



## Annual Meeting designed to hone surgical practice, explore treatment controversies, June 3-8, in Chicago

Serving the broad spectrum of expertise and interests of the Society's membership, the ASCRS 2002 Annual Meeting features a scientific program designed to help surgeons improve operation of their colorectal surgery practices, receive timely updates on the latest in diagnosis and treatment, and explore concerns and controversies, June 3-8, at the Sheraton Chicago Hotel.

Panel discussions highlighting the latest challenges in surgical treatment, in-depth symposia, new technology sessions and prominent international speakers will combine to create a stimulating look at the future for colorectal surgery.

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"The Program Committee has put together a meeting that will appeal to the entire membership," says Dr. **Jan Rakinic**, Springfield, IL, program chair. "Educational sessions strike a good balance between more experienced members and those newer to the field. This helps present information that is relevant to the future of colorectal surgery while addressing a variety of concerns we face in our practices."

The program features nearly 200 oral and poster reports of new and ongoing research. With more than 400 abstracts submitted for presentation, plenary and poster sessions will feature the best colorectal research conducted at the world's leading medical institutions.



*Photo - Ron Schramm*



*Photo - Todd Rosenberg*

## Announce plans for Colorectal Cancer Awareness Month

March 2002 will mark the third year of official activities for Colorectal Cancer Awareness Month. As in the previous two years, ASCRS has developed a media relations campaign that will complement national and local efforts taking place during the month.

The Society is preparing a press release accompanied by a package of video clips that will be sent to major media markets

to encourage development of stories during the month. Additionally, an audio news release will be sent to radio stations nationwide.

As in years past, several members of the Society's Public Relations Committee and other members at large will participate in the Cancer Research Foundation of America symposium in March. This year's conference focuses on implement-

ing colorectal cancer screening programs as part of a comprehensive and coordinated cancer prevention strategy.

The conference has been designed to draw on the expertise of its invited audience by having participants work through identified barriers to screening. Following the conference, participant recommendations will be developed into

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# Enlist patients in common cause of health care reform

By Robert D. Fry, MD



Dr. Robert Fry

The Sept 11 terrorist attack on our country has resulted in a profound change in the national political landscape. The immediate aftermath of the attacks required, rightly so, the full attention of our government on a military response to these atrocities. The rapid dismantling of the Taliban government and the virtual incapacitation of the Al Qaeda forces in Afghanistan demonstrates the ability of a resolute America to accomplish its military goals.

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***“As colon and rectal surgeons, we can more properly exert influence by enlisting our patients in the cause of health care reform.”***

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While the threat from terrorism is far from over, and more attacks upon Americans are probably inevitable, the favorable outcome of this war against such unprecedented evil has helped restore our sense of national purpose. One favorable outcome resulting from September 11 is the recognition of our ability to solve incredibly difficult problems once we resolve to do so.

## Health care reform a great opportunity

I remember thinking what a great opportunity the first President Bush had at the conclusion of the Gulf War to introduce an agenda that would tackle the country's difficult problems. Health care was on most Americans' lists of problems in need of attention. Unfortunately, President Bush failed to seize that opportunity, and the administration failed to win reelection.

Bill Clinton was elected after making the promise to overhaul the entire health care system one of the cornerstones of his campaign. However, this effort failed miserably when Mrs. Clinton attempted to devise a plan in secrecy, without public participation, and the issue was politicized to the point that failure was inevitable. A tremendous opportunity was lost.

The many interrelated problems associated with health care — access to quality care for all citizens, appropriate reimbursement for physicians, adequate support for medical education and postgraduate physician training, and tort reform, accompanied with appropriate methods of compensation for injured patients — have only increased in size and complexity.

A comprehensive discussion of these problems is far beyond my purpose in this message. ASCRS Fellows periodically call asking just what the Society is doing about the issues of physician reimbursement, tort reform, or support for our residents' education.

Despite the well-recognized efforts of our Socioeconomic Committee, too often I must reply that the Society does not have the capability of directly influencing Congress or state legislatures. We need to understand that, by and large, politicians are not concerned with these problems as they affect physicians and surgeons. We are simply too small a group to have a significant impact on legislators.

However, politicians are very concerned by how these issues are viewed by their constituencies, virtually all of whom we see, at one time or another, as patients.

I have attended many meetings of local and state medical organizations where the importance of donations to political action committees (PAC) is stressed. However, I really cannot envision any medical PAC being able to compete for politicians' attention with the trial lawyers' PACs.

## Enlist patients in the cause

As colon and rectal surgeons, we can more properly exert influence by enlisting our patients in the cause of health care reform. When enough patients understand how the diminishing reimbursement from third-party payers, matched against the increasing expense of malpractice insurance, is dramatically affecting the quality of care that we can provide, legislators will ignore the public demand for reform only at their own peril.

Most of us have spent a considerable portion of our lives addressing the complex surgical problems of our patients. Now we need to devote appropriate time to make these patients aware of the problems that we share and enlist them to further our common goals.

## Doctors leave Pennsylvania

My state of Pennsylvania boasts the nation's second lowest rate of reimbursement for physicians, accompanied by the highest cost of malpractice insurance. This situation has produced a crisis that is causing many excellent physicians and surgeons to leave the state. As patients have had to recognize that their doctors are no longer available, trauma centers have had to consider closing, and the quality of care has been severely compromised. This has led to a rapidly growing demand that the state legislature address these problems.

But this problem is not unique to Philadelphia, and as surgeons, we need to inform, educate and recruit our patients to our common cause. ✱

## AMA members: vote ASCRS as your medical specialty society

ASCRS members who are also members of the American Medical Association (AMA) are eligible to vote for the national medical specialty society that best represents him or her in the AMA House of Delegates. Each AMA member has one vote. For every 1,000 votes that a medical specialty society receives, it gets one additional delegate.

The Society's leadership urges members to vote to maintain and sustain a voice for colon and rectal surgery within the AMA.

