Highest attendance in Society history makes Philadelphia Meeting one for the record books

With 2,084 registered attendees, the Society’s 2005 Annual Meeting in Philadelphia achieved the highest total attendance figures in its history, reported Scientific Program Committee Chair Dr. Theodore J. Saclarides, Chicago.

More Society members (784) attended the meeting than ever before. They were joined by spouses, guests, media representatives, and a record number of exhibitors and exhibit booths. Attendance surpassed the previous record of 2,071.

At the heart of the record-setting meeting was a scientific program that addressed novel therapies for patient care, dealt with clinical issues colorectal surgeons face on a daily basis, and explored prevailing socioeconomic conditions faced by today’s physicians.

“The Philadelphia meeting was the most successful in ASCRS history from an attendance standpoint, which reflects strongly on the quality of the overall program,” Dr. Saclarides said. “It featured a well-balanced program that offered something for everyone: advances in laparoscopic techniques, management of difficult endoscopic issues, renewed emphasis on patient outcomes and world-class research.”

Among the highlights was a “Transanal Endoscopic Microsurgery” symposium, where participants gained background on the history and development of minimally-invasive techniques for excision of rectal tumors. Dr. Gerhard F. Buess, Tübingen, Germany, who developed the technology, served as one of the program’s faculty.

“It was an honor to have Dr. Buess participate in the session. As the pioneer who developed TEM, he was able to…”

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ASCRS Presidential Address

Echoing the wisdom of Society leaders who came before him, outgoing President Dr. Bruce G. Wolff, Rochester, MN, used his Presidential Address during the Annual Meeting to remind members of the Society’s important role in facing the challenges of medical practice in the 21st Century.

“Having reviewed the collective wisdom of over a hundred years of presidential insights, I can tell you that much of this has been said before. It should, and will, be said again,” Dr. Wolff said.

“Never in the history of our organization have those within it, and those outside it, needed the organization more. The association maintains its effectiveness, yet these are times of stress,” he added, quoting 1934-35 President Dr. Louis A. Buie.

Faced with rising health care expenditures, 45 million Americans without health insurance, skyrocketing practice costs coupled with lower payments, and a perceived “loss of professional stature” in recent years, Dr. Wolff implored members to look beyond their individual practices and realize that ASCRS cannot solve these problems alone.

“We must look to join with other organizations and develop concerted efforts to affect change on a more…”

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PRESIDENT'S MESSAGE

We have much to celebrate

By Ann C. Lowry, MD

Congratulations are in order! There is much to celebrate.

First, we owe much gratitude to Dr. Bruce Wolff for his outstanding leadership this past year and for his many contributions to the Society over many years. His commitment and devotion to the specialty are excellent models for each of us.

The Annual Meeting in Philadelphia was a wonderful success. Attendance was the highest ever! Drs. Ted Saclarides, Mike Spencer and Bruce Wolff deserve our gratitude for planning and orchestrating the meeting. The content of the meeting was excellent, and the social event venues were fun places to greet each other. We made a number of changes from previous years. We will be looking at the program evaluations for insight in planning the meeting in Seattle.

An online version of the meeting will be available on the ASCRS Website in August. If you missed all or part of the meeting, now you will be able to see it online. At the request of many members, we are investigating the possibility of preserving the invited lectures from previous years in an online video library.

We also celebrate the success of the ASCRS Research Foundation’s Challenge Grant program. The response from the membership is inspiring. Dr. David Rothenberger provides the details in a special Research Foundation newsletter. Thank you all for your contributions.

Dr. Robert Madoff was announced as the new editor of Diseases of the Colon & Rectum at the annual business meeting. He will assume that role in January 2007. Dr. Vic Fazio continues to provide outstanding leadership as the current editor.

While we have much to celebrate, the meeting had its somber moments, as well. Eleven members of the Society died within the past year. We offer condolences to the families of Edward E. Besser, MD, Manchester, CT; Walter D. Birnbaum, MD, San Francisco, CA; H. Lamar Boese, MD, Alexandria, LA; John E. Cogan, MD, Houston, TX; James A. Ferguson, MD, Atlanta, GA, Past President, 1969-1970; Franz Huber, MD, Vatersteten, Germany; Jin Sik Min, MD, PhD, Seoul, South Korea; Frank J. Rack, MD, Hamden, CT; Eugene S. Sullivan, MD, Portland, OR, Past President 1982–1983; Howard D. Trimpi, MD, Allentown, PA; Verne C. Waite, MD, Ojai, CA. Drs. James Ferguson and Eugene Sullivan were past presidents of the Society. Dr. Stanley Goldberg gave a Memorial lecture for Dr. Sullivan in Philadelphia, and a Memorial lecture will be given in Dr. Ferguson’s honor at the Seattle meeting.

In addition, many of our members serve in the military and have been or are deployed in the Middle East. We are grateful for their service and offer our support to them and their families.

While we celebrate our successes, there is still work to be done. Fortunately, the Society is financially stable, but with new regulations governing industry participation and a changing business climate, funding the Annual Meeting and other Society activities becomes more uncertain. Dr. Wolff and the Executive Council established an Educational Endowment Fund to ensure that the Society will be able to continue to deliver a high quality meeting in the future. Council initiated the fund with $500,000 in 2004. Dr. Wolff later contributed $30,117 to the fund. Council will consider its 2005 contribution at our October meeting.

We will need much more if the time comes that corporations are unable to support the meeting. To protect our future, Council established an annual giving program and a planned giving program to provide members a mechanism for contributing to the Society. You will be hearing much more about both programs in the near future.

As we heard from Dr. Jim Fleshman at the Annual Meeting, recertification is evolving to Maintenance of Certification. Leadership of the Society is working with the American Board of Colon and Rectal Surgery on this issue. The Society is committed to supporting our members in meeting the requirements. While the requirements are not yet final, the Quality Assessment and Safety Committee, chaired by Dr. Thomas Read, is working with the American College of Surgeons to develop an inexpensive, user friendly database program for practice assessment. The Society’s goal is to reduce the burdensome aspects of Maintenance of Certification and allow the membership to focus on the educational benefits.

Committees do most of the Society’s work. I am grateful to the members who volunteer their time and energy in committee participation. The committee roster for next year will soon be available.

During the coming year, I hope to foster communication within the membership and collaboration with other organizations. The ASCRS Research Foundation Board has benefited from patient advocate participation from a variety of organizations. I believe the patient advocate’s perspective could be valuable in other areas, as well. The Standards Committee will continue to develop practice guidelines jointly with other organizations. We are investigating professional and public education and research opportunities with other organizations.

