genetic diagnosis and therapy will be part of our responsibility, but we must be willing to join the public debate regarding testing and privacy," he added

Embrace business models

Dr. MacKeigan encourages medicine to embrace business models to achieve greater efficiency. When Chrysler Corporation adapted its Continuous Improvement Workshop — a program designed to increase business efficiency through reduced costs — to the medical community, Dr. MacKeigan's office participated.

"We have since developed more efficient ways to process paper with fewer employees," he said. "Similar processes in emergency rooms have shortened wait times and reduced duplicated procedures. As the hope for more reimbursement fades, solutions can be found through efficiencies to help lower costs," he added.

He asked members to consider adopting formal standards similar to those of the International Standards Organization (ISO) utilized by auto manufacturers and others. These quality-management standards and guidelines have a global reputation, focusing on customer service, process approach and continual improvement.

"The issues facing medicine today are national and international, but the solu-

tions are found at the local, state and provincial level," he said. "Support for state and specialty organizations continues to be a foundation for building relationships with industry, the community and with political leaders."

A clear mission

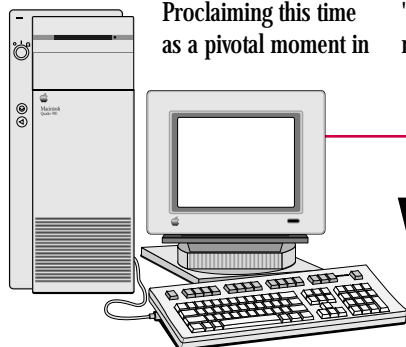
According to Dr. MacKeigan, ASCRS is off to a running start in the quest for longevity. Over the last several years, more than 50% of new ASCRS members came from outside the U.S., providing the society with an international talent pool from which to draw knowledge.

"The issues facing medicine today are national and international, but the solutions are found at the local, state and provincial level."

Meanwhile, the ASCRS Strategic Plan, approved in 2000, commits the membership to six main goals to prepare the specialty for the future.

"All of these speak to an international agenda and responsibility for a future of meaning and a purpose for all," Dr. MacKeigan said. "We can partake in politics, develop quality measures, lead in the health care of genetic intestinal diseases and have a responsible relationship with business. We have a clear mission. We have developed a course and direction, a foundation of fiscal and professional responsibility.

"Our Society is an instrument to help us navigate, change, take risks, alter course and find longitude," he concluded. ✱



Proclaiming this time as a pivotal moment in

**View 2001 Annual Meeting
online at www.fascrs.org**

ASCRS recognizes researchers with regional awards

ASCRS honored researchers for outstanding papers and posters at the Annual Meeting in San Diego. The Awards Committee, chaired by Dr. **W. Donald Buie**, Calgary, Alberta, Canada, presented six regional awards to the following honorees:

Harry E. Bacon Foundation Award, *Drs. T. Hirabayashi, H. Matsufuji, J. Yokoyama, K. Hagane, K. Hoshino, Y. Morikawa, M. Kitajima and S. Watanabe*, "The Possibility of the Colonic Pacing by Sacral Nerve Electrostimulation."

Piedmont Society of Colon and Rectal Surgeons Award, *Drs. A. Merrie, A. Van Rij, E. Dennett, L. Philipps, K. Yun and J. McCall*, "Prognostic Significance of Occult Metastases in Colorectal Cancer."

New York Society of Colon and Rectal Surgeons Award, *Drs. I. Lindsey, B. George, M. Kettlewell and N. Mortensen*, "Randomized Double-Blind, Placebo-Controlled Trial of

Sildenafil (Viagra) for Erectile Dysfunction After Rectal Excision for Cancer and IBD."

Northwest Society of Colon and Rectal Surgeons Award, *Drs. R. Correa, R. Tellez, C. Obregon, S. Moran and G. Miranda*, "Close Hemorrhoidectomy vs. Rectal Mucosectomy with Stapler: A Randomized Clinical Trial."

New Jersey Society of Colon & Rectal Surgeons Award, *Drs. J. Carter, A. Oh, I. Kirman, P. Wildbrett, G. Stapleton, Z. Asi, G. Bhagat, E. Huang, R. Fine and R. Whelan*, "Significant Reduction of Laparotomy — Associated Lung Metastases After Perioperative Immunomodulation in Mice."