To cast your vote, go to the AMA Website at [www.ama-assn.org/ballot](http://www.ama-assn.org/ballot). The deadline is March 15, 2002.

# Fellowship yields practical ideas on technique, appreciation for commitment, enthusiasm of British surgeons

By David S. Medich, MD, ASCRS Traveling Fellowship recipient

My 2001 ASCRS Traveling Fellowship to the United Kingdom provided an eye-opening experience. I returned with many impressions, some practical ideas, and an indelible appreciation for the commitment the British surgeons have to the diseases they treat and the enthusiasm they bring to our profession. It was truly a once-in-a-lifetime experience for me.

## Challenging health system

During the first of my two weeks abroad, I visited the colorectal programs at the North Hampshire Hospital in Basingstoke, Hampshire, and St. Mark's Hospital in London. These were not casual visits. I had the opportunity to spend time with trainees both in and out of "theatre," share stimulating conversation, dinner and drink with my hosts, and receive an inside view of how they administer their practice in a health system that is, to say the least, very challenging.

At Basingstoke, I had the opportunity to learn from surgeons Mr. **Bill Heald** and Mr. **Brendan Moran**, who visited the U.S. just two years ago as a U.K. Traveling Fellow. I was graciously hosted by these gentlemen and spent hours with them exchanging ideas and discussing the delicate intricacies of treating rectal cancer. Much of what I learned about the technical aspects of surgical incision of the rectum will enhance our practice at Allegheny General Hospital and, I hope, across the U.S., as I share the experience through ASCRS.

In Basingstoke, I was shown that specialized MRI can be not only the most accurate method of pretreatment staging of rectal carcinoma, but may also direct surgical therapy. I was most impressed that the images obtained were far more

informative than endorectal ultrasound, especially if a standardized test is needed.

## Standardized staging

As new rectal carcinoma trials open in the U.S. utilizing preoperative chemoradiotherapy, I believe it is imperative that clinical staging be standardized. The practice at Basingstoke may be the answer not only to standardizing clinical staging, but allowing for independent auditing at remote locations both in prospect as well as retrospect.

I have passed on this information to our radiologists at Allegheny General, and we have begun to incorporate their technique into our practice.

At St. Mark's, I was hosted by surgeon Mr. **Robin Kenneth Stewart Phillips**. During my stay, I had the opportunity to observe first hand the surgical approaches

observed at St. Mark's and what is taught and practiced in the U.S.

The commitment to FAP research at St. Mark's also impressed me. I was able to sit in on presentations by research fellows from six different countries, all working in close collaboration and with directions from the faculty. I am confident that great benefit to our patients will flow from this effort, which is unique in its clear clinical focus coupled with cutting-edge science.



Dr. David Medich

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***"In Basingstoke, I was shown that specialized MRI can be not only the most accurate method of pretreatment staging of rectal carcinoma, but may also direct surgical therapy."***

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## Basis for collaboration

Being there and observing first hand was powerful and inspirational. I am not sure that I would want to import the British health care system to the U.S. or that I would rather practice there. However, we can learn much from each other. We will maintain the important relationships established, and they will serve as the basis for future collaboration.

The second week of my fellowship was spent as the guest of surgeons Mr. **Peter Lee**, President, and Mr. **Michael Thompson**, Honorary Secretary, of the Association of Coloproctology of Great Britain and Ireland, attending its joint annual meeting with the Proctology Section of the Royal Society of Medicine. They invited me to address the meeting to share a perspective on the American approach to rectal carcinoma. It was a great honor, and I look forward to an opportunity to share my experience with my colleagues. ✨

## Young Surgeons Committee Selects Traveling Fellow

The 2002 Traveling Fellow will be Dr. **Julio Garcia-Aguilar**, University of Minnesota, Minneapolis.

A similar U.K. fellowship is awarded to a British surgeon each year. Mr. **T.A. Cook**, MA, DM, FRCS, consultant surgeon, Gloucester Royal Hospital, Gloucester, U.K., will present "Local Excision of Rectal Carcinoma by Transanal Endoscopic Microsurgery — the U.K. Experience" at the ASCRS Annual Meeting on Saturday, June 8.

for the treatment of inflammatory bowel disease, complicated fistula and familial adenomatous polyposis (FAP).

The proud tradition at St. Mark's is being upheld quite ably by Professor Phillips and the entire department. Simply put, their professionalism and their technical performance were impressive. There was significant satisfaction in receiving the validation that there is great similarity in the



Dr. Jan Rakinic  
Program Chair

### Monday, June 3

It begins Monday, June 3, with the **Endorectal Ultrasound Hands-On Lab** directed by Dr. W. Douglas Wong, New York City.

A favorite from past Annual Meetings, the ultrasound course helps provide colorectal surgeons with training and education in the basic use of ultrasound, focusing on using this emerging modality for colorectal disease.

"Ultrasound has been used for colorectal cancer staging since the mid-1980s, but it requires a technique vastly different from surgical skills and has a pretty significant learning curve," Dr. Wong says. "Our objective is to train colorectal surgeons to master these skills and provide them with the verification required to receive hospital credentialing."

Other Annual Meeting highlights include:

### Tuesday, June 4

- **Research Forum**, Dr. **Walter Koltun**, Hershey, PA, moderator. The Research Forum highlights the work of young researchers selected for the quality of their projects. After a brief summary of the selected topics, lively discussions among attendees will enhance study design, interpret data and help guide research approaches to ongoing studies. The overall objective is to strengthen the development of researchers as well as their overall studies.
- **New Technologies Update**, moderated by Dr. **M. Parker Roberts**, South Portland, ME, will cover a variety of topics on new technologies for

enhancing colorectal surgeon practices. Topics include new breakthroughs related to patient care, including positron emission scanning and the future of genetic testing, plus an overview of WebSurg, a new surgical teaching site on the Internet.