I will be including updates from the committee chairs in my messages to you. I hope that you will share your ideas and input with me and members of the Council.

“During the coming year, I hope to foster communication within the membership and collaboration with other organizations.”

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Dr. Ann Lowry installed as 2005-06 President, heads slate of Executive Council members

Dr. Ann C. Lowry, Minneapolis, MN, was installed as the 2005-06 ASCRS President at the Philadelphia Annual Meeting. She succeeds Dr. Bruce G. Wolff, Rochester, MN.

Other newly-elected members of the Executive Council are:
• Dr. Lester Rosen, Allentown, PA, President-elect;
• Dr. John L. Rombeau, Philadelphia, PA, Vice President;
• Dr. James W. Fleshman, St. Louis, MO, Secretary;
• Dr. Walter A. Koltun, Hershey, PA, Member-at-Large;
• Dr. Clifford L. Simmang, Dallas, TX, Member-at-Large.

Dr. Lowry: President
The first woman president in Society history, Dr. Lowry is Adjunct Professor and Residency Program Director, Division of Colon and Rectal Surgery, at the University of Minnesota Medical School's Department of Surgery.

She has served as ASCRS President-elect and Treasurer, and is past chair of the Society's Finance and Standards Committees.

Dr. Rosen: President-elect
Dr. Rosen is Professor of Clinical Surgery at the College of Medicine, Pennsylvania State University/Hershey Medical Center, and attending colon and rectal surgeon at Lehigh Valley Hospital, Allentown, PA. He previously served as the Program Director for the Colon and Rectal Residency Program at the Lehigh Valley Hospital, Allentown, PA.

A past ASCRS Secretary and Executive Council member, Dr. Rosen has also chaired the Standards Committee, represented the Society in a national consortium for colorectal cancer screening guidelines, and served as an associate editor for Diseases of the Colon and Rectum.

Dr. Rombeau: Vice President
Dr. Rombeau is Professor of Surgery and Inflammatory Bowel Disease Postgraduate Course Co-Director at the University of Pennsylvania School of Medicine.

An ASCRS Fellow, Dr. Rombeau is a member of the Continuing Education, Self-Assessment, Membership and Program Committees. He is also a co-editor of Diseases of the Colon and Rectum.

Dr. Koltun: Member-at-Large
Dr. Koltun is Chief, Section of Colon and Rectal Surgery, and the Peter and Marsha Carlino Professor of IBD at the Pennsylvania State University College of Medicine.

He is Secretary of the Research Foundation Board of Trustees and a former Chair of the Young Researchers Committee. He has served on the Awards Committee, the Standards Committee, and the Quality Assessment and Safety Committee.

Dr. Simmang: Member-at-Large
Dr. Simmang is Associate Professor of Surgery at the University of Texas Southwestern Medical Center, Dallas, and Clinical Assistant Professor of Surgery, Uniformed Services University of the Health Sciences, Bethesda, MD. He also serves on the faculty of the Zale Lipshy University and Parkland Memorial Hospitals.

Dr. Simmang serves on the Program Directors Association's Curriculum Committee and the Scientific Program Committee. He is an ASCRS Delegate to the AMA House of Delegates and served as Chair of the Local Arrangements Committee for the Society's 2004 Annual Meeting in Dallas.

Those continuing their terms on the Executive Council include Dr. Wolff, Past President; Dr. David A. Rothenberger, Minneapolis, MN, Research Foundation President; Dr. Anthony J. Senagore, Cleveland, OH, Treasurer; and Drs. Michael J. Stamos, Torrance, CA; Judith L. Trudel, St. Paul, MN; David E. Beck, New Orleans, LA; and W. Donald Buie, Calgary, AB, Members-at-Large.

Dr. Fleshman: Secretary
Dr. Fleshman is Chief, Section of Colon and Rectal Surgery at Barnes Jewish Hospital, St. Louis, MO. He is also Professor of Surgery at Washington University in St. Louis.

He is a current member of the Laparoscopy Committee and the UOA Steering Committee, and recently completed a term as President of the Research Foundation of the ASCRS.

Dr. Fleshman has served on the Executive Council since 1993 and on numerous committees, including the Standards, Continuing Education, CPT, and Quality Assessment and Safety Committees. He is a past Chair of the Program and Impact Paper Committees.
ASCRS must embrace leadership role …continued from page 1

global scale by providing resources and additional information to achieve desired ends. As Albert Einstein has said, ‘the significant problems we face cannot be solved with the same level of thinking that created them.’”

Dr. Wolff pointed to the rising level of uninsured Americans as a glaring example of why the Society must ally itself with others and continue applying pressure to elected officials to address what he called “a national disgrace.”

“There are still 45 million uninsured in this country. They are receiving very expensive medical care as poor, or nonexistent, preventive strategies lead to crisis medical management,” he explained.

Reimbursement is another issue where Dr. Wolff said it is difficult to have an impact, although he believes the Society is at the forefront of addressing the problem. For example, Dr. Anthony J. Senagore is “one of only 15 physicians on CMS’ Physician Payment Advisory Council, which gives us considerable influence.”

Dr. Wolff referred to other pressing challenges that require innovative solutions, including:

- **Rising medical practice costs** – Since 1991, practice costs have increased by 41%, while payments to doctors have risen just 18%.

- **Tort reform** – Median liability awards have jumped 110% from 1994 - 2002, with the average award reaching $3.9 million in 2001. Professional liability premiums have gone up 37%. In addition, 45% of hospitals report that the professional liability situation resulted in a loss of physicians and/or reduced coverage in emergency departments.

“Dr. Wolff urged the audience to remember why they got involved in the specialty in the first place. “I ask you to try to think about who you have helped on a daily basis. We are engaged in the noblest profession of mankind; that we have the unique ability – unknown to any other species – of fixing things. And if you think about it, all else pales in comparison to that primal goal.”

### Pressing challenges facing surgeons:

- Rising Practice Costs
- Tort Reform
- Perceived Loss of Professional Stature

### Dr. David Schoetz to succeed Dr. Herand Abcarian at ACRS

Dr. David Schoetz

Dr. Herand Abcarian, Chicago, IL, announced at the annual business meeting that Dr. David J. Schoetz, Jr., Burlington, MA, will succeed him next year as Executive Director/Secretary-Treasurer of the American Board of Colon and Rectal Surgery (ABCRS).

Dr. Abcarian has held the position since 1986.

The Executive Director/Secretary-Treasurer oversees the Board’s operating and administrative activities. Dr. Schoetz is scheduled to assume the position in September 2006.