Southern California Society of Colon and Rectal Surgeons Award, *Ms. C. De la Motte and Dr. S. Strong*, "Mucosal-Smooth Muscle Cell (M-SMC) Hyaluronan Selectively Binds Lamina Propria Mononuclear Cell (LPMC)-Derived Monocytes." *

ASCRS welcomes new Fellows, Members, Candidates

ASCRS welcomed 26 new Fellows, 91 Members and 43 Candidates as members 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.

FELLOWS

Julio Garcia Aguilar, MD, PhD
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Mark Blankenship, MD
Timothy C. Counihan, MD
Clifton L. Cox, MD
Roy M. Dressner, DO
Yomi J. Fayiga, MD
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Lisa Chen, MD
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Bringing specialty training back to Turkey

By Mehmet Ayhan Kuzu, M.D., F.A.C.S., ASCRS International Scholarship Recipient

General surgery is a broad field. No one can deal with all subdivisions effectively and efficiently. To improve the quality of patient care, we have to specialize. A keen interest in colorectal surgery and academic work spurred my interest in this specialty. In Turkey, however, general surgeons most often practice colorectal surgery without receiving any specialized colorectal surgical training.

When I completed my surgical training in Turkey (1986-91), I worked in the Department of Surgery at the University of Leeds, United Kingdom, for one year and was supervised by Professor **David Johnston**. Since then, I have focused my practice on colorectal surgery.

I applied for the International Scholarship to refresh my knowledge and gain further experience in colorectal surgery. Through this program, I had the opportunity to visit the University of Southern California at Los Angeles as well as Mount Sinai Medical Center and Memorial Sloan-Kettering Cancer Center, both in New York City.

I was amazed by each faculty and admired the quality of patient care. I participated in ward rounds, witnessed operations, anorectal physiology studies

and endoanal/rectal ultrasonography, visited outpatient clinics and attended surgical meet-



I took advantage of opportunities to discuss my surgical practice and research activities with distinguished faculty members.

In each institution, I was impressed by excellent surgical facilities, not only in the operating rooms but in outpatient clinics as well. Laparoscopic colon surgery has made great progress in each of these institutions. I observed an advance laparoscopic surgical technique performed by Dr. **Jeffrey W. Milsom**, nerve sparing total mesorectal excision by Dr. **Jose Guillem** and various applications of endorectal ultrasound by Dr. **W. Douglas Wong**. I sat in on a lecture on IBD, delivered by Dr. **Robert W. Beart, Jr.**, to a patient support group and saw one of colorectal surgery's

pioneers — Dr. **Marvin L. Corman** — in action.

I am certain my experiences as the 2000 International Scholarship recipient will benefit me greatly as I return to my practice in Turkey. They will help me to enhance the quality of patient care in my hospital and the training of young doctors. I will apply the new surgical techniques I have learned to patients in Turkey suffering from colorectal diseases.

“I am certain my experiences as the 2001 International Scholarship recipient ... will help me to enhance the quality of patient care in my hospital and the training of young doctors.”

Beyond the wealth of clinical and surgical expertise gained, attending the ASCRS Annual Meeting provided excellent opportunities to meet with colleagues, exchange ideas and discuss some of my research work. Both the Presidential Address, "Finding Longitude," by Dr. **John M. MacKeigan**, and the Memorial Lectureship honoring Dr. **John R. Hill**, "Challenges to Scientific Publication in the New Millennium," delivered by Professor **Michael J. Farthing**, especially impressed me. ✨

2001 - 2002 COMMITTEE CHAIRS

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Patients' rights, surgeon reimbursements top health care agenda for Congress, President Bush

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

The 107th Congress and the new administration have been busy addressing some key health care issues important to colorectal surgeons. Two on the forefront are managed care reform and the five-year review of the work relative value units (RVUs) used to calculate Medicare payments.

Opponents tried to restrict lawsuits to federal court and also tried to cap the amount of non-economic damages that could be awarded in such cases. Both attempts were defeated. President Bush has indicated that he would veto the bill if it reaches his desk in its current form for a variety of reasons, including the lack of limits on lawsuits.

ative values it proposes to adopt as a result of the review.

In the five-year review process, the values recommended by specialty societies are sent to the AMA/Specialty Society Relative Value Update Committee (RUC) for evaluation. The RUC recommendations were accepted without change for most procedures colon and rectal surgeons perform.

For the remaining procedures, the RUC recommendations for values were considerably lower than what CMS is proposing to adopt. CMS accepted the specialty societies' arguments about the values but, generally, selected a survey value different from the one the specialty societies had recommended.

