The American Board of Colon and Rectal Surgery (ABCRS) is making a transition from Recertification to the new Maintenance of Certification (MOC) program requested by the American Board of Medical Specialties (ABMS).

In March 2003, ABMS approved the ABCRS application for the first three components of MOC:

- Professional standing,
- Lifelong learning and self assessment, and
- Cognitive expertise.

The Board's next project will address MOC, Part 4: Assessment of Practice Performance. “This will be the most difficult component to develop because it requires that boards establish a process for assessing physician practice performance.” said Irene Babcock, Executive Assistant in the Board’s Administrative Office.

ABCRS Executive Director Dr. Herand Abcarian outlined the new MOC program at the Annual Business Meeting.

ABCRS makes transition from Recertification to Maintenance of Certification (MOC)

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- Lifelong learning and self assessment, and
- Cognitive expertise.

The Board’s MOC plan requires a 10-year interval between initial certification and completion of requirements to maintain certification for the first time and for each subsequent 10-year interval.

Specific requirements to prove professional standing, lifelong learning and self-assessment include:

- Completion of Colon and Rectal Surgery Educational Program (CARSEP) at least twice during the 10-year MOC interval.

Approximately 30 Category I CME credits will be granted for each program.

2002-03 was busy year of accomplishment for ASCRS

His year at the helm was a busy one with many accomplishments, outgoing ASCRS President Dr. Richard P. Billingham, Seattle, WA, reported in a “State of the Society” address at the Annual Business Meeting in New Orleans.

Among them, the Society:

- Conducted an online member survey, with the results used to update the Strategic Plan;
- Reorganized its committee structure, combining technology committees and sharpening the focus and goals of continuing education, quality assurance, and international;
- Created the first Public Forum at the Annual Meeting and redefined the Public Relations Committee’s goals;
- Added several new Annual Meeting features, including a clinical trials workshop and a new Humanities in Surgery lectureship;
- Negotiated a new publishing contract for Diseases of the Colon & Rectum;
- Negotiated a publishing contract for a new ASCRS-sponsored textbook;
- Facilitated member involvement in Colossal Colon exhibit activities;
- Approved amendments to the ASCRS bylaws on expert testimony and committee actions when a quorum is not reached at a meeting;
- Approved new practice parameters.

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Dedication to quality care will enhance specialty

By David J. Schoetz MD

As the ASCRS begins its year, I must personally thank the membership for the honor of serving as your president. Little did I know that when I joined the ASCRS 20 years ago that this organization would provide such professional and personal enrichment at so many levels. It is my hope to be able to continue in the footsteps of my predecessors, using our unique uniform dedication to quality care of patients with colorectal disease to enhance our specialty worldwide.

We must extend our gratitude to Drs. Bruce Orkin and Deborah Nagle for a resoundingly successful scientific program at the ASCRS Annual Meeting in New Orleans. Total registration was 1,829, with 1,063 physicians and 190 residents in attendance, highlighting our success in enhancing interest in the specialty. For the first time, the number of abstracts from international authors exceeded the number from the United States. A total of 53.2% of 504 abstracts represented 29 foreign countries, emphasizing the prominent international position of the ASCRS Annual Meeting.

Among the innovations this past year was the establishment of a laparoscopy course, which was oversubscribed and very well received. This will be offered again in Dallas in 2004. Dr. Peter Marcello, program director for next year’s Annual Meeting, is already hard at work, arranging symposia and workshops.

“Planning for the future continues to be a priority for your Executive Council.”

Planning for the future continues to be a priority for your Executive Council. After collecting information from a detailed survey of the membership, we held a strategic planning retreat to review the previous plan and define a revised three-year agenda. Committees are being merged, in some instances, and others redirected. The International and Membership Committees are being joined, acknowledging that the most rapid growth of our Society is on the international front. Many of the committee chairs will be new appointments this year; they have been provided with a list of volunteers for their activities from the survey of the membership.

Maintenance of certification (MOC) is a process mandated by the American Board of Medical Specialties (ABMS). Colon and Rectal Surgery has submitted a plan to the ABMS for a specialty-specific process. As one of the primary missions of ASCRS is education of its membership, we will create an MOC Oversight Committee. It will include the chairs of Self-Assessment and CME, the Core Subjects chair, the Board member charged with MOC supervision, the Program Directors Association Core Curriculum representative and members of the Executive Council. The function of this Oversight Committee will be to coordinate and direct the activities of the key stakeholders in this new process.

Council will also discuss creation of similar coordinating committees for other related functions within the Society. Goals from the strategic plan will be distributed to the various committees to develop strategies for accomplishing our primary objectives.

Tort reform and reimbursement issues are of critical importance to the membership. We will continue to rely on our excellent relations with the American College of Surgeons and the AMA to advocate on our behalf. Drs. Frank Opelka

…continued on page 4
Dr. David Schoetz assumes ASCRS Presidency; Dr. Bruce Wolff named President-elect

Dr. David J. Schoetz, Jr., Burlington, MA, was installed as ASCRS President for 2003-04 at the Society’s Annual Meeting in New Orleans. He succeeds Dr. Richard P. Billingham, Seattle, WA.

Newly-elected members of the Executive Council for 2003-04 include: Drs. Bruce G. Wolff, Rochester, MN, President-elect; Leela Prasad, Niles, IL, Vice President; and Drs. Michael J. Stamos, Torrance, CA, and Judith L. Trudel, St. Paul, MN, as Members-at-Large.

Dr. Schoetz: President
Dr. Schoetz is chair of the Department of Education at Lahey Clinic, Burlington, MA, and former chair of the institution’s Department of Colon and Rectal Surgery. In addition, he is Professor of Surgery at Tufts University.

He is the former chair of the Residency Review Committee for colon and rectal surgery, and has been a member of the American Board of Colon and Rectal Surgery, serving as Examination Chairman and President of the Board.

An ASCRS Fellow since 1987, Dr. Schoetz served as President-elect in 2002-03 and Secretary from 1999 - 2002. He has served on numerous committees within the Society and has chaired the Program and Local Arrangements Committees.

Dr. Wolff: President-elect
Dr. Wolff is Professor of Surgery at the Mayo Medical School, Rochester, MN, and a consultant in colon and rectal surgery, Mayo Clinic.

An ASCRS Fellow since 1986, he is Associate Editor of Diseases of the Colon and Rectum, and the Written Examination Chairman for the American Board of Colon and Rectal Surgery. Dr. Wolff previously served as Member-at-Large on the Executive Council (1999-2001), is a former Chair of the Society’s Public Relations and Program Committees, and a past member of the Residency Review Committee.

Dr. Prasad: Vice President
Dr. Prasad is Clinical Professor of Surgery at the University of Illinois, Chicago, and Chairman, Section of Colon and Rectal Surgery at Lutheran General Hospital. He is attending surgeon at Lutheran General and Rush North Shore Hospitals.

Dr. Stamos: Member-at-Large
Dr. Stamos is Chief, Division of Colon and Rectal Surgery, and Professor of Surgery at the University of California Irvine School of Medicine, Orange, CA. He also is Chief of Colon and Rectal Surgery at Long Beach VA Medical Center, Long Beach, CA.