The ABCRS Administrative Office is located in the suburban Detroit community of Taylor, MI. Irene Babcock serves as the organization’s Executive Assistant. ☀️
MOC better than regulation, Dr. Fleshman says

In a heavily ironic and often humorous presentation entitled “This is your Life-likelihood,” ABCRS President Dr. James W. Fleshman, St. Louis, MO, tried gamely to prepare his colleagues for the inevitable evolution of recertification into Maintenance of Certification (MOC).

MOC is a program of continuous professional development initiated in 2000 by the American Board of Medical Specialties (ABMS) and its 24 member boards. “I am conflicted over this issue,” Dr. Fleshman acknowledged at the outset, suggesting that MOC might also stand for “mother’s only curse.”

He spiced the talk with quotations like this one from Pericles, “Just because you do not take an interest in politics does not mean politics won’t take an interest in you.” And another from Ronald Reagan: “The government is like a baby’s alimentary canal with a happy appetite at one end and no responsibility at the other.”

The essence of MOC, Dr. Fleshman said, “is documenting that we are doing what we’re doing to make the public happy.”

The alternative of not acting, he warned, could be far worse: “It is likely that external regulation by the federal government would be far more onerous and less focused on important clinical issues.”

The best thing about MOC, according to Dr. Fleshman, is that “it gives diplomates the opportunity to demonstrate to peers, patients, and the public a commitment to lifelong learning and improvement in their chosen field of practice.”

Unfortunately, the requirement that MOC include “evaluation of performance in practice is the worst thing that’s going to hit us in the next few years,” Dr. Fleshman says, and as a result, ABCRS is taking a go-slow approach, recognizing that something is supposed to be in place by 2006.

MOC requires each specialty to provide evidence of evaluation of performance in practice, including outcome measurements of the medical care provided, assessment by peer and referring physicians, and evaluation of physician behaviors such as communication and professionalism, by peer review or other means.

The ABCRS is working with the ASCRS to use proven scientific, educational and assessment methodology. It will include a form of peer review and/or outcomes assessment, and it will evolve based on the availability of outcomes. “We need to make this as least onerous as we possibly can. We are negotiating to make it as streamlined as possible,” Dr. Fleshman said.

Highest attendance in Society history …continued from page 1

offer unique perspectives that enhanced the quality of the program,” Dr. Saclarides explained. “Demand for the lecture and lab sessions far exceeded the number of spots available.”

Other notable highlights included the “Complicated Wound and Stoma Management” symposium. Participants increased their familiarity with stoma devices and appliances, learning ways of avoiding peristomal skin complications created by ill-fitting products or disease. It enhanced their knowledge of complex wounds, current therapies in managing incisional complications, and discussed the role of enterostomal therapists in the management of complex wounds, Dr. Saclarides added.

The debut of a workshop for Society members beginning to contemplate retirement received exemplary marks from attendees. A panel of retired surgeons offered their insights on how to adjust to a more leisurely lifestyle and still keep current on new advances in treatment. Perhaps just as importantly, physicians discussed their thoughts on “life after medicine.”

“Participants engaged in several heartfelt moments during this program,” Dr. Saclarides said. “Discussion ranged from asset protection to adjusting to a way of life where family and friends rank higher on the priority scale.”

A modified schedule of events designed to encourage greater participation in the meeting’s academic programs and social activities resulted in the first ever combined Welcome Reception/Research Foundation Special Event. Held at the National Constitution Center, the occasion marked the launch of the Foundation’s Challenge Grant program.

“Benjamin Franklin” greets Past Presidents Drs. David J. Schoetz, Jr. (left, 2003-2004) and David A. Rothenberger (1996-1997) also current President of the Research Foundation at the Welcome Reception/Research Foundation Special Event.

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Research Foundation President Dr. David A. Rothenberger, Minneapolis, MN, reported that member, corporate and Society contributions to the matching program raised $243,750 during the meeting. These funds will be used to support Foundation grants and awards, the International Fellowship program, the Career Development Award, the Limited Project Grants and new clinical studies on benign colorectal disorders.

Members who were unable to attend the Philadelphia meeting may access a Webcast offering portions of the scientific program at the ASCRS Website, www.fascrs.org in August. The online program is available to all, and Continuing Medical Education credit is available to those who did not attend the meeting.

Executive Council actions

During its Philadelphia meeting, the ASCRS Executive Council’s many actions included:

- Allocated $500,000 to the Educational Endowment Fund and $100,000 to the Research Foundation Challenge Grant campaign.
- Appointed Dr. James W. Fleshman, Jr., St. Louis, MO, to the American College of Surgeons Advisory Council for Colon and Rectal Surgery representing ASCRS starting October 2005.
- Agreed to offer the Cochrane Library as an ASCRS member benefit and provide access through the members only section of the Society’s Website, www.fascrs.org.
- Requested Dr. Amy L. Halverson, Chicago, IL, a member of the Public Relations Committee, to have all patient education brochures translated into Spanish and posted on the Society’s Website. The Executive Council also requested reverse translation of the brochures. It asked the Public Relations Committee to choose the top five brochures for publication and sale of Spanish language versions.

The opportunity for face-to-face interaction over new ideas drew a steady stream of members to the exhibit area.

Outgoing President Dr. Bruce G. Wolff and his wife, Vikki, take the floor at the Annual Dinner Dance.

Past President Dr. Stanley M. Goldberg (1983-1984) and his wife, Luella, enjoy the Annual Dinner Dance.

In the past year, ASCRS has moved forward on a series of initiatives that will enhance patient care and increase public knowledge of colorectal disease, while offering members additional opportunities for continuing education, outgoing President Dr. Bruce G. Wolff, Rochester, MN, reported in his State of the Society Address at the Annual Business Meeting in Philadelphia.

Chief among its accomplishments in 2004-05, the Society:

• Approved development of authoritative, reliable performance measures to assure delivery of quality care;
• Approved practice parameters for Management of Hemorrhoids and Treatment of Perianal Abscess and Fistula-in-Ano;
• Established a committee to develop standards for the Laparoscopic Colectomy courses in collaboration with SAGES and the ACS;
• Received six commendations for its educational programs from the Accreditation Council for Continuing Medical Education;
• Approved a jointly-sponsored Health Policy Scholarship with the ACS;
• Revised the Society’s CME Mission Statement and approved guidelines for online CME;
• Established a membership category for scientists who have demonstrated continued interest in diseases affecting the small bowel, colon, rectum and anus, and who have appropriate qualifications and training;
• Approved a New Graduate Practice Promotion to help graduates establish their colorectal practices;
• Worked with the American Medical Association to produce a poster on colorectal cancer screening;
• Established an Educational Endowment Fund for educational ventures as determined by the Executive Council;
• Suspended mandatory submission of podium manuscripts to DC&R for a two-year period; and
• Developed a mechanism to “fast-track” manuscripts submitted to DC&R two weeks prior to the annual meeting.