Dr. Parker Roberts

### Wednesday, June 5

- **Meet the Professor Breakfasts** provide smaller, more intimate venues for attendees to ask questions or present their own cases for review by moderators and other participants. Wednesday topics include preoperative management and operative strategy in complicated diverticular disease, constipation, ethical dilemmas in colorectal practice, complex anal fistulas, recurrent rectal cancer, and refractory pOUCH!itis.

A second set of topics Thursday includes incontinence, operating in the radiated pelvis, distal rectal cancers, pilonidal disease, anal/perianal HPV, and advances in management of perianal Crohn's disease.

One of the Annual Meeting's most popular attractions, the **Consultant's Corner**, has been expanded to two sessions. The Friday, June 7, session covers **anorectal topics**, while Saturday, June 8, attendees will discuss **abdominal treatments**. Expert panelists will be challenged to discuss different approaches to patient management problems.

### Thursday, June 6

- **Socioeconomic Update**, separate basic and advanced sessions will be directed by Dr. **Anthony J. Senagore**, MS, MBA, Cleveland, OH, and moderated by Dr. **David A. Margolin**, Detroit. The Update will begin with an overview of correct CPT coding and documentation, with ample time

## Featured Speakers

Dr. **Thomas R. Russell**, Chicago, executive director, American College of Surgeons, **Role of Surgical Organizations to Further Patient Care — ASCRS and ACS, Harry E. Bacon Lectureship**, Wednesday, June 5



Dr. Thomas Russell

Dr. Richard Fishel

Dr. **Richard A. Fishel**, Philadelphia, head, Genetics and Molecular Biology Program, Kimmel Cancer Institute, Thomas Jefferson University, **Mismatch Repair and Colorectal Cancer: Translating a Molecular Mechanism to the Clinic, Norman Nigro Research Lectureship**, Wednesday, June 5

Dr. **Robert D. Fry**, Philadelphia, chief, Division of Colon and Rectal Surgery,



Dr. Robert Fry

Dr. Stanley Goldberg

Thomas Jefferson University, and Marks Professor of Colon and Rectal Surgery, Jefferson Medical College, **ASCRS Presidential Address**, Wednesday, June 5

Dr. **Stanley M. Goldberg**, Minneapolis, clinical professor of surgery, Division of Colon and Rectal Surgery, University of Minnesota, **Globalization Comes to Colon and Rectal Surgery, Joseph M. Mathews Oration**, Thursday, June 6

Dr. **Daniel E. Nickelson**, Washington, director, government affairs, The Cleveland Clinic Foundation, **The State of Health Care Politics: 2002 and Beyond**, Thursday, June 6.

Dr. **Bernard Levin**, vice president and Betty B. Marcus Chair in Cancer Prevention, Professor of Medicine, M.D. Anderson Cancer Center, Houston, **Novel Approaches to Screening for Colorectal Neoplasia, The Ernestine Hambrick Lectureship**, Friday, June 7



Dr. Daniel Nickelson

Dr. Bernard Levin

...continued on page 5

# Core Subject Update to provide comprehensive overview of latest advances in colorectal care, June 4

The 2002 Core Subject Update will provide surgeons with a comprehensive overview of the latest developments in colorectal care, Tuesday, June 4.

Moderator Dr. **Juan J. Nogueras**, Weston, FL, says the program will present the latest research findings to help colorectal surgeons meet the challenge of keeping ahead of important treatment advances.

“The Core Subject Update features surgeons with strong clinical and research backgrounds conducting very thorough reviews in specific practice areas,” he says. “These presentations divulge the newest developments in research and treatment modalities.”

The program was developed by ASCRS and ABCRS to foster continuing education and help prepare surgeons for recertification. Core Subjects and the ASCRS/CARSEP program are recommended study materials for surgeons preparing for the recertification exam. Half of the exam questions will be based on the 24 Core Subjects, which are presented six topics at a time over a four-year period.

Core subjects are also available on the ASCRS Website at [www.fascrs.org](http://www.fascrs.org). “Offering the Core Subject Update online is an example of how ASCRS is harnessing technology to help busy surgeons keep current with changes in our specialty,” Dr. Nogueras says. “Making it easier for colorectal surgeons to access

the most current information available advances professionalism within our specialty and ultimately benefits the patients we serve.” \*

## 2002 Core Subject Update

- *Familial Adenomatous Polyposis/Polyps* – Dr. **James Church**, Cleveland, OH
- *Trauma* – Dr. **Richard Karulf**, Edina, MN
- *Medical Management of IBD* – Dr. **Greg Bonner**, Weston, FL
- *Volvulus* – Dr. **Tracey Arnell**, Torrence, CA
- *Fissure/Pruritus* – Dr. **Theodore Saclarides**, Chicago
- *Congenital/Pediatric Colorectal Problems* – Dr. **Peter Dillon**, Hershey, PA



## 2002 Kids Korner program bears down in Chicago

Clown-face painting, balloon animals, arts and crafts, and group entertainment will make the 2002 Annual Meeting’s “Kids Korner” program, June 5-8, 10 a.m.-noon, a beary beary fun place to be.

In honor of Chicago — home of “Da Bears” — event coordinator **Lisa Bruce** has assembled an array of activities with a decidedly Bear theme, including “Bears” Bingo.

*Last year’s Kids Korner was a big hit.*

Kids of all ages will participate in arts and crafts, modeling clay, tattooing, beading and live entertainment. All registered Kids Korner guests will receive activity kits containing cards, putty, autograph books and colored pencils, plus postcards and packets of “Da Gummy Bears.”

Register for Kids Korner and make the Annual Meeting fun for the whole family. Information and registration materials will be included in the ASCRS preliminary program. \*

## Annual meeting designed to hone surgical practice... continued from page 4

for audience questions. It will cover strategies and metrics to evaluate productivity and expenses in a colorectal surgical practice. It includes a session on cost accounting by Dr. **Frank G. Opelka**, New Orleans. Solutions for common sources of delayed and lost reimbursement due to poor data management, claims processing, claims submission, and denial management will be included in a session on revenue cycle management by Dr. **Thomas Wadsworth**, Cleveland, OH.