CMS does not compute estimates of the impact that payment changes are likely to have on the specialty of colon and rectal surgery. However, the agency's analysis does show that an increase of 4 percent is expected for general surgeons because of the five-year review.

The ultimate impact of the five-year review depends on: (1) the specific mix of services an individual surgeon provides; (2) any changes that might be made later this year in Medicare payment policies; (3) the final year of the four-year phase into resource-based practice expense RVUs; and (4) the 2002 fee schedule conversion factor. More information about those other factors should soon be published in the Federal Register. ✱

5 year review impact depends on:

- ▶ Mix of service
- ▶ Possible changes in Medicare payment policies
- ▶ Final year of four-year phase in
- ▶ 2002 fee schedule conversion factor

Congress poised to pass a Patients' Bill of Rights

On June 29, the Senate passed the Bipartisan Patient Protection Act of 2001 by a vote of 59-36. This managed care reform legislation was introduced by Senators **John McCain** (R-AZ), **Edward Kennedy** (D-MA), and **John Edwards** (D-NC). It would mandate a comprehensive set of patient protections including access to specialty care, prudent lay person standard for emergency care, and a mandatory point of service option. In addition, the bill would require health plans to offer patients both internal review and independent external review of disputed cases.

The most controversial aspect of the legislation includes the right to sue health plans in state and federal court.

Representatives **Greg Ganske**, MD, FACS (R-IA), **Charlie Norwood** (R-GA), and **John Dingell** (D-MI) have introduced the companion to the McCain/Kennedy bill. In addition, Representatives **Ernie Fletcher**, MD (R-KY) and **Collin Peterson** (D-MN) introduced the Patients' Bill of Rights Act of 2001. This legislation is very similar to the Ganske bill, except that it includes limits on the right to sue health plans. President Bush has indicated his support for the Fletcher bill.

The American College of Surgeons has indicated to Ganske and Fletcher that both bills include all of the appropriate patient protections and so are worthy of support.

Five-Year Review

The Centers for Medicare and Medicaid Services (CMS, formerly the Health Care Financing Administration, HCFA) undertakes a review of all work relative values every five years. The results of the current review will become effective January 1, 2002. The ASCRS submitted the codes it felt were misvalued in February 2000, and CMS has recently announced the rel-

Submit abstracts for 2002 Annual Meeting at www.fascrs.org

Abstracts are now being accepted online at www.fascrs.org for next year's Annual Meeting, June 3-8, 2002 in Chicago. This marks the first time that abstracts will be accepted in electronic format only. Abstracts must be received no later than December 3.

To submit online, go to the Society's Website, click on the "2002 abstract submission" icon, then follow the screen prompts.

Researchers have until 11:59 p.m. on December 3 to make modifications to their submitted abstracts. ✱

Dr. Robert Fry sworn in as president of ASCRS ... continued from page 1

Rectal Surgery (ABCRS) and ABCRS representative on the American Board of Surgery. Dr. Fry is former vice chairman of the Residency Review Committee for Colon and Rectal Surgery and was previously president of the American Program Directors Association in Colon and Rectal Surgery.



He previously served on the ASCRS Executive Council as member-at-large, treasurer and president-elect. The former chair of the Society's Awards Committee, Dr. Fry also served on the Public Relations and Program Committees.

Dr. Richard Billingham President-elect

Dr. Billingham is clinical professor, Department of Surgery, at the University of Washington, Seattle. He also runs a private colon and rectal surgery practice, with offices at Swedish Medical Center and Northwest Hospital. He is president of the Northwest Colorectal Foundation and the Foundation for Colorectal Surgical Education. Dr. Billingham is a member of ABCRS and the STOP Colorectal Cancer Foundation Board.

A Fellow of both ASCRS and ACS, Dr. Billingham sat on the ASCRS Research Foundation's Board of Trustees from 1992-1998. He served on the Society's Executive Council from 1990-1993, then again as secretary from 1996-1999. Associate Editor of *Diseases of the Colon and Rectum* from 1987-1996, Dr. Billingham chaired the Bylaws Committees of both the Society and the Research Foundation and served on the ASCRS Public Relations, CME and Self-Assessment Committees.



Dr. Yanek Chiu

Vice president

Dr. Chiu is associate clinical professor of surgery at the University of California, San Francisco, and is on the active staff of both California Pacific Medical Center and Chinese Hospital. He is also partner in a group practice in colon and rectal surgery. Dr. Chiu served as Local Arrangements chair

for the ASCRS Annual Meeting in San Francisco and served on the ABCRS from 1994-1998.