ASCRS recognizes outstanding research with Regional Awards

ASCRS presented six regional awards at its 2005 Annual Meeting in Philadelphia to honor outstanding papers and posters submitted by researchers. The Awards Committee, chaired by Dr. Howard M. Ross, Philadelphia, PA, selected the following honorees:

• Harry E. Bacon Foundation Award, Lisa Poritz, MD, Eva Galka, MD, W Jie Zhang, PhD, Jennifer Thompson, BA, Morgan Boyer, BA and Walter Koltun, MD, Hershey, PA – Increased Presence of NOD2 Mutations in Patients Undergoing Ileocolectomy for Crohn’s Disease.
• Piedmont Society of Colon and Rectal Surgeons Award, Clifford Ko, MD, Sekeris, PhD, Marcia McGory, MD David Zingmond, MD, PhD, Los Angeles, CA – A Patient’s Race/Ethnicity Does Not Explain the Underuse of Appropriate Adjunct Therapy in Colorectal Cancer.
• New York Society of Colon and Rectal Surgeons Award – A.W. Martin Marino, Sr., MD, Award, Dr. Ian Daniels and the Mercury Study Group, Basingstoke, UK – MRI Accurately Predicts the CRM Status of Rectal Cancer in a Multicentre, Multidisciplinary European Study.
• Northwest Society of Colon and Rectal Surgeons Award, Drs. Sophie Noblett, C. Snowden, P. th and Alan Horgan, Newcastle Tyne, UK – Intra-Operative Fluidisation Improves Outcome After Colorectal Surgery.
• New Jersey Society of Colon and Rectal Surgeons Award, Cary Aarons, MD, Philip Cohen, MD, Adam Gower, MS. Karen Reed, PhD, Arthur Stucchi, PhD and James Becker, MD, Boston, MA – The Intraperitoneal Administration of Lovastatin Decreases Postoperative Adhesion Formation in a Rat Model.
• Southern California Society of Colon and Rectal Surgeons Award, Drs. John Winston and Mark Arnold, Columbus, OH – Findings on Dynamic Magnetic Resonance Defecography in Patients with Obstructed Defecation.
Publication of a definitive text for young colorectal surgeons to use to study for their boards—the new ASCRS textbook—has been delayed until Spring 2006, reports Dr. James W. Fleshman, Jr., St. Louis, who is directing the project.

The Society plans to publish both hard-copy and online versions of the textbook. It is the work of five editors and five co-editors from the Society, who rotate on a multi-year basis to ensure continuity and breadth of participation.

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, and the Self Assessment Committee will develop CME questions based on each of the textbook's chapters.

Springer Verlag, publisher of the Society’s journal, Diseases of the Colon & Rectum, 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 assisting the ABCRS in its Maintenance of Certification program,” he said.

All proceeds from sale of the textbook will be donated to ASCRS for use as the Executive Council determines.

St. Mark’s of London celebrates 170th Anniversary; played integral role in Society’s founding

London’s St. Mark’s Hospital, which played an integral, albeit unofficial, role in the history of ASCRS, celebrated its 170th Anniversary in May.

Since its founding in 1835, the world-renowned specialist referral center for patients suffering from bowel-related problems has “evolved and expanded with succeeding generations of surgeons, physicians and nurses, from the early days of anal fistulae surgery to today’s comprehensive range of specialist services,” according to a St. Mark’s news release.

While St. Mark’s Hospital continues to evolve in order to meet the challenges of the 21st Century, the 19th Century saw it play an important part in the evolution of what was to become the ASCRS.

Dr. Joseph M. Mathews, who would become the Society’s first president, went to London in 1878 to study at St. Mark’s after recognizing the lack of interest and attention U.S. doctors gave patients suffering with rectal problems. At the time, the specialty was virtually ignored by mainstream medicine, leaving patients with rectal diseases in the hands of quacks and charlatans.

St. Mark’s, founded specifically to respond to this deficiency, was the world’s leading medical institution for treating colon and rectal disease. It attracted excellent surgeons and continued to make great progress in patient care, teaching and research. Dr. Mathews was one of several of the Society’s charter members to train there.

After returning to the U.S., Dr. Mathews became a lecturer on colon and rectal disease, and helped establish a Department of Proctology at the University of Kentucky School of Medicine in 1883. It became the first recognized medical college to regularly teach rectal and colonic diseases in a separate department.

Sixteen years later, Dr. Mathews and several colleagues formed the ASCRS, then known as the American Proctologic Society.

We have much to celebrate …continued from page 2

I am humbled by the honor of serving as the president of our Society and grateful for the warm reception. My predecessors built a wonderful, solid organization. My goal is to continue our tradition of providing outstanding educational opportunities, fostering research in the field and supporting the membership in providing quality colon and rectal surgery care.
Medicare fees scheduled for 4.6% decrease

Compiled by The Advocacy and Health Policy Division of the American College of Surgeons

The projected update to the 2006 physician fee schedule will be a 4.6 percent decrease, unless Congress intervenes as it has the past three years. Across-the-board payment cuts will occur because of how the sustainable growth rate (SGR) system is used to calculate annual physician payment updates. Because of past spending trends, current estimates indicate that physician services will be reduced annually from 2006 through 2011, for a cumulative cut of 26 percent.

The Centers for Medicare & Medicaid Services (CMS) informed the Medicare Payment Advisory Commission (MedPAC) that Medicare spending for physician services increased at the extraordinarily high rate of 15.2 percent in 2004. The service category with the highest rate of spending growth was physician visits, which increased 29 percent. Other services with heightened growth rates included: minor procedures, such as physical therapy and chemotherapy administration (26 percent); imaging (18 percent); laboratory and other tests (11 percent); and prescription medication (11 percent). Spending for major procedures increased by only 3 percent.

Legislation introduced to eliminate SGR

House Ways and Means Committee members Clay Shaw (R-FL) and Ben Cardin (D-MD) introduced the “Preserving Patient Access to Physicians Act” to set the 2006 fee schedule update at no less than 2.7 percent and, beginning in 2007, implement MedPAC’s recommendation to replace the SGR with updates based on inflation in physicians’ practice costs. Given its estimated $150 billion price tag, prospects for passage are extremely poor. The bill is intended to serve as a rallying point for grassroots efforts to maintain momentum for enacting at least a short-term fix to avoid payment reductions in 2006 and perhaps 2007. Behind-the-scenes, legislators and staff have expressed interest in tying a short-term fix with new, broad-based pay-for-performance incentives for physicians.