An ASCRS Fellow, Dr. Stamos chaired the Society’s Professional Outreach Committee and served on the Regional Society Committee. He is Associate Editor of Diseases of the Colon and Rectum and a former abstract editor for the publication. He previously served on the Young Surgeons, Socioeconomic and Program Committees.

Dr. Trudel: Member-at-Large
Dr. Trudel is Adjunct Associate Professor, Department of Surgery, at the University of Minnesota, Minneapolis, MN, where she oversees direct daily supervision and teaching of colorectal surgery residents.

She is an Associate Editor of Diseases of the Colon and Rectum and Section Editor of the journal’s Section on Self Assessment. Dr. Trudel is former Chair of the Self-Assessment Committee and has served on the ASCRS Program, Continuing Education, Awards and Young Researchers Committees.

Submit abstracts for Dallas Meeting online

Abstracts for the Society’s May 8 - 13, 2004, Annual Meeting will be accepted online only between September 8 and December 1, 2003, at www.fascrs.org. Information contained in abstracts must represent original work that: (A) has not previously been published or presented; and (B) will not be considered for publication or presentation at a major regional, national or international meeting prior to the ASCRS Annual Meeting.
Innovative surgical, patient treatment programs available on Webcast of New Orleans Annual Meeting

New treatments for fecal incontinence, a hands-on laparoscopy workshop and panel discussions concerning medical/legal issues were at the forefront of a program emphasizing colon and rectal surgery’s future during the ASCRS Annual Meeting, June 21-26, in New Orleans.

More than 1,000 members, non-member physicians, colorectal surgery fellows and residents joined spouses, guests, physician assistants, media representatives and exhibitors to boost total attendance figures to 1,829.

For those who missed a program, ASCRS has posted a Webcast of the 2003 Annual Meeting on its Website, www.fascrs.org. Click on “2003 Webcast” to access video presentations of each topic at the meeting.

The Webcast makes it convenient for busy surgeons to access programs of interest when their schedules permit. Everyone can access the presentations, although no CME credit is available through the online program.

Key to success: balance

Key to the meeting’s success was a balanced scientific program that represented opposing points of view, served members’ desire for up-to-date information and offered hands-on experience with the latest techniques and equipment, according to Program Chair, Dr. Bruce Orkin, Washington, D.C.

A series of innovative presentations designed to maximize educational opportunities for all members made their Annual Meeting debut, including:

- “Promising Therapies for Fecal Incontinence” – Moderated by Dr. Ann C. Lowry, St. Paul, MN, this symposium offered participants a glimpse of new approaches to treating this devastating condition.
- The Laparoscopic Workshop designed for ASCRS members looking to expand their skills with hand-assisted laparoscopic intestinal surgery.
- The Parviz Kamangar Humanities in Surgery Lectureship featured speaker Dr. Ira J. Kodner, St. Louis, MO, in a poignant, moving discussion of the role of ethics in colorectal surgery.
- Medical/Legal issues panel discussion. Moderated by Dr. Terry Hicks, New Orleans, the program offered participants and audience members an overview of medical malpractice and tort reform.

Members also took part in a heated discussion on “Anal Intraepithelial Neoplasia (AIN) – What is it and How Should We Treat it?”, where surgeons went head-to-head in debating ongoing controversies involving AIN treatment. Meanwhile, the Socioeconomic Update, “CPT Coding and Reimbursement for the Colorectal Surgeon,” drew more than 200 participants.

“The Program Committee has received much positive feedback from the membership with regard to this year’s meeting,” said Program Co-Chair Dr. Deborah Nagle, Philadelphia, PA. “We introduced several new initiatives – including a ‘nuts and bolts’ presentation on how to get involved in clinical trials – that met with great success and provided surgeons with an overview of our specialty’s future,” she added.

President’s Message... continued from page 2

and Clifford Simmang are our representatives to the AMA, at which the specialty societies have become the most powerful block of delegates. Our representatives actively testify at the Centers for Medicare & Medicaid Services (CMS), focusing on limitation of reductions in Medicare fees and emphasizing increased costs, particularly of malpractice insurance.

I have personally met with Dr. Tom Russell, the executive director of ACS and a fellow of ASCRS, who has reassured me of the value placed on ASCRS participation in all activities of the College. For a small organization such as ours to have a national impact on matters of major importance will require strong relationships with large national lobbying organizations.

The Research Foundation, presided over by Dr. James Fleshman, has committed to spending more money on research grants over the next few years. To stimulate interest in and support by the membership, we have reinvigorated the Eagle Society. Several different levels of financial pledges, including bronze ($1,000), silver ($2,500), gold ($5,000) and double gold ($10,000) eagles, will make support of the Foundation affordable for all our members. In order to carry out our core mission of improving the quality of care for patients with colorectal disease, the Research Foundation will need a continuing source of financial support both from our members and outside donors.

Finally, we owe a debt of gratitude to Dr. Rick Billingham for his tireless efforts on behalf of the members and the organization. He has outlined a progressive agenda that is my privilege to continue to exercise in concert with the Executive Council.
Dr. Billingham’s philosophy of medicine: Serendipity, humility and ‘Dumbo’s feather’

The concepts of serendipity, humility and “Dumbo’s feather” can explain what brought surgeons to this point in their careers, what keeps them working, and what the future will bring, said Dr. Richard P. Billingham, Seattle, WA, in one of the Society’s most entertaining and stimulating presidential addresses.

Serendipity, defined as “an aptitude for making fortunate discoveries accidentally,” has determined “the direction of our lives, our careers, our families,” he said.

The history of science is filled with such accidental discoveries, he noted, mentioning Alexander Fleming’s discovery of penicillin, Alfred Nobel’s discovery of dynamite, and Christopher Columbus’ discovery of the New World.

Humility “does not come easily to most surgeons, or to others who can often manipulate the environment,” Dr. Billingham continued. “It is often learned from a cycle of arrogance and humility...Such is the case with medical school, with the timid first year student gradually developing self-confidence, and with it a measure of arrogance, as a fourth year student, only to be reduced again to humility as an intern, becoming very confident as a chief resident, and the cycle repeated again when the surgeon enters practice, and over the years gains confidence and often arrogance.

“A steady state of humility evolves from the realization, over time, that we often cannot control our environment. We are reminded of this by life events, such as the lawsuit filed by the patient for whom we did our very best; the patient whose suffering and death we could not prevent; the economic or reimbursement situations we cannot control, the patient with the poor result when most of our patients with the same condition have an excellent result,” he said.

“Does humility come more easily to colon and rectal surgeons, who toil in the fundament and nether regions of the body?,” Dr. Billingham asked, somewhat facetiously. “Our ministering to our patients’ anorectal woes has been compared to a biblical expression of true humility, that of Jesus washing the feet of his disciples. But a mature attitude of humility comes from our realization that caring is more achievable than curing,” he answered. This mature quality of humility leads to recognition of the need for further learning, he said.

The concepts of serendipity and humility are familiar, but many in the audience may not at first have identified with “Dumbo’s feather.” Dr. Billingham recalled Walt Disney’s story of Dumbo, the baby elephant with unusually large ears, who learns to fly.