### Friday, June 7

- **ASCRS Annual Business Meeting** and State of the Society Address.

### Saturday, June 8

- **Impact Paper and Greatest Hits.** Dr. **Juan Jose Nogueras**, Weston, FL, leads colorectal surgery’s premier literature review, featuring the top 10 papers published in *Diseases of the Colon and Rectum* in 2001. The author of the most outstanding paper will be honored with the Robert Beart Award. \*

# Young Researchers Breakfast to explore 'virtual' surgical training, June 4, at Annual Meeting



Dr. Walter Koltun

An exciting glimpse into the future of resident training using advanced technology is the focus of "Surgical Skills Training and Assessment in the Age of Computer Generated Virtual Reality," this year's Young Researchers Breakfast program at the ASCRS Annual Meeting, June 4.

This session, open to all meeting registrants, will explore the emerging role for the training and testing of surgical residents through new "virtual reality" techniques outside the operating room.

"This session will help surgeons consider new ways to effectively test trainee surgical skills outside the operating room while shedding new light on the issue of cost-effective surgical resident training," says Young Researchers Committee Chair Dr. **Walter A. Koltun**, Hershey, PA. "Computer-generated simulations with sensory feedback provide residents with a sophisticated environment that mimics the OR while significantly reducing the costs involved in training. There is also substantial patient benefit as these residents become proficient in surgery more quickly," he adds.

The course features Drs. **Randy Haluck**, assistant professor of surgery at Penn State College of Medicine and Milton S. Hershey Medical Center, Hershey, PA, and **Robert Rege**, professor and chairman, Department of Surgery at UT

Southwestern Medical Center, Dallas. Dr. Haluck will illustrate how to use some of these new devices to create an operative experience for trainees and project future advances on the horizon. On the flipside, Dr. Rege will describe technologies and fundamental training techniques that have already been implemented.

"Implementing these technologies in training programs prevents slowdowns in the operating room while saving time and expense," Dr. Koltun says. "The result is better training, faster surgeries and better care for the patient.

"In 10-15 years, these procedures will be standard in most hospitals across the country. By focusing on these opportunities now, ASCRS will be able to use the knowledge of its membership to help direct future advances," Dr. Koltun adds. ✱

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***"Computer-generated simulations with sensory feedback provide residents with a sophisticated environment that mimics the OR while significantly reducing the costs involved in training"***

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## Janet Martin, MS, RPh, appointed to provide staff support to Socioeconomic, CPT Committees

Janet L. Martin, MS, RPh, Saline, MI, has been appointed to provide staff support to the Society's Socioeconomic Committee, chaired by Dr. **Anthony J. Senagore**, Cleveland.

A pharmacist registered in California, Illinois, and Michigan, Martin has extensive experience providing support for national surgical, medical, nursing and allied health organizations in the areas of data management and medical health policy as it

relates to federal government legislation, including reimbursement valuation and practice expense studies.

Martin has assisted the American College of Surgeons, American Medical Association and many other health care organizations. She has a BS degree in pharmacy and an MS in pharmacy administration from the University of Illinois, Chicago. ✱

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## Colorectal Cancer Awareness Month plans ... continued from page 1

a white paper that will serve as a position paper to help move the cancer screening agenda forward in various venues.

The ASCRS Website again will feature a section on Colorectal Cancer Awareness. Like last year, the site will offer information for patients, the media and member physicians. The response to last year's information and materials was very positive prompting physicians from Grand

**March 2002 will mark the nation's third annual colorectal cancer awareness month**

Rapids, Boise, Charleston, Minneapolis/St. Paul, Omaha, El Paso, Milwaukee, State College and many other areas to

promote the importance of early screening and treatment.

All ASCRS members are encouraged to log on to see what is available to use for their own colorectal cancer awareness efforts. Marketing professionals at Harris, Baio & McCullough, the public relations firm contracted by ASCRS, are available to assist members in developing their own awareness programs. ✱

# Medicare physician payment, medical liability insurance crisis head Congressional agenda

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

Before September 11, health care issues were a major priority for the 107th Congress. Now, six months after the terrorist attacks, issues such as patients' rights and Medicare reform have taken a back seat to airline security and defense appropriations. However, in the last few weeks of the first session, two issues of significant concern to surgeons were being discussed on Capitol Hill: the Medicare physician payment update and the medical liability insurance crisis.

## Medicare physician payment update

On November 1, the Centers for Medicare and Medicaid Services (CMS, formally HCFA) published a final rule for the 2002 Medicare fee schedule that included a 5.4 percent across-the-board reduction in physician payments. This reduction is found in the dollar conversion factor, which was lowered from \$38.26 to \$36.20.

Faults in the Sustainable Growth Rate (SGR), a Congressionally mandated expenditure target formula, are the root cause of 4.8 percentage points of the reduction. The SGR sets a target rate of spending growth for physician expenditures tied to several factors, including growth in the gross domestic product. CMS cites slow economic growth and the increased Medicare physician spending as the principal causes of the 5.4 percent decrease.

In response to concerns expressed by the physician community, the Medicare Physician Payment Fairness Act was introduced in the Senate and House as S. 1707/ H.R. 3351, sponsored by Senators **Jim Jeffords** (I-VT) and **John Breaux** (D-LA), and Representatives **Michael Bilirakis** (R-FL) and **Sherrod Brown** (D-OH). It would lower the negative payment cut to 0.9 percent. The legislation also would require the Medicare Payment Advisory Commission (MedPAC) to conduct a study on replacing the SGR

as a factor used to calculate physician payment updates.