Medicare Quality Initiatives and Pay-For-Performance

CMS announces physician performance-based payments

CMS has established a new payment demonstration project that will, for the first time, provide Medicare bonus payments to physicians based on their performance on selected quality indicators. During the three-year Physician Group Practice project, CMS will use a performance target system that will award bonuses to the 10 large groups participating in the demonstration according to how well care management strategies are used to restrain spending. The quality measures that will be used focus on common chronic illnesses in the Medicare population, including congestive heart failure, coronary artery disease, diabetes, and hypertension, and preventive services such as influenza and pneumonia vaccines, breast cancer screening, and colorectal cancer screening.

Graduate Medical Education

CMS clarifies volunteer faculty payment rules

CMS has posted information on its Website clarifying Medicare direct medical education (DME) payment rules for residency training that occurs outside the teaching hospital environment. Answers posted for nine frequently asked questions about payment and documentation policies on volunteer faculty may be of particular interest to colon and rectal surgeons. CMS notes that to receive Medicare DME payments, teaching hospitals must incur all or a substantial portion of the direct costs of training a surgical resident in a non-hospital setting.

If the outside facility or volunteer teaching faculty incurs costs, the hospital must enter a written agreement to cover those costs to receive payment for them.

In 2002, CMS fiscal intermediaries began denying—often retroactively through audits—payments for the time residents spent in non-hospital settings where teaching physicians were freely volunteering their time to supervise resident training. House and Senate signatures have been collected on a letter to CMS Administrator Mark McClellan expressing concern regarding recent actions by CMS that could compromise the use of volunteer physicians as teachers training residents in non-hospital settings.

Medicare Facility Payment and Regulations

Specialty hospital moratorium under discussion

The 18-month moratorium prohibiting physicians from referring patients to specialty hospitals in which they have an ownership interest is set to expire. The moratorium, put in place in the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA), exempts physicians who had an interest in facilities in operation or under development as of November 18, 2003. The MMA also included provisions requiring MedPAC and CMS to analyze the costs, payment system issues, referral

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Prevention Magazine, Information Television Network named winners of 2005 National Media Awards

A comprehensive report featuring an interview with NBC-TV’s Katie Couric in Prevention Magazine and a documentary on colon cancer produced by the Information Television Network were selected as winners of the Society’s 2005 National Media Awards.

Prevention writer Judith Stone won in the print category for her article, “Katie Couric: What I Want Every Woman to Know,” which features Couric’s campaign to promote colorectal cancer screening. Judges commended Stone for focusing “on a gender gap – most women think of colon cancer as a man’s disease – and her new effort to convince women, who wouldn’t think of skipping their annual Pap Smear, that a colonoscopy after age 50 is just as important.”

Information Television Network’s Trisha Sherven was named winner in the broadcast category for “Advanced Colon Cancer.” Judges praised the program, first televised on PBS, for presenting “moving graphics [that] really helped the viewer understand the various stages of colon cancer. Besides focusing on diagnosis and treatment, the piece also touched on the psychological aspects of cancer recovery.”

The winners were chosen from entries submitted by newspapers, magazines, television and radio stations from across the U.S. and Canada. Winners received a $1,000 cash prize, a plaque, and an expense-paid trip to the 2005 Annual Meeting in Philadelphia.

Judges from the Medill School of Journalism, Northwestern University, Evanston, IL, selected the winning entries after 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, such as colon cancer, hemorrhoids, diverticulitis and Crohn’s Disease.

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Medicare fees scheduled for 4.6% decrease ...continued from page 9

patterns, and quality of care issues associated with specialty hospitals within 15 months of the MMA’s enactment.

The Hospital Fair Competition Act of 2005, pending in the U.S. Senate, would prohibit physician ownership or investment in new specialty hospitals where they refer their patients. The bill would also attempt to improve the accuracy of Medicare inpatient hospital payments by directing CMS to refine DRG payments as recommended by MedPAC. It also would authorize gain-sharing arrangements between physicians and hospitals, so that they may share the financial rewards of cost containment efforts.

Medicare Coverage Issues

CMS releases draft guidance document

CMS has released a draft guidance document intended to improve the process for making Medicare coverage decisions. The policy approach, called “coverage with evidence development” or CED, involves a review of scientific and clinical evidence by internal and external experts. The draft guidance gives examples of two types of circumstances when the CED initiative may be considered: (1) when a particular medical intervention has been demonstrated to improve health outcomes in a broad patient population, but assurance that individual patients are receiving medically necessary care would be significantly more likely to occur when specific data are collected; and (2) when a medical intervention has yet to conclusively demonstrate an improvement in health outcomes, but existing information clearly suggests it may provide an important benefit.

A recent decision involving CED under the second circumstance is the off-label use of certain chemotherapy medications for colorectal cancer where the evidence of benefit is very limited. According to CMS, coverage of these drugs in the clinical study setting, with important patient protections, helps to develop more definitive evidence faster on whether the treatment is effective for seniors and provides greater access than if CMS simply denied coverage.
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To qualify as an Affiliated Scientific

Meeting in Philadelphia.

was approved at the Annual Business

Affiliated Scientific Investigator,

a new class of Society membership,

Bylaws amendment establishing

new membership category

for Affiliated Scientific Investigators

A Bylaws amendment establishing

a new class of Society membership,

Affiliated Scientific Investigator,

was approved at the Annual Business

Meeting in Philadelphia.

To qualify as an Affiliated Scientific

Investigator, an applicant must hold

an academic faculty appointment and

have published articles related to diseases

or conditions of the small bowel, colon,

rectum, or anus. An active Member or

Fellow must sponsor each applicant.

Other classes of membership are

Members, Fellows, Honorary Fellows,

Candidates, and Allied Health

Professionals.

Membership applications are available

by logging onto www.fascrs.org, then

clicking on “Membership

Information.”

Technological, surgical advances key elements
for enhancing patient care in developing countries

By Dr. Cesar Eduardo Canessa, Montevideo, Uruguay,
2005 International Scholar

It was an honor and a privilege to be named the
Society’s 2005 International Scholar. The Fellowship allowed
me to attend the 2005 Annual Meeting in Philadelphia and visit three
different centers to observe well-known American colorectal surgeons
working in their own environment.

My visit to the United States began with the Philadelphia Annual Meeting.
Upon my arrival, ASCRS Secretary Dr. Lester Rosen gave me a kind wel-
come and introduced me to members of the ASCRS International Council
of Coloproctology.