Members-at-large

Dr. Fleshman is chief, Section of Colon and Rectal Surgery, at Barnes-Jewish Hospital of St. Louis, Washington University Medical Center, and became professor of surgery. He is the chairman of the ABCRS Examination Committee and also chairs the ACS Colorectal Postgraduate Course.



Dr. James Fleshman

An ASCRS Fellow, Dr. Fleshman chaired the Program Committee in 1998, and has served on the Continuing Education, Self-Assessment, Impact Paper, and Quality Assessment and Safety Committees. He was Core Subject Coordinator from 1994-1997.

Dr. Opelka oversees a clinical surgical practice in New Orleans, LA. It is affiliated with the Ochsner Clinic, LLC, a non-profit foundation hospital and managed care organization. He served in the United States Army Medical Corps from 1981-1992, including a stint with the Joint Special Operations Command, Ft. Bragg, NC, and as a general surgeon and colorectal surgeon in Ft. Hood, TX and Ft. Polk, LA.



Dr. Frank Opelka

A Fellow of ASCRS and ACS, Dr. Opelka is past chairman of the Socioeconomic Committee and has served on the Relative Value Update Committee and the Emerging Technologies Committee. He is a delegate to the American Medical Association.

Continuing their terms on the Executive Council are Dr. MacKeigan; Dr. **David J. Schoetz**, Secretary; Dr. **Ann C. Lowry**, Treasurer; Dr. **Ira J. Kodner**, ACS Governor; Dr. **Heidi Nelson**, Research Foundation President; and Drs. **Bruce G. Wolff** and **Charles E. Littlejohn**, Members-at-Large. ✨

2001-2002 Executive Council

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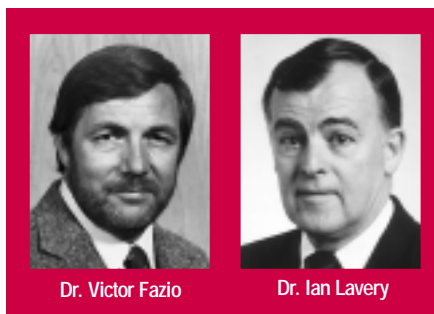
Frank G. Opelka, MD, member-at-large

ASCRS honors research team for outstanding paper in *DC&R*

A team of researchers, including Drs. **Victor W. Fazio** and **Ian C. Lavery**, Cleveland, OH, was honored for submitting the outstanding paper published in *Diseases of the Colon and Rectum* during 2000. The team accepted the Robert Beart Impact Paper Award at the ASCRS Annual Meeting in San Diego.

Published in December, "Incidence and Natural History of Dysplasia of the Anal Transitional Zone After Ileal Pouch-Anal Anastomosis — Results of a Five-Year to Ten-Year Follow up" charted patient risk for developing cancer after ileal-anal pouch surgery.

"This study stood out because it presents data on a large number of patients and



Dr. Victor Fazio

Dr. Ian Lavery

provides some guidelines in ways to manage precancerous changes in the anal canal," said Dr. **Juan Nogueras**, Ft.

Lauderdale, FL, chairman of the Impact Paper Selection Committee.

"The debate has been whether preserving part of the anal canal during surgery increases a patient's future risk of developing cancer. This study indicates that risk is low, giving surgeons more options when treating patients," he added.

Criteria for the Robert Beart Award, presented annually, are the paper's impact, study design, quality and validity. ✱

Journalists at Information Television Network, *Daily Herald* win ASCRS National Media Awards for colon cancer reports

Journalists from the Information Television Network, Boca Raton, FL, and The *Daily Herald*, Arlington Heights, IL, received the 2001 ASCRS National Media Awards at the Annual Meeting in San Diego.

Daily Herald reporter **Lorilyn Rackl** accepted the print category award for her article, "Could a scan replace a scope to screen for colon cancer?" The article clearly illustrates both the benefits and risks of virtual colonoscopy. Judges praised Rackl for her "valuable contribution to understanding this controversy by stressing both the importance of screening and the complexity of choices available to the modern patient."

Information Television Network's **Andrea St. James** accepted the broadcast award for "Preventing Colon/Rectal Cancer." The program "provides an excellent explanation of the multi-stage process that leads to a cancerous tumor," judges said. Judges cited the well-written script that explains complex medical terms clearly and uses "interviews with patients and medical experts effectively to explain the warning signs, diagnostic tests and medical treatments."