The Medicare Physician Payment Fairness Act inspired a massive grassroots campaign among surgical, medical, and non-physician organizations and attracted broad support on Capitol Hill with 287 co-sponsors in the House and 65 co-sponsors in the Senate. Regrettably, Congress failed to take action before adjourning for the year. However, they included the provision asking MedPAC to conduct a study on the SGR in the Departments of Labor, Health and Human Services, and Education appropriations bill passed in December.

In addition, House and Senate leaders have indicated interest in addressing the negative payment update in 2002.

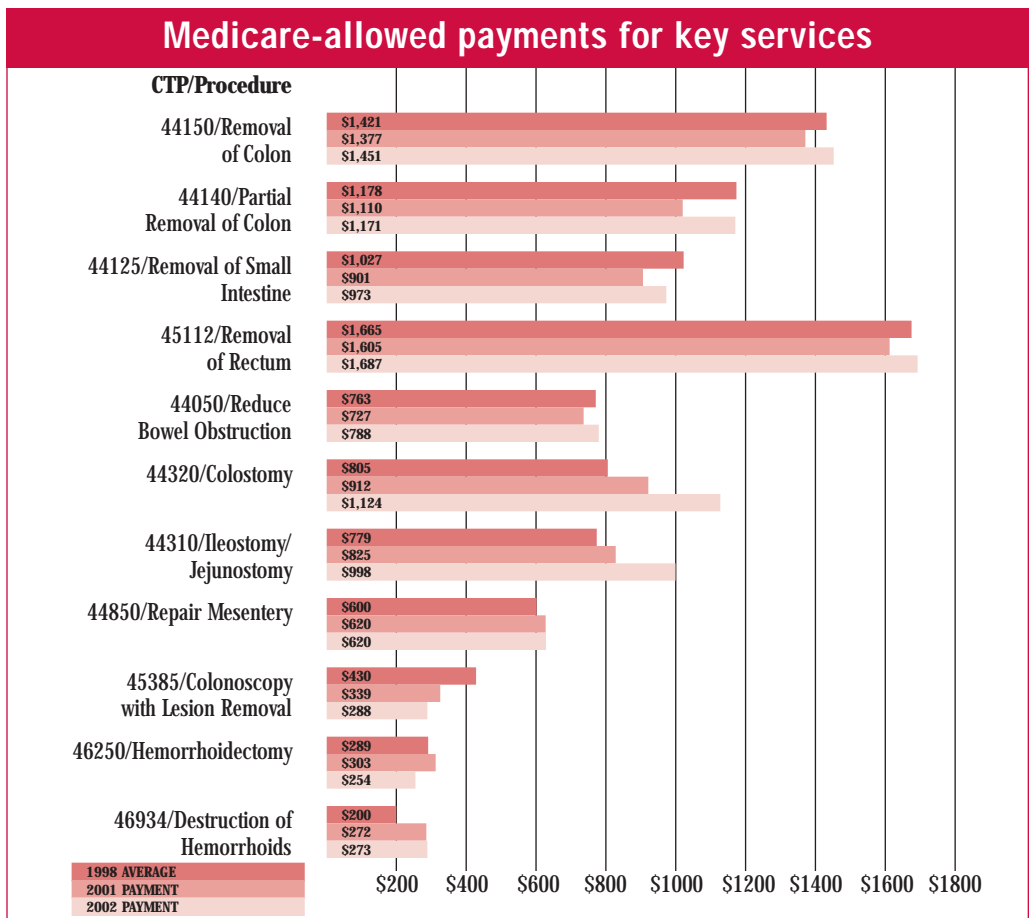
Indeed, draft legislation already circulating would restore part of the payment cut during the later months of this year.

The chart below shows Medicare-allowed payments for key services in 1998, 2001 and 2002. As these figures illustrate, work value increases resulting from the five-year review of the Medicare fee schedule more than offset the conversion factor reduction for some surgical services.

## Medical liability insurance

Tort reform has been a concern of physicians for many years. In recent months, the issue assumed center stage for many surgeons, as they reacted to dramatic increases in their malpractice premiums ranging as high as 20 to 55 percent. The

...continued on page 8



# STOP Chair Dr. Ernestine Hambrick finds special meaning in poem about terrorist attacks



Dr. Ernestine Hambrick

Dr. **Ernestine Hambrick**, Chicago, Chair of the STOP Colon/Rectal Cancer Foundation, found special meaning in the message of a poem entitled "One," written after the terrorist attacks on the theme that the tragedy united America. "I became very clear about how we are one in another way. We are all at risk for colorectal cancer...And we can all do something about it," Dr. Hambrick says.

"We now live in a world where it is absolutely certain without question that there are things over which we have no control. However, I believe it is enormously comforting and empowering that, by our actions, we can control and actually prevent colorectal cancer," she says.

***"I believe it is enormously comforting and empowering that, by our actions, we can control and actually prevent colorectal cancer."***

The STOP Foundation will again have an important role in this March's promotion of National Colorectal Cancer Awareness Month, the third annual observance. The Cancer Research Foundation of America, the lead sponsor, has targeted Stop Chairman Dr. Hambrick's home

city of Chicago as one of three major urban areas for an intense media effort. STOP plans a major fund-raising event March 12

in downtown Chicago. Alderman **Ed Burke**, a prominent Chicago politician, and **Mike Sneed**, Chicago Sun-Times columnist, will serve as honorary chairs.

STOP has distributed more than 160,000 of its brochures, "The Cancer Nobody Has to Have and How to Stop It," to physicians, individuals, organizations and corporations. They have been used in a variety of events, health fairs, and meetings across the U.S., in recent meetings in Singapore and Brazil, and many other foreign countries.