The facilities and accommodations for the meeting were excellent. I was quite impressed by how the meeting man-
aged to coordinate and balance many different activities. The active partici-
pation of many attendees from around the world also amazed me.

The overall quality of the meeting’s symposia, courses, lectures, presenta-
tions and discussions made my time in Philadelphia a very rich experience.
Scientific sessions included a great number of objective presentations
covering laparoscopic surgery and rectal cancer management – two
topics I’m quite interested in learning more about.

The meeting offered a great oppor-
tunity for me to interact with other international colorectal surgeons. I also was fortunate to be able to give
my presentation, “Dorsal transsacroccygeal rectal approach.”

The second week of my trip was spent visiting the Thomas Jefferson
Philadelphia Hospital. There, I met Dr. Scott Goldstein and his col-
leagues in the Division of Colon and Rectal Surgery. I participated in some interesting oncological surgery proce-
dures, observed how the gastrointestinal laboratory works, and took part
in several conferences.

The last half of my time in America was spent in New York City, where I attended two prestigious centers.
At Columbia Presbyterian Hospital, I had the privilege of working with
Dr. Richard L. Whelan and his colleagues. It was very interesting to participate in the Laparoscopic Physiology and Oncology Research Laboratory, run by a group of experts in advanced laparoscopic procedures.

From there, I went to Memorial Sloan-Kettering Cancer Center, where I met Dr. Douglas Wong and his staff. Its very busy colorectal department gave me the chance to observe, and immerse myself in, many different aspects of colorectal care. I spent time in the operating room observing and taking part in complex oncological

surgeries, visited the office, attended lectures and participated in clinical rounds.

The surgeons, scholars and staff mem-
bers I met at each institution made my stay in the U.S. a very pleasant experi-
ence. I was fortunate to develop strong friendships with them that will allow me to enjoy a productive exchange of ideas for years to come.

Although my visit was short, it was intense. My access to innovative surgical centers gave me valuable experi-
ence that will benefit my own training and professional development.

Educational activities, such as the
ASCRS International Fellowship, are essential for academic surgeons working in developing countries. They enable the incorporation of state-of-the-art surgical techniques and organi-
zational aspects at our hospitals and universities.

Returning home, my challenge now is to translate the technological and sur-
gical advances I was exposed to into Uruguay’s social, economic and cul-
tural environment. The ultimate goal must be to identify ways to provide high standards of colorectal care with the limited resources at our disposal.

I am very grateful for my time as an International Scholar. I sincerely hope that the program continues to pro-
mote opportunities for furthering the education of surgeons from developing countries around the world.

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Israeli colorectal surgery standards comparable to U.S.; Stronger base for experimental studies needed

By Dr. Boris Kirshtein, Beer Sheva, Israel, 2005 International Scholar

My interest in learning more about different colorectal surgery techniques, including laparoscopic procedures, was what drove me to visit the U.S. as an ASCRS International Scholar.

Currently, there are many patients exhibiting colorectal pathology who are being treated in Israel. Residency programs include colorectal operations, although most are performed by general surgeons. The majority of Israeli colorectal surgeons were trained in the United States.

It was my first visit to the United States and, I must admit, I was nervous. But after my arrival in Philadelphia for the ASCRS Annual Meeting, I was able to relax. The meeting itself was excellent and well organized. I was impressed with the broad range of fascinating scientific presentations and the meeting’s friendly atmosphere, which included many jokes from the podium. On the meeting’s final day, I presented the results of my study, “Aspirin, Plavix and Warfarin: Are they predictors for the early diagnosis and prognosis of colonic carcinoma?”

After the Annual Meeting’s conclusion, busy working days (usually 7 a.m. to 8 p.m.) were the norm. They were interesting and creative. It was my privilege to spend a week observing Dr. Randolph Steinhagen and his team at the Mount Sinai Medical Center’s Division of Colorectal Surgery in New York.

I took part in several clinical conferences and meetings that focused on techniques to manage different pathologies. My discussions with patients, as well as my participation in a journal club comprised of student teachers, were also very informative.

Dr. Steinhagen’s busy outpatient clinic allowed me to see how he relates to his patients. I was quite impressed with how he approached many difficult challenges, including total proctocolectomy and ileoanal pouch anastomosis for ulcerative colitis. His surgical technique for anorectal fistulae was interesting as well.

Laparoscopic colectomy with on-table colonoscopy for tumor localization reminded me of difficult cases in Israel, but the use of a colonoscope by the surgical team was a great solution to the problem. Dr. Joel Bauer also demonstrated a low anterior resection using a Contour stapler. It was my first experience with this device.

Later, at Memorial Sloan-Kettering Cancer Center, I had the opportunity to observe virtual laparoscopic colectomies performed by Drs. Martin Weiser and Philip Paty, anterior J-pouch resections by Dr. Douglas Wong, and a hepatectomy by Dr. Leslie Blumgart.

I greatly enjoyed discussing multidisciplinary approaches to different types of cancers during the Disease Management Team Conference. In addition, Dr. Wong’s use of transrectal and 3-D ultrasound at his outpatient clinic helped me discover a new approach for staging of rectal cancer.

In summary, my time as the ASCRS International Scholar afforded me a wonderful opportunity to gain exposure to other colorectal surgery techniques. While Israel needs a stronger experimental base for research and laboratory studies in colorectal disease, I am confident that our colorectal surgery standards rank among those found in America. Thanks to the ASCRS, I will be able to use the knowledge gained during my trip to improve my colorectal practice, teaching and research activities.

History Committee seeks donors for archives

In its quest to make information about the Society’s long history available to future generations, the History Committee is asking members to contribute items that may be archived to help to document the Society’s history, according to Committee Chair Dr. J. Byron Gathright, Jr., New Orleans, LA.

Photographs, lectures presented at previous Annual Meetings, presidential addresses and other historical artifacts and records are welcome additions to ASCRS’ current archives.

“Members will be invaluable in helping the Committee gather information that details the 106-year history of ASCRS,” Dr. Gathright explained. “Information covering the Society’s name change from the American Proctologic Society during the 1973 Annual Meeting is highly coveted.”

Archivists will collate, store and take the necessary steps to preserve items at the University of Wisconsin - Parkside, where they will be available to those writing about the Society’s history.

Donors will be noted in the archives. “If items are too precious to donate, they can be copied and the original returned to the donor,” Dr. Gathright said.