He thinks at first that it is only by holding a magic feather that he can fly until his mentor, Timothy Mouse, shows him that the feather “was just a crutch, and that his own innate skill and capacity are what really allow him to fly.

“Like Dumbo,” Dr. Billingham continued, “we have been encouraged by our mentors to follow certain practices and traditions and have been told these practices are necessary to achieve a desired result.” He gave several examples from colon and rectal surgery, noting the role serendipity often plays in exploding myths and humility in allowing surgeons to accept new realities.

As a result, said Dr. Billingham, in the past 20 years colon and rectal surgeons have learned:

- Routine use of a nasogastric tube after abdominal colorectal surgery is unwarranted and detrimental;
- Perioperative antibiotics need not be continued after the patient leaves the operating room;
- Patients can safely begin oral intake by the first postoperative day;
- Aggressive early ambulation diminishes the risk of pneumonia and DVT;
- Use of intra-abdominal drains to protect against anastomotic leak is ineffective;
- Wound infections usually heal better and faster without “packing.”

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“Like Dumbo, we have been encouraged by our mentors to follow certain practices and traditions and have been told these practices are necessary to achieve a desired result.”
CMS adjustment for professional liability insurance could have negative conversion factor impact

By David A. Margolin MD, ASCRS Socioeconomic Chair

In February 2003, Congress intervened to replace the projected 4.4% Medicare cuts with a 1.6% increase in the Medicare fee schedule. However, as 2004 approaches without significant government intervention, the same issue could resurface.

On August 15, the Department of Health and Human Service published the proposed rule for the 2004 Medicare fee schedule. The Centers for Medicare & Medicaid Services (CMS) plans to “rebase and revise” the Medicare Economic Index (MEI). One component of the MEI that CMS plans to adjust for is the increasing cost of professional liability insurance.

Despite the projected increase in liability component of the MEI, the net effect could result in a negative change in the Medicare conversion factor. The conversion factor is multiplied by the total RVU’s for a CPT code to determine the amount that the government pays per procedure. Total RVU’s are calculated from work RVU (wRVU), practice expense RVU (pRVU), malpractice rate RVU, and a geographic modifier. While this applies to Medicare patients, private payers often follow suit and base their reimbursement on a percentage of the Medicare fee schedule. The complete proposed rule can be found at http://www.gpoaccess.gov/fr/index.html. As with the previous proposed Medicare fee schedule changes, contact your congressional representatives and let them know your concerns.

The Socioeconomic Committee will continue to work through the established framework of the American Medical Association’s (AMA) Relative Value Update Committee (RUC) and Practice Expense Advisory Committee (PEAC) to develop appropriate values for colorectal surgery codes. The committee plans to continue its interaction with other surgical specialties, most notably the American College of Surgeons, to facilitate this.

The Socioeconomic Committee has received positive feedback concerning the Annual Meeting socioeconomic update course, “2003 E&M Coding and Documentation guidelines—Demystifying Modifiers for Colon and Rectal Surgeons.” We are hoping that this course will serve as a solid foundation for courses over the next few years. Please let us know how we can better tailor the course to meet the membership’s needs.

As always, the Committee will put forth any new codes nominated by a member. To nominate a new code, contact Dr. David Margolin (damargolin@ochsner.org). Dr. Guy Orangio (gorangio@gcrsa.com) or Dr. Eric Weiss (weisse@ccf.org). Remember that any changes or additions to CPT require survey data for appropriate valuation. Therefore, be generous with your time and complete a survey if contacted by a Socioeconomic Committee member. Contact the American College of Surgeons coding hotline (1-800-227-7911) for answers to any specific coding questions.

Chatelaine Magazine, Information Television Network named 2003 National Media Award winners by ASCRS

A feature article in Chatelaine Magazine, Toronto, Ontario, Canada, and two documentary programs produced by the Information Television Network, Boca Raton, FL, were selected winners of the ASCRS 2003 National Media Awards.

Chatelaine writer Lisa Tant won in the print category for her article “Mum’s last lesson,” in which she describes her mother’s death from colon cancer. Judges praised Tant for creating a deeply moving narrative that “moves skillfully from humor to grief and, along the way, works in statistics on colon cancer and the screening protocols to avoid it.”

Information Television Network’s Penelope Douglas was named winner in the broadcast category for two documentary programs, “Living with Crohn’s Disease” and “Colon Cancer.” The judges commended both programs for presenting “a significant amount of medical information in a format that average viewers can understand. Compelling stories from patients are used effectively to convey information important for understanding the disease and the importance of early detection,” they said.

The winning entries were chosen from entries submitted by newspapers, magazines, television and radio stations from across the U.S. and Canada. Winners each received a $1,000 cash prize, a plaque, and an expense-paid trip to the ASCRS Annual Meeting in New Orleans, LA.

Judges from the Medill School of Journalism, Northwestern University, Evanston, IL, selected the winning entries after evaluation and screening for medical accuracy by members of the ASCRS Public Relations Committee. The journalistic merit of each submission was evaluated based on 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.
Congress continues work on physician payment, Medical liability reform, patient safety

By Susanne R. Bell, Legislative Assistant, the American College of Surgeons

As Congress returns from the August recess, work on major legislation of concern to colorectal surgeons continues to be a central focus of attention.

Medicare Physician Payment
Issues: Physician Payment Update
In late June, the U.S. Senate and House of Representatives passed Medicare reform legislation. Most notably, the House bill, which passed by a narrow vote of 216-215, provides for Medicare physician payment updates of at least 1.5 percent in 2004 and 2005. This would replace the 1.2 percent cut expected for 2004.

In contrast, the Senate overwhelmingly passed its own version of Medicare reform legislation by a margin of 76-21. Although the Senate bill does not include a provision for a positive update for physicians, Sens. Jon Kyl (R-AZ) and Arlen Specter (R-PA) both offered resolutions regarding the Medicare payment problem, which were included in the Senate bill as passed.

These resolutions urge Congress to fix the problem to prevent additional cuts in physician payments. Though the resolutions do not have the force of law, they show the intent of the Senate to provide a positive update for physicians as the legislation now moves to the conference committee.

The House-Senate conference committee comprises 17 high-ranking members of the House and Senate. These 10 Republicans and 7 Democrats are charged with merging the two bills to create one single piece of legislation. Since mid-July these members of Congress have been meeting regularly to discuss the details of the two bills.

Ultimately, the conference committee, if successful, will craft the final legislative language, including a positive payment update, which they will send to President Bush to be signed into law.

Replacement of CPT with ICD-10
The House-passed Medicare reform legislation also includes language that could replace the current CPT codes used by physicians with ICD-10. Specifically, the House version clears the way for Health and Human Services Secretary Tommy Thompson to adopt ICD-10-PCS and ICD-10-CM as a standard within one year of the date of enactment of the Medicare bill.

If included in the final conference bill and passed into law, this provision could result in a requirement that physicians go from using approximately 8,000 codes to over 170,000 codes. In contrast, the Senate-passed version does not contain any references to ICD-10.