In March, STOP will roll out its colorectal cancer educational program for the 17,000-member Chicago Police Department, Dr. Hambrick said. The program begins with a department-wide showing of a video and distribution of a risk assessment questionnaire. Officers will then be mailed STOP's brochure, accompanied by a letter from Superintendent Terry Hillard, a colorectal cancer survivor and former patient of Dr. Hambrick's. She said the Chicago Police program will create a template for colorectal cancer education and testing in any municipal department and may be extended to other organizations nationwide.

Donations may be sent to the STOP Colon/Rectal Cancer Foundation, 30 N. Michigan Ave. #1118, Chicago 60602. \*

## Washington Update: Medicare physician payment ... continued from page 7

fact that some insurers are no longer issuing policies, or are in such financial straits that they have come under the control of state regulators, compounds the situation. Recently, the St. Paul Companies, the second largest medical malpractice insurer in the country, announced its plans to withdraw from the medical malpractice business.

These dramatic premium increases, combined with less available coverage and reduced physician payments, are beginning to have a significant impact: many physicians are relocating, retiring early, or changing the way they practice.

Over the past 10 years, Congress has considered many medical liability reforms. The House of Representatives has included and passed malpractice reforms in six different health care related bills. Success has been much more elusive in the Senate, however, where trial lawyers enjoy broader support. So far, they have kept any significant

tort reforms from reaching the Senate floor for a vote

The Patient's Bill of Rights (PBR) was a "hot" issue on the Hill last summer, and the crux of the debate revolved around the liability issue. The original PBR pro-

**ACS has a toll-free hotline for CPT questions. Phone 800-ACS-7911, or FAX 800-227-2758.**

positional allowed patients to sue their health plans in certain circumstances. It led to a compromise that included a cap on non-economic damages for lawsuits brought against health plans. Many health care groups argued that a cap on health plan liability would leave the physicians with the "deep pockets" in litigation. Because of this, Representative Bill Thomas (R-CA), Chair of the Ways and Means Committee, introduced an amendment providing a cap on non-economic dam-

ages for physicians and other providers. Unfortunately, the amendment lost by a vote of 207 to 221.

Other similar bills include one authored by Representative **Patrick Toomey** (R-PA) to institute a variety of tort reforms and put a \$250,000 cap on non-economic damages and another by Representative **Jim Greenwood** (R-PA) to provide a \$500,000 cap on non-economic damages. In the Senate, **Mitch McConnell** (R-KY) has introduced a bill that mirrors Rep. Toomey's proposal.

Health care issues are expected to take center stage again in the near future. Physicians and patients alike will not forget the difficulties they are experiencing with managed care plans, reduced access to care, confidentiality concerns, and the nursing shortage. With the pending midterm elections in the fall, the House and Senate will pay close attention to their constituents — all the more reason for surgeons to become more involved in the legislative process. \*

# Research is the Research Foundation's agenda

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

Supporting cutting-edge colorectal research is the agenda of The Research Foundation. Last year, the Foundation awarded four Limited Project Grants, one Career Development Award, and one International Fellowship Grant.

Limited Project Grants (LPGs) range from \$6,000 to \$20,000 in support of one-year colorectal projects. LPGs awarded in 2001 are:

- *Predicting Outcomes in Colon and Rectal Cancer Using Population-Based Databases*, Dr. **Clifford Ko**, University of California, Los Angeles.
- *Characterization of ILAR-State6 Signaling Pathway in IBD*, Dr. **Walter Koltun**, Pennsylvania State University, Hershey, PA.
- *Development of a Validated Measure to Assess Bowel Function after Rectal Cancer Therapy*, Dr. **Larissa Temple**, Memorial Sloan-Kettering, New York, NY.
- *Effect of Sulindac on Gene Expression in Rectal Mucosa*, Dr. **Harvey G. Moore**, Memorial Sloan-Kettering, New York, NY.

## Dr. Jack W. McElwain dies at 80

Dr. **Jack W. McElwain**, of Huntington, NY, a past trustee of the ASCRS Research Foundation Board of Trustees, has died at 80. He was an associate clinical professor at SUNY Stony Brook Medical School and head, Department of Colon and Rectal Surgery at Nassau County Medical Center.

"His brilliant work and teaching inspired a generation of surgeons. His loyal commitment to his patients and colleagues will be long remembered," said ASCRS President, **Robert D. Fry**.

Dr. McElwain was past president of the New York Society of Colon and Rectal Surgeons and the Pennsylvania Society of Colon and Rectal Surgeons. He was founder and first president of the Northeast Society of Colon and Rectal Surgeons.

Career Development Awards 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 the Research Foundation. Last year's Career Development Award winner was:

- Dr. **Lisa S. Poritz**, assistant professor of surgery in the section of Colon and Rectal Surgery at the Pennsylvania State University Milton S. Hershey Medical Center, Hershey, PA, *Tight Junction Structure and Function in Intestinal Inflammation*. She is mentored and supported by Drs. **Walter Koltun** and **Wiley Souba**. She has trained in the experimental field of immunology, investigating graft-versus-host disease. She will study the pathogenesis of inflammatory bowel disease using cell culture techniques and a graft-versus-host disease animal model.

The International Fellowship Award takes a worldwide view in supporting efforts of young investigators, including Americans and Canadians with opportunities in foreign countries and physicians from other countries seeking opportunities in the U.S. and Canada.

Dr. **Kouros Moozar**, Mount Sinai Hospital, Toronto, won an International Fellowship last year for his project, *Tumor Microsatellite Instability, Chemosensitivity and Patient Outcome: A Molecular Reanalysis of Adjuvant 5 FU/Leucovorin in Colon Cancer*. Dr. Moozar will be working with Dr. **Steven Gallinger** on a project incorporating

microsatellite status in a reanalysis of the effects of chemotherapy on colon cancer survival using the IMPACT (International Multicentre Pooled Analysis of Colon Cancer Trials) database.

These projects show how the work of the Foundation is "extending the knowledge frontier," creating opportunities for future triumphs in colorectal care. The Foundation has had a highly successful year at attracting high-quality research.