The winning entries were chosen as best overall from entries submitted by newspapers, magazines, radio and television stations from across the U.S. and Canada. The winners each received a \$1,000 cash prize, a plaque and an expense-paid trip to the ASCRS Annual Meeting in San Diego.

The winning entries were selected by judges from the Medill School of Journalism, Northwestern University, Evanston, IL. Entries also were evaluated and screened for medical accuracy by the ASCRS Public Relations Committee. The journalistic merit of each submission was evaluated on the basis of writing quality, amount of research, production excellence, impact of message and originality.

ASCRS began the National Media Awards in 1995 to acknowledge achievement in communication to promote a greater public understanding of colon and rectal disease such as colon cancer, hemorrhoids, diverticulitis and Crohn's disease. ✱

Dr. Irwin Berman to fund endowed traveling fellowship

In an example of "creative giving," Dr. **Irwin R. Berman**, St. Simons Island, GA, will fund an ASCRS endowed traveling fellowship with the benefit of a pre-paid universal life insurance policy.

The policy, which names Dr. Berman as the insured and ASCRS as the beneficiary, will guarantee the Society \$100,000 at the time of Dr. Berman's death.

The new fellowship will be named the Irwin R. Berman, MD, Traveling Fellowship. ASCRS will manage the funds. Grants will be awarded from the interest earned on the fund's principle, which will remain intact to generate interest for future grants.

There are no restrictions regarding the recipient or institution, although recipi-

ents must be fully trained, board eligible surgeons or in their colorectal fellowship year.

Recipients of the Irwin R. Berman Traveling Fellowship will present results of their achievements under the fellowship at ASCRS Annual Meetings. ✱

Increasing grant awards presents opportunity, greater responsibility in identifying quality research

By Heidi Nelson, MD, President, Research Foundation of ASCRS

Now is an exciting time to be involved in the Research Foundation of ASCRS.

Thanks to the ongoing generosity of ASCRS members, our corporate supporters and other friends, we had a very successful capital campaign. As a Research Foundation, we now enjoy opportunities to expand funding of colorectal research.



Dr. Heidi Nelson

We also recognize that an increase in responsibility goes along with these opportunities. As a result, we are reviewing the processes we use to identify the most worthy projects as we increase the number and value of grants awarded. Several exciting changes now under way include:

- **Establishing the Career Development Award to support the efforts of young investigators launching academic careers.** The award provides grant funding of \$40,000 per year for two years and is designed as a cooperative venture, requiring a commitment from both the institution and Research Foundation. Applications submitted by August 15 are reviewed by the Foundation's Awards Committee.
- **Increasing the amount of the International Fellowship Award to \$20,000.** Created to further research opportunities in the colorectal field, the International Award takes a worldwide view in supporting the efforts of young investigators, including Americans with opportunities in foreign countries and physicians from other countries seeking opportunities in the U.S.
- **Awarding more Limited Project Grants (LPGs).** Requests for these grants, which range from \$6,000 to

\$20,000 in support of one-year colorectal projects, continue to come in growing numbers. Both the quality and quantity of applications are on the rise. We are poised to award more as applicants continue to submit quality research proposals. With application deadlines of March 15 and August 15, awards are announced twice annually in the spring and fall.

- **Expanding the contribution of outside experts to review protocols** and increasing the efficiency of the review process. We are actively seeking feedback from young researchers who apply for Foundation Grants to help us assess the value of feedback we provide and the efficiency of our review process as we upgrade the system.

We use a two-step system modeled after the NIH (National Institute of Health) grant review process. It begins with a scientific review to evaluate whether the project merits support followed by an award review, which determines the amount of grant funding to be provided.

Seeking patient input

On the horizon, we are exploring ways to include "patient representatives" in the ASCRS Foundation. We have discovered a great advocates group called PAIR — Patient Advocates in Research — experienced in collaborating with groups such as ours to enhance research programs by including the perspective of the patient.

Patient advocates or representatives might prove to be a valuable resource by providing insight on how to make clinical research projects more desirable to the patients who participate. Feasibility is always an important issue. Patient perspective might help us ensure that trials draw a sufficient number of participants to ensure their validity.

Patient advocates might also point out patient safety concerns by reviewing consent forms, advising us of their clarity and how they might be accepted by patients. The Foundation is exploring ways we can work with patient representatives toward improving all our clinical research programs.