Medical Liability Reform: Latest Senate action
Earlier this year, the House passed the Help, Efficient, Accessible, Low-cost, Timely, Healthcare (HEALTH) Act of 2003 (HR 5) by a vote of 229-196. This strong federal medical liability reform legislation is based on California’s MICRA laws, which have been in place since 1975. In early July, Senate Republican leadership tried to bring the Patients’ First Act to the Senate floor for consideration. This comprehensive medical liability reform legislation is very similar to the House passed HEALTH Act. Senate rules require 60 Senators to support bringing legislation up for consideration. On July 9, the Senate voted 49-48, failing to reach the 60 votes needed. Senate Republican leaders have vowed to bring the issue up again this year.

GAO Releases report on medical liability crisis
In late July, the General Accounting Office (GAO) released a report entitled, “Medical Malpractice Insurance: Multiple Factors Have Contributed to Increased Premium Rates.” The report found that multiple factors have contributed to increased premium rates, but the GAO also said that “losses on medical malpractice claims—which make up the largest part of insurers costs—appear to be the primary driver of rate increases in the long run.”

Congressional Legislation affecting colorectal surgeons

◆ Physician Payment Update
◆ Medical Liability Reform
◆ Patient Safety Legislation
◆ Replacement of CPT with ICD-10

Senates Committee Approves Patient Safety Legislation
On July 30th, the Senate Health, Education, Labor, and Pensions Committee unanimously approved the Patient Safety and Quality Improvement Act of 2003. Similar

“Ultimately, the conference committee, … will craft the final legislative language, … which they will send to President Bush to be signed into law.”
Sharing the Society’s special fellowship are (left to right) Drs. Lester Rosen, Philip Gordon, Peter Volpe, Mrs. Lee Smith, Mrs. Peter Volpe, and Dr. Lee Smith. Dr. Rosen is the Society’s Secretary and Drs. Gordon, Volpe and Smith are Past Presidents.

ASCRS Past President Dr. Stanley Goldberg (center) receives an impromptu military escort from LTC Ronald Place, MD (left) and Maj. Jeffrey Nelson, MD. LTC Place is Chief of Surgery at Landstuhl Regional Medical Center, Landstuhl, Germany. Major Nelson is Chief of Colon and Rectal Surgery at Walter Reed Army Medical Center in Washington, DC.

Dr. Douglas Wong and his wife, Sola, enjoy a dance at the annual dinner dance.

(Left to right): Drs. Sue Beckwith, Elisa Birnbaum, Nicole Kafka and Jan Rakinic celebrate a victorious moment.
Dr. Mark Welton (left) shares an idea with Dr. Jeanne Rademacher, wife of ASCRS Socioeconomic Committee Chair Dr. David Margolin (center).

Colorectal Jeopardy repartee brings an animated response from Methulab’s Messengers team members (left to right) ASCRS Past Presidents Drs. Randolph Bailey, Samuel Lahov, Eugene Salvati and Philip Gordon.

Past Presidents Drs. Whitney Boggs (left) and Ira Kodner share a moment of recollection.

A wall of honor recognized contributors to the Research Foundation and announced the new Eagle Campaign.

Leading the parade to the 2003 Research Foundation Special Event are Dr. Mark Kimmins and Ms. Judy Folks.
The ASCRS Research Foundation is alive and well. Today, we owe a debt of gratitude to many dedicated and far-sighted leaders, who made their vision reality by founding the Research Foundation. Nearly 30 years later, another group of visionaries started the Gold Eagle Society to build the endowment required to meet the Research Foundation’s growing responsibilities. Then, just six years ago, the Society and the Research Foundation launched The Centennial Campaign to raise the endowment needed to meet the challenges of the 21st century.

Thank you, Gold Eagles, “Well done”

Centennial Campaign

To more than 200 physicians and lay people who became Gold Eagles with contributions of $5,000 or more during the 1986-1993 period, we say thank you for your shining example. To the many corporate supporters, ASCRS members, and others who answered the call to help The Centennial Campaign reach its $5 million goal, we say, “well done!” We are now providing $250,000 a year to support and promote outstanding clinical and basic research related to colorectal diseases and disorders. However, we see the need to increase that annual commitment in coming years, as support from government and other sources continues to decline.

Within the past year, the Research Foundation has granted two additional Limited Project Grants and two Career Development Awards. The Foundation’s important initiatives will require increased investment or we will begin to deplete the endowment built up over 45 years of fundraising activities. Our corporate and lay donors continue to encourage us to increase our spending to support research. In today’s stagnant financial markets, we cannot count on investment income to offset operating outlays. To remain a viable research sponsor and become one of the largest funding groups for colorectal research, we must replace the money that is being drawn on the principal of the endowment.

ASCRS members started the Research Foundation and have sustained it. The Eagle Society symbolizes the determination of individuals to join together to extend the knowledge frontier in colon and rectal surgery. The future of our specialty depends on the strength of our commitment to advancing research in colorectal diseases.

Trustees Re-institute Eagle Society Program

The Research Foundation Board of Trustees has re-instituted the Eagle Society giving program with the goal of raising $250,000 per year over a five-year period. This is a call to action to protect the Foundation’s endowment for future generations. The response was immediate. We already have some new Eagle contributors. Join the Eagle Society and do your part to assure the Foundation’s place as the major funding source for research in colon and rectal surgery.

To make Eagle status achievable for every member, the Board has established levels of giving ranging from $1,000 (bronze eagle) all the way to $10,000 (double gold eagle). Gifts can be pledged and given over a five year period.

We urgently need your participation. If every member would just participate at this minimum level, we would protect the endowment and be able to take research funding to a new level.

Research Foundation Mississippi River cruise great success

More than 500 celebrants joined a Mardi Gras style street parade and Mississippi River cruise on the Steamboat Natchez at the ASCRS Research Foundation Special Event during the New Orleans Annual Meeting.

“The event went very well, and receipts exceeded our expectation,” said Research Foundation President Dr. James W. Fleshman, St. Louis, MO. “Genzyme Biosurgery and Dr. Terry Hicks (New Orleans) did a great job organizing a very successful event.” The Special Event featured a sunset cruise on the Mississippi River with food, drink, authentic New Orleans jazz and entertainment.

The event was supported by a grant from Genzyme Biosurgery.
STOP’s Dr. Hambrick observes growing public awareness of colon cancer risk

Something remarkable is happening. As STOP Colon/Rectal Cancer Foundation Chair Dr. Ernestine Hambrick, Chicago, travels the world preaching prevention, she is seeing a measurable increase in awareness of the threat of colon cancer.

“The elevation of conversation and increase in awareness is just wonderful. It used to be that about 1 in 20 people in my audiences had been screened for colon cancer. Now it’s down to 2-3 out of 10,” Dr. Hambrick says.

“Still, more than 60% are not being screened, and that has to change,” she adds.

STOP continues to distribute its brochure, “The Cancer Nobody Has to Have & How to Stop It,” now available in English and Portuguese. A Spanish translation of the brochure was recently completed, and a French translation is underway. Drs. Carlos Alvarez, Miami, FL, and Joseph Espat, Chicago, did the Spanish translation.