Dr. Heidi Nelson

***"These projects show how the work of the Foundation is 'extending the knowledge frontier,' creating opportunities for future triumphs in colorectal care."***

We have every reason to take pride in the accomplishments the Research Foundation has supported. Increased funding means the Research Foundation will be able to support a wider array of projects at significantly higher funding levels. Priorities for the increased endowment include improving understanding of the causes of colorectal disease and disorders; developing new methods of surgical diagnosis and treatment for these diseases and disorders; and establishing prospective treatment and outcomes analysis to maximize benefits to the patient and improve health care delivery systems.

We appreciate your support of the Foundation's ultimate goals: to achieve excellence in research to promote the cures of the future. ✨

## Support the Research Foundation

ASCRS members remain the backbone of the Research Foundation's financial support. In recent years, members have contributed in a variety of creative ways:

- Making a gift of appreciated securities. Member-donors encourage colleagues to consider the tax benefits of this approach.
- Consider having fees, honoraria or royalties paid directly to the Foundation in lieu of making a direct contribution.
- Contribute by submitting a check or charging donations to credit cards, if that is most convenient.

# ABCRS to conduct recertification exam June 4

The American Board of Colon and Rectal Surgery (ABCRS) will conduct its 2002 Recertification Examination at the Sheraton Chicago Hotel from 8-11 a.m., Tuesday, June 4, during the ASCRS Annual Meeting.

Recertification certificates are valid for 10 years and dated January 1 of the year following the expiration date of the original certificate.

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***“Since expiration is not based on the date the test is taken, there is no penalty for passing the exam early.”***

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ABCRS strongly encourages diplomates to register for the recertification examination at least

two years before certificates expire. Taking the exam early safeguards the surgeon's certified status in case of unforeseen circumstances. Since expiration is not based on the date the test is taken, there is no penalty for passing the exam early.

ABCRS tracks certificate expiration dates and notifies diplomates at least three years before expiration. In April 2002, ABCRS will mail applications and examination details for the 2003 examination, June 21, 2003, in New Orleans. All diplomates whose certificates expire on or before December 31, 2005, will receive applications. The deadline for receipt of completed applications is August 15, 2002 (application fee \$350) and for late applications, September 15, 2002 (application fee \$450). Applicants must provide validation of 100 Category I CME credit hours.

Direct questions about replacement certificates, changes in the recertification process or exam applications to ABCRS at:

20600 Eureka Road, Suite 600  
Taylor, Michigan 48180  
(734) 282-9400-phone, (734) 282-9402-fax



## Tripartite 2002 Colorectal Meeting to be held in Melbourne, Australia – October 27-30

The Tripartite 2002 Colorectal Meeting will be held October 27-30 at the Crown Towers Hotel, Melbourne, Australia.

A tripartite meeting is held every three years. The sponsoring groups are the ASCRS for North America, Association of Coloproctology of Great Britain & Ireland and Section of Coloproctology, Royal Society of Medicine for the United Kingdom, and Section of Colon & Rectal Surgery, Royal Australasian College of

Surgeons and Colorectal Surgical Society of Australasia for Australasia.

The Tripartite 2002 Colorectal Meeting will be an important forum for the presentation and discussion of up-to-date knowledge on surgery of the colon and rectum. An extensive exhibition will accompany the meeting, enabling delegates to review the latest scientific innovations associated with colorectal surgery.

The Meeting is intended for the education of colorectal surgeons, general surgeons

and others involved in the treatment of diseases affecting the colon and rectum.

Melbourne, a city of more than three million rated one of the world's "most livable," offers a range of experiences in dining, theater, and arts. The Crown Convention and Entertainment Complex includes Australia's largest casino.

For further information about the 2002 Tripartite Meeting, contact the Website [www.surgeons.org/tripartite2002/](http://www.surgeons.org/tripartite2002/). (See enclosed brochure) \*

## Deadline for Media Award Entries: March 15

The deadline for entries in the 2002 National Media Awards competition is March 15. The program, now in its eighth year, encourages and honors journalists who have excelled in communicating information about colon and rectal diseases to the public.

ASCRS will present two \$1,000 awards for the best work in two major media categories: print (newspaper and general interest magazine) and broadcast (television or radio). In addition, the winners will receive an expense-paid trip to Chicago for an awards ceremony during the Annual Meeting, June 3-8. The entries will be judged by media



professionals and the Media Awards Committee, who will evaluate them on the basis of writing quality, excellence in production, research, accuracy, message impact and originality.

Members who know of journalists deserving recognition may encourage them to submit an entry or submit one on their behalf. A National Media Awards entry form and brochure detailing the program are available by calling ASCRS Public Relations at 847/934-5580. To request the form via e-mail, contact [bragawpr@compuserve.com](mailto:bragawpr@compuserve.com). \*

# Dr. Thandinkosi Madiba, South Africa, awarded 2002 ASCRS International Scholarship

Dr. **Thandinkosi Enos Madiba**, of Durban, South Africa, has been awarded the Society's 2002 International Scholarship and will make a presentation at the Annual Meeting, June 8.

Dr. Madiba receives an award of \$7,500 toward travels in the U.S., where he will visit several colorectal institutions. He is associated with the Department of General Surgery, University of Natal, in Durban.

International scholarships are available for a surgeon outside the U.S. and Canada, who demonstrates potential for achieving a leadership position in colon and rectal surgery.

International scholarships are available for a surgeon outside the U.S. and Canada, who demonstrates potential for achieving a leadership position in colon and rectal surgery. Recipients visit clinical, teaching, and research activities in North America and attend and participate in the ASCRS Annual Meeting, under the auspices of the Society's International Committee, chaired by Dr. **Steven D. Wexner**, Weston, FL. ✱

## Resources available online at [www.fascrs.org](http://www.fascrs.org)

Log onto the ASCRS Website at [www.fascrs.org](http://www.fascrs.org) to view an ever expanding list of resources available to members. The Society's Website includes:

- **Webcast of the 2001 San Diego Annual Meeting** – This Webcast is available free of charge to surgeons and patients alike. 120 slide and video presentations are funded through educational grants from **Adolor Corporation, Ethicon Endosurgery** and ASCRS. Coming soon, the 2002 Annual Meeting in Chicago.