Members may submit historical information for the Society’s archives to the ASCRS Executive Office: 85 W. Algonquin Road, Suite 550, Arlington Heights, IL 60005. Telephone: 847/290-9184.
ASCRS welcomed 64 new Fellows, 72 new Members, two new Allied Health Members, one new Affiliated Scientific Researcher and 33 new Candidates to the Society during its annual business meeting in May. They are:

**Fellows**
- Dean R. Adams, MD
- Ahmed S. Alkoraishi, MD
- Farshid Y. Araghizadeh, MD
- Khawaja Azimuddin, MD
- Amir L. Bastawrous, MD
- Nancy N. Baxter, MD, PhD
- Craig L. Brown, MD
- Stuart E. Bussell, MD
- James P. Celebrezze, Jr., MD
- Emily L. Chan, MD
- Vivek Chaudhry, MD
- Dennis E. Choat, MD
- Elizabeth Cirincione, MD
- Patrick H. D. Colquhoun, MD
- Earl C. Damallie, MD
- David W. Dietz, MD
- Jennifer M. Douglas, MD
- Eric J. Dozois, MD
- John T. Dvorak, MD
- Katherine Facklis, MD
- Peter M. Falk, MD
- Steven A. Fassler, MD
- Martha A. Ferguson, MD
- Alessandro Fichera, MD
- Charles M. Friel, MD
- Jules E. Garbus, MD
- Susan L. Gearhart, MD
- Cary L. Gentry, MD
- Charles P. Heise, MD
- Alan J. Herline, MD
- Maria H. Javeed, MD
- J.B. Joo, MD
- Sadaf Khan, MD
- Peter F. Klein, MD
- Alex J. Ky, MD
- Najja N. Mahmoud, MD
- James M. McClane, MD
- Steven J. McClane, MD
- Michael S. McNevin, MD
- Michael A. Moffa, MD
- Beth A. Moore, MD
- Harvey G. Moore, MD
- Sidney E. Morrison, MD
- Robert B. Noone, MD
- James T. O’Connor, MD
- John S. Park, MD
- Samir N. Parikh, MD
- Sanjiv K. Patankar, MD
- Mikhail I. Rakhmanine, MD
- Craig A. Reickert, MD
- Roberto Rodriguez-Ruesga, MD
- Scott L. Ruggles, MD
- Amit P. Saha, MD
- Henrik E. Scott, MD
- Maniamparampill Shashidharan, MD
- Toyooki Sonoda, MD
- Jeffrey A. Sternberg, MD
- Owen T. Su, MD
- Raed F. Tarazi, MD
- William E. Taylor, MD
- Martin R. Weiser, MD
- Kirsten W. Wilkins, MD
- John H. Winston, III, MD

**Membership**
- Jose Andujar, MD
- Sotrihos Athanasiasidis, MD
- Glenn T. Ault, MD
- Adel Bagh, MD
- Emre Balik, MD
- Dimitra Barabouti, MD
- Hani B. E. Baradi, MD
- Luis A. Borda, MD
- Joseph J. Carter, MD
- Sergio R. Casillas-Romero, MD
- George J. Chang, MD
- Jennifer Chapman, MD
- Young K. Cho, MD
- Rodney L. Clingen, MD
- Ian R. Daniels, MBBS
- Juicy R. De Oliveira, MD
- Yi J. Ding, MD
- Nosratollah Evazi, MD
- Darryl S. Fernandes, MD
- Joseph H. Frankhouse, MD
- Luis F. Gomez, MD
- Arun Gowdamarajan, MD
- John B. Hackert, MD
- Kyung S. Han, MD
- Zahidul Haq, MBBS
- Frederic D. Harris, MD
- Rabab F. Hashim, MD
- Imran Hassan, MD
- Wesley R. Heartfield, MD
- Tim J. Heilizer, MD
- Chang W. Hong, MD
- Paul M. Johnson, MD
- Ivan B. Jurado, MD
- Sung-Bum Kang, MD
- Brian R. Kann, MD
- Duck-Woo Kim, MD
- Li-Jen Kuo, MD
- Kyung W. Kwon, MD
- Kang H. Lee, MD
- Sang W. Lee, MD
- Sang C. Lee, MD
- Rasmy Loungnarath, MD
- Jennifer K. Lowney, MD
- Chenghua Luo, MD
- Andrew C. Lynch, MD
- Atul K. Madan, MD
- Paul A. Mancuso, MD
- Augusto L. Martinez, MD
- Sara W. Mayo, MD
- Mina Mottahedeh, MD
- David A. Nesbitt, MD

**Allied Health**
- Norma M. Daniel, RN
- Betty J. Hanna, RN

**Affiliated Scientific Investigator**
- Christine L. Carter, PhD, MPH

**Candidates**
- Abier A. Abdelnaby, MD
- Santiago Arruffat, MD
- Liliana Bordeianou, MD
- Robin P. Boushey, MD
- Kongkrit Chaiyasate, MD
- Bradley J. Champagne, MD
- Daniel C. Coffey, MD
- Philip A. Cohen, MD
- Michael H. Fealk, DO
- John V. Flannery, MD
- Virgilio George, MD
- Joel E. Goldberg, MD
- Brian D. Greene, MD
- James L. Guzzo, MD
- William J. Harb, MD
- Liam A. Haveran, MD
- Matthew M. Isho, MD
- Edward J. Jakubs, MD
- Gennaro D. Labella, MD
- Pratibha B. Lal, MD
- Alexander S. Liberman, MD
- Slawomir J. Marecki, MD
- Jennifer A. McQuade, MD
- Tâmara J. Merchant, MD
- Victor A. Moon, MD
- Michelle M. Olson, MD
- William J. Peche, MD
- Madeleine Poirier, MD
- Salvatore G. Savatta, MD
- Chris M. Schussler-Fiorenza, MD
- Melissa L. Times, MD
- Lee L. Turner, MD
- Jonathan White, MD
- Faramarz Pakravan, MD
- Chan-Jung Park, MD
- Beverley A. Petrie, MD
- Stefan M. Plusa, MD
- Edward Ram, MD
- Carole S. Richard, MD
- Seth A. Rosen, MD
- Heather L. Rossi, MD
- Dan E. Ruiz, MD
- Marion E. Schertzer, MD
- Heather A. Slay, MD
- Stephen R. Smith, MD
- Wael A. Solh, MD
- Edward F. Stringer, IV, MD
- Denny Tang, MD
- Bela Teleky, FRCS
- David S. Tichansky, MD
- Jeffrey J. Visco, MD
- Angus J. M. Watson, BSc, MB ChB
- Paul E. Wise, MD
- Christopher J. Young, MBBS

ASCRS welcomes new Fellows, Members, Allied Health Members, Investigators and Candidates.
Sponsors contribute to Annual Meeting’s success

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
Sponsor of the Convention Program Guide and the Meeting Schedule Board, and co-supporter of the Patient Safety in Colon and Rectal Surgery luncheon symposium.