“People from the Hispanic Health Coalition are reviewing the Spanish translation for reading level and appropriateness of expression. With Hispanics now the largest U.S. minority, it is a critical time to have a Spanish translation of the brochure. We have a very good product and it is clearly being received as such,” Dr. Hambrick says.

STOP has distributed more than 300,000 of its brochures to physicians, individuals, organizations and corporations. They have been used in a variety of locations, events, health fairs, and meetings across the U.S., in recent meetings in Singapore and Brazil, and many other foreign countries.

For Dr. Hambrick, National Colorectal Cancer Awareness Month (March) began the last week of February and did not end until the first week of April. She criss-crossed the nation. A highlight was her appearance on NBC-TV’s “Today Show” with Katie Couric on March 19.

“We appreciated having Today’s national audience, and we are grateful for Katie’s very important efforts to increase awareness of colorectal cancer. Katie’s organization (NCCRA) focuses on research and making available information for patients and their families. It doesn’t concentrate on prevention and screening. We need to continue to tell people that this disease is preventable by regular screening. Early diagnosis is a worthy goal, but with colon cancer we can do even better by preventing the disease before it starts,” Dr. Hambrick says.

STOP’s 2003 activities have included events in Oklahoma City, Shreveport, LA, South Bend, IN, Charleston, WV, and upstate New York. Dr. Hambrick also addressed prevention of colorectal cancer on a panel organized for the new Public Forum at the ASCRS Annual Meeting in New Orleans.

“The Society needs to be a vocal proponent of screening and prevention,” she says.

Information about STOP’s interactive teaching program in colorectal cancer prevention for primary care physicians, developed with the Department of Medical Education at the University of Illinois, is available online at www.cme-online.org.

Dr. Hambrick said the Foundation still depends on individual contributions, large and small, to accomplish STOP’s mission: to eradicate colorectal cancer through education directed toward preventive screening, early detection and healthy lifestyle choices.

For Dr. Hambrick, National Colorectal Cancer Awareness Month (March) began in February. A highlight was her appearance on NBC’s the “Today Show” with Katie Couric.

Further information about STOP’s activities may be found on its Website, www.colon-cancerprevention.org. Donations may be sent to the STOP Colon/Rectal Cancer Foundation, 30 N. Michigan Ave. #1118, Chicago 60602.

Six new Research Foundation Trustees elected in New Orleans

Board members elected three new Trustees to the Research Foundation Board at the New Orleans Annual Meeting.

They are: Drs. Clifford Y. Ko, Los Angeles; Richard L. Nelson, Chicago; and Bruce G. Wolff, Rochester, MN.

In addition, members re-elected Dr. Robert M. Honigberg, Cincinnati, OH, to serve another two-year term.

Foundation officers continuing their terms are: Drs. James W. Fleshman, St. Louis, MO, President; Heidi Nelson, Rochester, MN, Past President; David A. Rothenberger, Minneapolis, MN, Vice President; Jose G. Guillen, New York, NY, Secretary; Ann C. Lowry, St. Paul, MN, Treasurer; Trustees: Walter A. Koltun, Hershey, PA; David J. Schoetz, Jr., Burlington, MA; and Scott A. Strong, Cleveland, OH.
DC&R’s impact factor rises, leads all colorectal journals

By Victor W. Fazio, MD, Editor-in-Chief, Diseases of the Colon & Rectum

The Society’s Journal, Diseases of the Colon & Rectum (DC&R), has had continued success in the past year, recording increases in circulation (32%) and royalties (15%). Hits on the Journal’s Website average 43,754 per month. Particularly noteworthy has been the steady rise in the Journal’s Impact Factor, (2.308 in 2002, up from 2.14 in 2001 and 1.7 for 2000). Impact Factor is a measure of quality based on total number of citations and articles published.

A further measure of quality has been the high total citations (n = 7,688). DC&R leads all other specialist colorectal journals in these respects. Manuscript submissions (n = 663) increased to an all-time high in 2002, and the trend for 2003 continues to look favorable.

A new publishing group, Springer Verlag, takes over in January 2004, affording some new opportunities for improving the Journal—with contractual agreements ensuring financial success and new features. These features include opportunities to have online reciprocity with other related Springer titles and online submission and editorial processing. The new features should lead to more expeditious processing of submitted manuscripts. In addition, the Editorial office is exploring an exciting feature of publishing online video presentations of Technical Notes—“Streaming Videos.”

The appeal of and interest in DC&R is truly international, and our plan is to increase its international appeal. This fall, a supplement plan is to increase its international appeal. This fall, a supplement will appear from members of the Japan Society of Coloproctology that we believe this will be of interest to all subscribers. In January, DC&R subscribers will note a new cover design, which, we hope, will be found appealing.

I would like to thank the hard-working members of the Editorial Board, our Managing Editor’s office and our distinguished group of external referees — composed largely of ASCRS members. They are the ones who take on the huge task of reviewing manuscripts — lending their time and expertise to improving the quality of DC&R.

A special “thank you” to the Associate Editors rotating off in 2002. We thank Drs. Jose Guillem, New York, NY; Pedro Morgado, Caracas, Venezuela; and Clifford Simmang, Dallas, TX. We welcome new members Drs. Patrick Ambrosetti, Geneva, Switzerland; Donald Buie, Calgary, AB, Canada; Peter Cataldo, South Burlington, VT; William Girocco, Lawrence, KS; Peter Hewett, Woodville, Australia; Tracy Hull, Cleveland, OH; Susan Parker, Minneapolis, MN; Paolo Setti-Carraro, Milan, Italy; and Alan Timmcke, New Orleans, LA.

THANKS TO OUR CORPORATE SUPPORTERS

ASCRS is grateful to the following companies and organizations for their generous support of the following projects and programs this year:

Adolar Corporation and GlaxoSmithKline – The Preliminary Convention Program, the Convention Program Guide, the symposium on “Postoperative Ileus and Other Complications: Is There Help on the Horizon?”, a grant to Webcast the symposium on the ASCRS Website, and the Meeting Schedule Board

American Medical Systems – Co-supporter of the symposium on “Promising Therapies for Fecal Incontinence”

Applied Medical – Co-supporter (grant and supplies) of Saturday’s workshop on “Hand Assisted Laparoscopic Intestinal Surgery”

ASCRS Research Foundation – The Norman Nigro Research Lectureship

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

B-K Medical Systems, Inc. – The Endorectal Ultrasound Course

Bristol-Myers Squibb Oncology – The Webcast of the Annual Meeting

Curon Medical, Inc. – Co-supporter of the symposium on “Promising Therapies for Fecal Incontinence”

Ethicon Endo-Surgery, Inc. – The symposium on “Global Experience with Old and New Devices for Advanced Hemorrhoidal Disease,” co-supporter (grant and supplies) of the workshop, “Hand Assisted Laparoscopic Intestinal Surgery,” the Abstracts on Disk, the Executive Council Reception/Dinner and the Public Forum