Potential partnerships

Other potential partnerships in the works include examining ways that the Foundation and Society can collaborate with NIH and the National Cancer Institute (NCI) to help us become more involved in clinical research. Responding previously to a Foundation questionnaire, at least 312 ASCRS members said they would be interested in participating in clinical trials.

"It's exciting to discover such widespread interest in research participation. The Foundation looks to ensure that all who are interested have access to the tools they'll need to participate."

With this growing body of people expressing interest, we are investigating opportunities to work together with organizations such as the NIH and NCI where agendas overlap. A cooperative approach may increase the efficiency and effectiveness of research efforts.

It's exciting to discover such widespread interest in research participation. The Foundation looks to ensure that all who are interested have access to the tools they'll need to participate. We are examining ways we can work with NCI to help prepare us and our trainees better for actually doing research.

For more information on opportunities to participate in the Research Foundation or apply for grants, visit the ASCRS Website at www.fascrs.org or contact the executive office at 847/290-9184. ✱

STOP Colorectal Cancer Foundation expanding impact internationally to reach worldwide audience



Dr. Ernestine Hambrick

Spreading the word about the importance of colorectal cancer screening, the STOP Colorectal Cancer Foundation is expanding its reach to an international audience.

Following a February 2001 meeting in Singapore with Dr. **Francis Seow Choen**, Chairman of the Department of Colorectal Surgery, Singapore General Hospital, STOP Chairman Dr. **Ernestine Hambrick**, Chicago, was featured guest speaker at the 29th Annual Course on

ical experts in colorectal cancer management. Dr. Hambrick's presentation on "Important Principles for a Colorectal Cancer Campaign to Increase Medical and Public Awareness," helped launch a Brazilian public information campaign.

"Beyond the formal presentation, I had an opportunity to meet face to face with 30 colorectal cancer leaders from throughout Brazil and participated in a focused discussion," Dr. Hambrick explained. "That discussion group wound up being the first board meeting for a national colorectal cancer awareness campaign now under way in Brazil."

Similar enthusiasm for expanding colorectal cancer awareness also is apparent in Singapore, where Dr. Seow Choen shared data from a patient survey on knowledge and attitudes toward colorectal cancer in Singapore, which should be published in an upcoming issue of *Diseases of the Colon and Rectum*, according to Dr. Hambrick.

"STOP Foundation is gradually broadening its international presence," Dr. Hambrick said. "STOP brochures and newsletters are now circulated in Spain, Canada, England, Scotland, Ireland, China and other nations

around the globe. And our Website at www.coloncancerprevention.org puts us at the fingertips of physicians, patients and family members worldwide."

Questions about STOP, colon cancer prevention and availability of the Foundation's public information brochure entitled, "The Cancer Nobody Has to Have and How to Stop It" have arrived via e-mail from venues as far away as Halifax Nova Scotia, New Zealand and Kiev in the Ukraine.

The brochure is the focal point of STOP's public information initiative. Physicians are encouraged to order multiple copies for display in their offices, to distribute at fundraising events, local health fairs and in letters of referral and other patient mailings.

A not-for-profit organization dedicated to raising public awareness of colon cancer prevention, STOP receives no funding from other cancer organizations or the government. It depends on the generosity of corporate, foundation and private individual contributors for support of its programs. Donations may be sent to the STOP Colon/Rectal Cancer Foundation, 30 N. Michigan Ave. #1118, Chicago 60602. ✱

"STOP Foundation is gradually broadening its international presence. STOP brochures and newsletters are now circulated in Spain, Canada, England, Scotland, Ireland, China and other nations around the globe."

Gastroenterologic Surgery and Coloproctology of the Sao Paulo University Medical School, in July.

Dr. **Angelita Habr Gama**, Chair of the Department of Gastroenterology and Proctology, University of Sao Paulo Medical School, organized the meeting, bringing together Brazil's leading med-



ASCRS Annual Meeting returns to Chicago

The City of Big Shoulders will welcome back ASCRS members for the Society's 2002 Annual Meeting, June 3-8, at the Sheridan Chicago Hotel.

June is an ideal time to enjoy Chicago's many diversions. Stroll down the Magnificent Mile and catch the best in shopping. Enjoy museums, sporting events, carriage rides along Michigan Avenue and boat rides on the lake. See historic landmarks such as Water Tower, or stand above the clouds on the observation deck of Sears Tower. Chicago offers something for everyone.