**Applied Medical**
Co-supporter (grant and supplies) of the Hand Assisted Laparoscopic Intestinal Surgery workshop and the Laparoscopy for Cancer breakfast symposium.

**ASCRS Research Foundation**
Supporter of the Norman Nigro Research Lectureship.

**Autosuture/Valleylab/Tyco Healthcare**
Co-supporter (grant and supplies) of the Hand Assisted Laparoscopic Intestinal Surgery workshop and the Laparoscopy for Cancer breakfast symposium.

**Harry E. Bacon Foundation**
Supporter of the Harry E. Bacon Lectureship.

**B-K Medical Systems, Inc.**
Supporter of the Endorectal Ultrasound Course Hands-On-Lab.

**ConvaTec**, a Bristol Myers Squibb Company
Supporter of the Complicated Wound and Stoma Management symposium.

**Curon Medical Inc.**
Supporter of the badge lanyards and Fecal Incontinence dinner symposium, and co-supporter of The Pelvic Floor: Focus on Multidisciplinary Evaluation symposium.

**Ethicon Endo-Surgery, Inc.**
Sponsor of the “Save the Date” promotional brochure, Abstracts on Disk, the Executive Council Reception/Dinner, and co-supporter (grant and supplies) of the Hand Assisted Laparoscopic Intestinal Surgery workshop, the Laparoscopy for Cancer breakfast symposium, The Pelvic Floor: Focus on Multidisciplinary Evaluation symposium and the symposium on Patient Safety in Colon and Rectal Surgery.

**Ferndale Laboratories Inc.**
Sponsor of the Resident’s Reception.

**Karl Storz Endoscopy-America, Inc.**
Co-supporter (grant and supplies) of the Hand Assisted Laparoscopic Intestinal Surgery workshop.

**Sanofi-aventis**
Supporter of the Ernestine Hambrick Lectureship, and the Core Subject Update.

**Olympus America Inc.**
Co-supporter (grant and supplies) of Saturday’s Hand Assisted Laparoscopic Intestinal Surgery workshop.

**Richard Wolf Medical Instruments Group**
Supporter of the Transanal Endoscopic Microsurgery program.

**Sanofi-aventis**
Supporter of the Ernestine Hambrick Lectureship, and the Core Subject Update.

**Stryker**
Co-supporter of the Hand Assisted Laparoscopic Intestinal Surgery workshop.

**Synovis Surgical Innovations**
Unrestricted grants in support of the convention.

**Tissue Science Laboratories**
Supporter of the Research Forum.

CADE JONATHAN
Dr. Michael J. O’Connell gives the Harry E. Bacon Lectureship, supported by the Harry E. Bacon Foundation. Dr. Bacon was ASCRS President, 1948-1949.

**Myriad Genetic Laboratories**
Co-supporter of The Medico-Legal Implications of Caring for Patients and Families with Hereditary Colorectal Cancer Syndrome breakfast symposium.

**Dr. Deborah A. Nagle (left) and Ernestine Hambrick (right, the first woman board certified as a colon and rectal surgeon) present a plaque to guest lecturer Dr. Margaret Kemeny, who gave the Ernestine Hambrick Lecture, supported by sanofi-aventis.**

**Drs. Deborah A. Nagle (left) and Ernestine Hambrick (right, the first woman board certified as a colon and rectal surgeon) present a plaque to guest lecturer Dr. Margaret Kemeny, who gave the Ernestine Hambrick Lecture, supported by sanofi-aventis.**

Debra DaRosa, Ph.D., delivers the Norman Nigro Research Lectureship, supported by the ASCRS Research Foundation.
A rich blend of natural beauty, Puget Sound seafood and savory international cuisine prepared by nationally-acclaimed chefs, a flourishing cultural scene and world famous tourist destinations await guests at next year’s Annual Meeting in Seattle, June 3 – 8.

Complementing what is sure to be another top notch scientific program, Seattle’s vast array of sites will dispel the myth that the city is nothing more than a series of coffee bars. Nationally-respected opera, ballet, art galleries, museums and festivals offer countless opportunities to experience the best in arts and culture.

A thriving music scene includes jazz, the internationally-renowned Seattle Symphony, and the Experience Music Project, which celebrates popular music with a mix of interactive exhibits, unique artifacts and live performances. Movie buffs will appreciate Seattle’s International Film Festival – the largest of its kind in the U.S.

For those who prefer outdoor activities, kayaking, canoeing, fishing, clamming, hiking and a variety of urban parks await. Explore Mt. Rainier National Park, Mount St. Helens National Volcanic Monument, North Cascades National Park, Olympic National Park and Rainforest, and Columbia River Gorge National Scenic Area.

A trip to Seattle would not be complete without a visit to Pike Place Market. The nation’s oldest working farmer’s market offers fresh fruits and vegetables, seasonal flowers, herbs, seafood spices, cheeses, handcrafted work by local artists, shops and fine dining.

It also features Pike Place Fish, where world-famous fishmongers have taken the art of “salmon-slinging” to new heights. *

Guidelines for laparoscopic colectomy courses approved by ASCRS

The ASCRS Executive Council has approved a comprehensive set of guidelines for laparoscopic colectomy courses developed by a focus group of colorectal surgeons and industry representatives with extensive laparoscopic training experience. The Guidelines have also been endorsed by SAGES.

The Guidelines for Laparoscopic Colectomy Course documentation is intended to assist societies and national organizations in developing training programs for their members and accrediting courses provided on a local level.

Guidelines are provided for both a basic module and an advanced module. They cover course objectives, curriculum, faculty, facility, participant qualification and certificate of participation. They provide that CME credit be available for all courses provided on a national level by societies or national organizations. The guidelines also cover syllabus and data collection.

Included with the Guidelines are questionnaires for pre-course evaluation, post-course evaluation, and cadaver course participant evaluation.

The Guidelines will be posted on the Society’s Website, www.fascrs.org. *

Submit abstracts online for Seattle Annual Meeting

Abstracts for the Society’s 2006 Annual Meeting will be accepted online this Fall at www.fascrs.org. The deadline for receipt of abstracts is December 1, 2005.

Paper submissions for the meeting, held June 3 to 8 in Seattle, will not be accepted.

Information contained in abstracts must represent original work that has not previously been published or presented, and will not be under consideration for publication or presentation at a major regional, national or international meeting prior to the ASCRS Annual Meeting. *