- **ASCRS Listserv** – An e-mail discussion group for Society members that provides a forum for the discussion of clinical cases and other issues of general interest to the colon and rectal surgical community.

- **Colon and Rectal Surgery Educational Program (CARSEP)** – information and order form.

- **Core Subject Update** – from 1998-2001 presentations for members to review at leisure.

- **Links to inherited colorectal cancer registries in North and South America.**

The Website also features past and present Annual Meeting programs and patient education brochures, information on Research Foundation grants, residency programs and regional societies, practice parameters, the strategic plan, a link to the *Diseases of the Colon and Rectum (DC&R)* homepage, and much more. ✱

### Dr. Willard H. Bernhoft dies at 92

Dr. **Willard H. Bernhoft**, a member of the Society for more than 50 years, died January 9 at a hospital near his home in Amherst, NY, after a short illness. His mentor had been the late Dr. **Descum C. McKenney** (ASCRS President 1925-26), the first of a succession of leaders trained at the University of Buffalo. Although never ASCRS President, Dr. Bernhoft had been active in the Society for many years and was once honored for attending every Annual Meeting except one in a 50-year period. Dr. **Bertram A. Portin**, of Buffalo (ASCRS President 1981-82) remembers attending his first ASCRS Annual Meeting at Dr. Bernhoft's invitation.

### Nominating Committee solicits names for 2002 officer slate

Drs. **Lee E. Smith**, Washington, DC, **H. Randolph Bailey**, Houston, and **John M. MacKeigan**, Grand Rapids, MI, have been appointed to the 2002 ASCRS Nominating Committee.

With Dr. Smith serving as chair, the Committee invites member recommendations for the following nominations on the Executive Council:

- President-Elect
- Vice President
- Secretary
- Treasurer
- Members-at-Large

The committee will develop a slate of officers and Members-at-Large for submission to the Fellows at the ASCRS Annual Meeting in Chicago. Written recommendations should be submitted no later than April 1 to:

Dr. Lee E. Smith  
Washington Hospital Center  
110 Irving St. NW, Room 3B-31  
Washington, DC 20010  
FAX: 202/877-8483 • E-Mail: [les2@mhg.edu](mailto:les2@mhg.edu)

# June one of the best months to visit Chicago



Photo - Ron Schramm

June is one of the best months to visit Chicago. As ASCRS holds its 2002 Annual Meeting at the Sheraton Chicago Hotel, June 3-8, members wishing for a glimpse of “Second City” can choose from an unlimited number of activities that suit all tastes.

Go back through time, explore the ocean depths, or reach for the stars at the museum campus, located just south of downtown Chicago. Nestled along Lake Michigan, the campus

features the Field Museum of Natural History, the Adler Planetarium and Shedd Aquarium.

Take a journey on the Space Shuttle, tour an authentic U-505 submarine, explore the frontiers of genetics and get lost for hours at the Museum of Science and Industry. Visitors with a more artistic taste will enjoy a venture through the galleries of The Art Institute of Chicago or a visit to Orchestra Hall, home of the Chicago Symphony Orchestra.

For the best in shopping, take in the Magnificent Mile along Michigan Ave. Visit the Merchandise Mart and Riverfront Antique Mart — 10,000 square feet of antique and home furnishing specialty shops under one roof.



Photo - Mike Gustafson

Enjoy a Chicago Cubs baseball game at historic Wrigley Field or the White Sox at new Comiskey Park. See the city's splendor by taking a boat ride along the Chicago River and Lake Michigan. Relax in a horse-drawn carriage along the downtown streets, or see for miles in all directions from the observation decks of the Sears Tower, the tallest building in North America, or the Hancock Center. The Midwest's famous “toddling town” will offer ASCRS members countless diversions this June. ✱

## 2002 Annual Meeting runs Monday-Saturday

Following is an abbreviated schedule for the 2002 ASCRS Annual Meeting:

### Monday, June 3

- Endorectal Ultrasound Course

### Tuesday, June 4

- Endorectal Ultrasound Lab - Residents only
- Young Researchers' Breakfast: Surgical Skills Training and Assessment in the Age of Computer Generated Virtual Reality
- Research Forum
- New Technologies Workshop
- Luncheon Symposium: “Can We Reduce Postoperative Hospital Length of Stay and Still Provide Quality Patient Care?”
- Core Subjects
- Symposium: Anal Fissure – Current Management Options
- Welcome Reception

### Wednesday, June 5

- Scientific sessions begin. Wednesday's sessions include colorectal cancer, frontiers in colorectal practice, pelvic physiology, and management of benign colonic disease
- *Research Foundation Special Event in the evening*

### Thursday, June 6

- Thursday's sessions include inflammatory bowel disease and cancer management
- Socioeconomic workshops — a basic workshop and an advanced workshop will be offered
- *Optional tours scheduled for Thursday afternoon*
- *Affiliated functions scheduled for Thursday evening*

### Friday, June 7

- Friday's sessions include research in colorectal disease, anorectal disease, issues in continence, laparoscopy and colonoscopy, and Consultants' Corner I on anorectal topics
- ASCRS Business Meeting
- Colorectal Jeopardy
- Symposium: “State of the Art Stapling: Open, Laparoscopic and Hand-Assisted”
- *Annual Reception and Dinner Dance*

### Saturday, June 8

- Saturday's sessions include Impact Paper and Greatest Hits, Resident/Fellow presentations, SSAT Symposium, video session, Consultants' Corner II on abdominal topics
- The ASCRS Annual Meeting adjourns at 12:30 p.m.