Ferndale Laboratories, Inc. – The Residents’ Reception

Genzyme Biosurgery – A reception in honor of the ASCRS Research Foundation

GlaxoSmithKline Consumer Healthcare – Three morning refreshment breaks

Karl Storz Endoscopy-America, Inc. – Supplies for the workshop, “Hand Assisted Laparoscopic Intestinal Surgery”

Konsyl Pharmaceuticals, Inc. – “Colorectal Jeopardy”

Medtronic – Co-supporter of the symposium on “Promising Therapies for Fecal Incontinence”

Myriad Genetics, Inc. – Supporter of the symposium on “Innovations in Colorectal Cancer Management”

Olympus America, Inc. – The Welcome Reception

Parviz Kamangar – The Humanities Lecture

Procter & Gamble Company – The Membership Directory and registration bags

United States Surgical Corporation – The badge lanyards

Weck (A Teflex Medical Company) – Co-supporter (grant and supplies) of the workshop, “Hand Assisted Laparoscopic Intestinal Surgery”
There is an increasing interest in colorectal surgery among surgeons in Turkey. Although we do not yet have a specialized colorectal surgical training program, general surgery training programs were recently changed to improve the preparation of Turkish surgeons.

Three years ago, I visited the Department of Colorectal Surgery at the Cleveland Clinic, Florida, during its Eleventh Annual Colorectal Disease Symposium. It was my first time observing an excellent fellowship program in colorectal surgery. I was able to visit Dr. Steve Wexner’s clinic for only a short time, but it was a remarkable experience.

When I received the 2003 ASCRS International Scholarship, I knew it would be a great opportunity to improve my knowledge and return to Dokuz Eylul University Hospital, Izmir, Turkey, with valuable additional experience in colorectal surgery.

While visiting Weill Cornell Medical Center, New York, I was impressed by Dr. Jeffrey W. Milson’s advanced technique on laparoscopic surgery and his experience with new technologies, such as computer-controlled digital technology for surgical stapling. I spent some useful time with Dr. Toyooki Sonoda in the operating room and enjoyed his hospitality.

**Share education experience**

My visit included several meetings regarding education programs. Dr. Oliver T. Fein, Associate Dean, kindly familiarized me with Cornell’s problem-based curriculum (PBL). I shared my university’s experience on PBL and observed some impressive student presentations.

I also had a very informative meeting with Dr. Michael Eisenberg, who is responsible for Cornell’s surgical clerkship program. As I understand it, Cornell’s PBL is well organized for only the first three years, while at Dokuz Eylul, we have developed a PBL curriculum for an entire six-year program.

My lecture at Cornell’s weekly Colon and Rectal Surgery Video Conference Meeting was entitled, “Cytoreductive Approach to Peritoneal Carcinomatosis of Colorectal Cancer.” I also participated in Dr. Milsom’s outpatient clinics and saw a wide spectrum of patients in colorectal surgery.

My second institution was The Cleveland Clinic, Ohio, where I spent two weeks with Dr. Victor W. Fazio and his team. I participated in his clinical work, as well as observing his operations. I was impressed with his salvage operations for IPAA and continent ileostomy operations. Dr. Fazio’s work on patient care, teaching (especially in the operating room) and research activities are remarkable.

At Cleveland Clinic, I participated in surgical meetings and anal physiology studies. Dr. James Church’s presentation, “The Clinical Significance of Colorectal Polyps,” was very important. Contrary to general belief, he pointed out that diminutive size does not guarantee that an adenoma is harmless. I was also able to discuss my research activity with Dr. Feza H. Remzi, the ASCRS Traveling Fellow, who gave me great ideas.

The third institution I visited was The Mayo Clinic, Rochester MN, where I spent two weeks with Dr. Heidi Nelson in the Division of Colon and Rectal Surgery. There, I had the chance to see her IOERT suite. She kindly explained all the technical details of the equipment, operating room and linear accelerator. I greatly enjoyed discussing indications, technique and her results on the surgical treatment of recurrent rectal cancer.

Other features of Mayo that I quite enjoyed included works of art and the architecture of Mayo Clinic’s environment. I spent some time in the historical library of the Plummer building: very useful, beautiful and relaxing.

I also had a very informative meeting with Dr. Richard Devine to learn about the core curriculum for colon and rectal surgery. I again presented my lecture in an attempt to convince my colleagues that cytoreductive approach could increase the survival in properly selected patients with peritoneal carcinomatosis.

After Mayo Clinic, I attended the ASCRS Annual Meeting in New Orleans. The scientific program and the quality of presentations were excellent. The Ernestine Hambrick Lectureship given by Dr. John M.A. Northover, “Rectal Cancer Surgery: The Century Since Ernest Miles,” was unforgettable. The session entitled, “How to Get Involved in Clinical Research Trials” by Dr. David A. Rothenberger, was very informative and helpful.

**“There is an increasing interest in colorectal surgery among surgeons in Turkey.”**

During the meeting, I presented my study, “Does Circular Stapler Cause Implantation of Malignant Cells: A Prospective Clinical Study.” I also had a meeting with the International Advisory Committee to present my observations in the U.S.

My travels then took me to the University of Minnesota, where I was hosted by Dr. Ann C. Lowry and again lectured and participated in clinical research conferences. I spent much of my two weeks with Dr. Susan Parker in the Center for Pelvic Floor Disease, where I learned about their organization and its unique multidisciplinary approach to the disorder.

**Memorable day with Dr. Goldberg**

My day with Dr. Stanley Goldberg in his outpatient office was memorable. Needless to say, his clinical expertise impressed me. I am sure I will use this experience to improve our anorectal physiology laboratory at the Dokuz Eylul University.

Lastly, I have to mention one of my observations about resident work hours. In spite of Bell regulations, they work very long hours. I am aware that this is a very difficult topic, but I still think a lot of work can be done to ensure quality education and uncommitted patient care in the U.S. and in Turkey.

One thing is certain: I will use my experiences as the 2003 International Scholar to improve my colorectal practice and my teaching, research and administrative activities.

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By Dr. Cem Terzi, Izmir, Turkey, International Scholarship Recipient 2003
Regional Awards recognize outstanding research

ASCRS presented six regional awards at its 2003 Annual Meeting in New Orleans to honor researchers for outstanding papers and posters. Members of the Awards Committee selected the following honorees:

- The Northwest Society of Colon and Rectal Surgeons Award — Dr. James Church, Cleveland, OH, “The Clinical Significance of Small Colorectal Polyps.”
- The New Jersey Society of Colon and Rectal Surgeons Award — Drs. Thomas Nicholson and David N. Armstrong, Atlanta, GA, “Efficacy of Topical Metronidazole (10%) in Post-hemorrhoidectomy Healing and Pain Relief.”

Surgical Resources available to surgeons at www.fascrs.org

Log onto the ASCRS Website at www.fascrs.org to access an ever-expanding list of colon and rectal surgical resources for members. The Society’s Website includes:

- Webcast of the 2003 New Orleans Meeting — This Webcast is available free of charge to surgeons and patients alike. Slide and video presentations are funded through educational grants from Adolor Corporation and Bristol-Myers Squibb Oncology.
- ASCRS Listserv — An e-mail discussion group for Society members that provides a forum for the discussion of clinical cases and other issues to general interest to the colon and rectal surgical community.
- Colon and Rectal Surgery Educational Program (CARSEP) information and enrollment form.
- ASCRS Practice Registry — Provides information for physicians who are looking to add associates to their practice or wish to join another practice.
- Core Subject Update 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, plus a link to the Diseases of the Colon and Rectum (DCR) home page.

Society to publish new colorectal surgery textbook

ASCRS members will edit a new textbook based on the core curriculum for colorectal surgery to be published by the Society in both hardcopy and online versions.

“Five editors and five co-editors from the Society will edit the new textbook, rotating on a multi-year basis to ensure continuity and breadth of participation,” said Dr. James W. Fleshman, St. Louis, who is directing the project.

Content will be based on the core curriculum developed by the Association of Program Directors for Colon and Rectal Surgery. The Society’s practice parameters will also be used, where appropriate. The Society’s Self Assessment Committee will develop CME questions based on each of the textbook’s chapters.

The new publisher of the Society’s journal, Diseases of the Colon & Rectum, Springer Verlag, will publish the textbook. Springer Verlag will also develop an online version that will be updated regularly, as determined by the textbook’s editorial board. The textbook will be available for use in graduate programs in colorectal surgery, maintenance of certification (MOC) programs and elsewhere.

“Authorship has been solicited from senior and junior authors to provide expert commentary on all subjects and complete coverage of each area,” Dr. Fleshman said. “This effort affords a unique opportunity to define the specialty of colorectal surgery and establish ASCRS as the organization of authoritative experts qualified to write the text for training graduate fellows and recertifying colorectal surgeons,” he said. All proceeds from the sale of the textbook will be donated to ASCRS for use as the Executive Council determines. Authors and editors will receive a free copy of the book but no honoraria for their contributions.
First ABCRS mock orals held at New Orleans Meeting

For the first time, candidates for the American Board of Colon and Rectal Surgery’s certification examination had an opportunity to prepare with intensive mock orals at the New Orleans Annual Meeting. The mock orals were videotaped, allowing the candidates to model critical presentation skills and body language.

The idea of holding mock orals at the Annual Meeting grew out of discussions at the Association of Program Directors for Colon and Rectal Surgery, explained Dr. David A. Cherry, Bloomfield, CT, Secretary-Treasurer of the Association and a leader of the mock orals.

In the past, mock orals have been offered in some locations, but they have not been available for all candidates. “In holding mock orals at the Annual Meeting, we are trying to bring everybody taking the exam to the same level. It leads to the same standardized environment,” Dr. Cherry said.

Sixteen candidates participated in the mock orals in four different examining rooms with eight different examiners during a single afternoon.

“Candidates in the orals are trying to persuade examiners that they can take care of people safely. The high pressure of oral exams can cause candidates to behave in ways that may contribute to failure. Mock orals are one way to reduce the possibility that a well prepared and qualified candidate for board certification might fail,” Dr. Cherry said.

Opinion from examinees and examiners who participated in the New Orleans mock orals has been very favorable, Dr. Cherry said, and it is likely the program will be expanded.

ABCRS conflict of interest policy prohibits participation in mock orals by Active Members of the Board while they are Board examiners. Only examiners who had not participated in the national exams for the past two years were selected for the New Orleans mock orals.

Maintenance of Certification... continued from page 1

- Accumulation of 100 Category I CME credit hours will be required two years before MOC application.
- Documentation of active state medical license without restrictions.
- Documentation of local institutional privileges as a “physician/colon and rectal surgeon” in “good standing.”

To fulfill requirements for cognitive expertise, a diplomate must pass a secure written examination covering all areas of colon and rectal surgery containing questions pertaining to:

- Fundamental knowledge relating to the Colon and Rectal Surgery Core Curriculum;
- Practice-related knowledge which is current, clinically valid, and gives evidence of lifelong learning;
- Practice environment related to safety, quality assurance, regulations, ethical practice, professionalism, legal issues, and economics of practice.

“Colon and rectal surgery already has established a strong base for its MOC process;”

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The proposal continues: “The Core Curriculum has been useful in defining the body of knowledge felt to be essential to the practice and training in colon and rectal surgery. In fact, a textbook sponsored by the ASCRS and edited by a selected editorial board as ‘experts in colon and rectal surgery’ is currently in progress.”

During the transition the ABCRS diplomate will be listed as “certified” in the ABCRS and ABMS databases until such time as MOC requirements are met. The diplomate will receive a time-limited certificate indicating an expiration date 10 years from the original date of his or her current certificate or the date of passing the MOC process, whichever is later.

Diplomates now holding non time-limited certificates will have access to the Board’s MOC programs and are encouraged to participate. Participation is not necessary to retain the original certification. Should these diplomates voluntarily participate, they will be issued an additional certificate subject to the terms and conditions of the Board’s MOC program.
The name The Cochrane Collaboration should be familiar to most members of our Society by now. Complete Cochrane reviews are occasionally published in our journal, *Diseases of the Colon & Rectum (DC&R)*, and they are presented at our national meeting. More ASCRS members are participating actively in writing and editing Cochrane systematic reviews. Certain Danish individuals are becoming familiar faces at our Annual Meeting.

Most importantly, active participation in the Cochrane Collaboration’s activities has played a very major role in the ASCRS strategic plan for a number of years now. This societal commitment is still relatively unusual in the U.S., despite a growing Cochrane presence in other specialties.

Named after the British epidemiologist, Archie Cochrane, The Collaboration was founded in 1993 out of a conviction to further develop his fundamental philosophy: The synthesis of evidence from randomized clinical trials is necessary to insure effectiveness and efficiency of health care services in a system of limited resources. One major contribution of the Collaboration is conducting and publishing systematic reviews. The Cochrane Colorectal Cancer Group has been preparing and maintaining reviews since it was established in Copenhagen in 1997.

So what’s new? Well, readers of the *Journal of the American College of Surgeons* may have noticed since last November a new section in that magazine, an abstracted Cochrane systematic review accompanied by expert commentary. It would be good to see the same feature in *DC&R*, to let a greater portion of our membership see what Cochrane actually produces in a way that may be immediately clinically helpful to each of us. Reviews exist on such topics as the best operation for anal fissure, screening for colorectal cancer, mechanical bowel preparation for colon surgery, and many more. Reviews are due shortly concerning medical therapy for anal fissure, stapled hemorrhoidectomy, therapy for C. dif. colitis, and, again, many more.

Readers of *Science*, the journal of the American Association for the Advancement of Science, would have noticed a unique feature in the June 27 issue entitled, “Climbing a Medical Everest.” In a journal given to geology, astrophysics, evolutionary and molecular biology — probably the most prestigious scientific journal in the U.S. — there is a feature article on how The Cochrane Collaboration has revolutionized medicine throughout the world. Pretty spiffy, and The Cochrane Collaboration is 10 years old this summer. From nowhere to dominance in such a short time is amazing. So, pat yourself on the back, ASCRS. You were in the forefront of Cochrane’s growth in the U.S.

**What’s new with The Cochrane Collaboration?**

*By Dr. Richard L. Nelson, U.S. Editor, The Cochrane Colorectal Cancer Group*

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**‘Texas Star’ to host 2004 Annual Meeting**

A dose of Southwestern hospitality, history and tradition awaits surgeons attending the 2004 ASCRS Annual Meeting in Dallas, TX, May 8 - 13. Known as “The Texas Star,” Dallas is a city that offers countless diversions for visitors and their families, including:

- **Chic Shopping** – Dallas offers more shopping centers per capita than any other major U.S. city. Visit Addison, Dallas’ affluent, upscale northern tip, for more than 200 of the most celebrated retail stores from around the world.

- **Dallas Zoo** – Covers 95 acres and features many rare and endangered species. Key exhibits include the ExxonMobil Endangered Tiger Habitat and the Wild of Africa, named the best African exhibit in the U.S.

- **Six Flags Over Dallas** – Located in nearby Arlington, Six Flags boasts more than 100 rides and attractions.

- **Dallas World Aquarium** – The aquarium features 80,000 gallons of saltwater exhibits ranging from sharks and stingrays to hundreds of species of reef fish.

- **Cotton Bowl** – The Cotton Bowl is home to the Southwestern Cotton Bowl and the annual Texas-Oklahoma University football game.

- **John F. Kennedy Memorial** – A memorial to the 35th President of the United States can be found in the Dallas County Historical Plaza.

Vast cultural sights and limitless opportunities for fine dining and shopping, Dallas will offer attendees the perfect blend of historical charm and modern elegance.
ASCRS welcomes new Fellows, Members, Allied Health Members, Candidates

**Fellows**

- David Blumberg, MD
- Douglas A. Brewster, MD
- Dale D. Burdison, Jr., MD
- Alfred M. Cohen, MD
- Michael J. Cullado, MD
- Earned M. MacRae, MD
- Emina Hui-na Huang, MD
- Michael J. Cullado, MD
- Alfred M. Cohen, MD
- Douglas A. Brewer, MD
- David Blumberg, MD
- John J. Debarros, MD
- Christopher R. Mainyi, MD
- Aziz A. Massaad, MD
- Christopher R. Mainyi, MD
- Aziz A. Massaad, MD

**Members**

- Manuel Aguilar, MD
- Paul M. Ahearne, MD
- Marjan Aleali, MD
- Ahmed S. Alkorazhi, MD
- Hugo A. Amarrillo, MD
- Farshid Y. Araghizadeh, MD
- Khawaja Aminuddin, MD
- Paul M. Ahearne, MD
- Jose L. Almeda, MD
- Homayoon M. Akbari, MD
- Maher A. Abbas, MD
- Donna M. Alldrin, DO
- Brian L. Jerby, MD
- Ji Eun Jeong, MD
- Junichi Iwadare, MD
- Alan J. Herline, MD
- Charles P. Heise, MD
- Ian P. Hayes, MD
- Charles P. Heise, MD
- Ian Faragher, MD
- Joseph F. Horgan, MD
- Tera Kirkland-White, MD
- John W. Crompton, MD
- James G. Cassack, MD
- William L. Cotes, MD
- Juan C. Diaz, MD
- Peter G. Deveau, MD
- Juan C. Diaz, MD
- James W. Dein, MD
- Lincoln W. Dein, MD
- Karl Samuel Dein, MD
- John W. Crompton, MD
- James G. Cassack, MD
- William L. Cotes, MD
- Juan C. Diaz, MD
- Peter G. Deveau, MD
- Juan C. Diaz, MD
- James W. Dein, MD
- Lincoln W. Dein, MD
- Karl Samuel Dein, MD

**Allied Health Members**

- Douglas M. Rosen, MD
- Rocco Ricciardi, MD
- Timothy S. Reinke, MD
- Jonathan A. Pryor, MD
- Margaret DiColandrea Plocek, MD
- Dennis R. Phillip, MD
- Christopher N. Petty, MD
- Nikhil M. Patel, MD
- Harry T. Papaconstantinou, MD
- Michael J. Page, MD
- Ray T. Ramirez, MD
- Craig A. Reckert, MD
- Mark A. Rubin, MD
- Scott L. Ruggles, MD
- Reinhard Ruppert, MD
- Armit P. Saha, MD

**Candidates**

- Maher A. Abbas, MD
- Homouoon M. Alkuri, MD
- Karin Alvi, MD
- Jose L. Almeda, MD
- Reinhard Ruppert, MD
- Scott L. Ruggles, MD
- Brian J. Bansidhar, DO
- Abhijit Basu, MD
- Ann E. Brammigan, MD
- Joshua M. Bramvan, MD
- Carl J. Braun, MD
- Susan M. Cera, MD
- Patrick Charlesbois, MD
- Esmond Chi, MD
- Kristie A. Christo, MD
- Rodney Cingan, MD
- Patrick J. Calmunic, MD
- John J. Debarros, MD
- Michael P. Del Rosario, MD
- Ernesto R. Dreddichman, MD
- Sharon Dykes, MD
- Charles A. Eisenung, MD
- Darryl S. Fernandes, MD
- David R. Fischer, MD
- John C. Friel, MD
- Ronald A. Gagiano, Jr., MD
- Justine A. Gavagan, MD
- Jayson E. Gesme, MD
- John J. Debarros, MD
- Michael P. Del Rosario, MD
- Ernesto R. Dreddichman, MD
- Sharon Dykes, MD
- Charles A. Eisenung, MD
- Rodney J. Kratz, MD
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- John A. Lang, MD
- David W. Larson, MD
- Chad E. Lewis, MD
- Wm. Cannon Lewis, MD
- Edward Lin, DO
- James A. Lohan, MD
- Andrew C. Lynch, MD
- John M. Maddox, MD
- Paul A. Magno, MD
- Gregory M. Matzke, MD
- Jerad P. Miller, MD
- Steven D. Mills, MD
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- Nilesh A. Patel, MD
- Jason R. Penzer, MD
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- Margaret D'Andrea Plocek, MD
- Timothy A. Pritts, MD
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- Justin A. Reed, MD
- Timothy S. Reineke, MD
- Rocco Ricciardi, MD
- David E. Rivadeirena, MD
- Christopher D. Roman, MD
- Douglas M. Rosen, MD
- Andrew A. Rosenthal, MD
- Carmen Ruiz, MD
- Timothy P. O‘Donnell, MD
- Steven J. Ogbueme, MD
- Ashraf J. Osman, MD
- Michael J. Page, MD
- Harry T. Papaconstantinou, MD
- Nikhil M. Patel, MD
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- Justin A. Reed, MD
- Timothy S. Reineke, MD
- Rocco Ricciardi, MD
- David E. Rivadeirena, MD
- Christopher D. Roman, MD
- Douglas M. Rosen, MD
- Andrew A. Rosenthal, MD
- Carmen Ruiz, MD

ASCRS welcomed 25 new Fellows, 150 new Members, 16 Allied Health Members and 110 new Candidates into the Society during the June annual business meeting. Following are the Society's new Fellows, Members, Allied Health Members and Candidates for 2003: