Laparoscopic surgery, outcomes, patient safety focus of ASCRS 2005 Annual Meeting

An expanded focus on laparoscopic techniques and a renewed emphasis on outcomes, patient safety and management of difficult endoscopic issues form the nucleus of an informative scientific program during the ASCRS April 30 - May 5, 2005 Annual Meeting, at the Marriott Philadelphia Hotel.

The program, featuring more than 200 podium and poster presentations selected from over 400 submitted abstracts, is designed to provide surgeons with an in-depth overview of how to treat diseases of the colon and rectum. It pays particular attention to patient care, teaching and research.

The purpose of all sessions is to improve the quality of patient care, according to Program Chair Dr. Theodore Saclarides, Chicago, and Co-Chair Dr. Michael P. Spencer, St. Paul, MN.

“The 2005 Annual Meeting will offer attendees a comprehensive presentation of trends relating specifically to patient safety and an understanding of how new advances in minimally-invasive procedures create opportunities for better care,” Dr. Spencer explained. “Our goal is to increase member awareness of factors that affect care. That knowledge contributes to applied treatments that reduce patient suffering.”

Laparoscopy and endoscopic microsurgery are dominant themes when the Annual Meeting kicks off Saturday, April 30. The debut of a Laparoscopic Skills and Ultrasound Course, directed by Drs. Deborah A. Nagle, Philadelphia, and Peter W. Marcello, Burlington, MA, will emphasize essential skills that surgeons need to successfully perform complex laparoscopic surgery and is intended for surgeons with limited experience. Topics include vascular control and bowel division, plus a demonstration of ultrasound assessment of the liver.

In addition, Saturday’s Hand-Assisted Laparoscopic Intestinal Surgery Workshop is an advanced course designed for surgeons already familiar with laparoscopic techniques who wish to expand their skills to intestinal surgery. Topics include intestinal anatomy as it relates to laparoscopic resection, bowel mobilization and devascularization, and stoma creation. Drs. Howard M. Ross, Philadelphia, David W. Larson, Rochester, MN, and Peter Marcello, direct the course.

Laparoscopy for Cancer, a joint presentation of ASCRS and SAGES Sunday, May 1, will provide a thorough discussion of issues, methods and results of minimally invasive colorectal resection for cancer. Course directors are Drs. Richard L. Whelan, New York, NY, and Tonia Young-Fadok, Scottsdale, AZ.

Meanwhile, minimally invasive techniques for excision of rectal tumors is the focus of a Saturday afternoon training seminar led by Dr. Peter Cataldo, Burlington, VT.

Special presentations highlight Annual Meeting

Six special presentations are sure to be among the highlights of the 2005 Annual Meeting.

Delivering the Harry E. Bacon Lectureship will be Dr. Michael J. O’Connell, Director, Department of Oncology, Allegheny General, Pittsburgh, PA.

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- President’s message: How do you measure competence? Register, see preliminary program
- C&R surgeons get Medicare fee boost
- National Media Award entries
- Colorectal Cancer Awareness Month
- ASCRS colorectal surgery textbook
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Presidential Message

How do you measure competence in practice?

By Bruce G. Wolff, MD

One of the challenges we face in the evolution of the specialty’s recertification program into Maintenance of Certification (MOC) is to find a way to meet the requirement to measure competence of performance in practice.

The MOC guidelines require “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.”

Individual physicians have their own way of doing things. Each practice is different. Patients are different, too, and have their own treatment preferences. It is no easy task to create a way to measure competence in subjective areas such as communication and professionalism.

The Quality Assessment and Safety Committee, chaired by Dr. Thomas Read, Pittsburgh, PA, is taking the lead in helping us satisfy the MOC practice performance requirements. Dr. Read’s committee is looking into a customized data system for colorectal surgeons to use in establishing a low-cost, practical data base for practice assessment.

Dr. Read reported to the Executive Council that his committee’s mission is threefold:

• Cultivate the development of authoritative, reliable performance measures to assure the delivery of quality care;

• Lead national efforts to define quality of care for conditions related to the colon, rectum and anus;

• Promote the specialist in colon and rectal surgery to patients and providers.

Dr. James Fleshman, St. Louis, MO, President of the American Board of Colon and Rectal Surgery, will give an update on MOC at the Philadelphia Annual Meeting.

It has been a busy year for ASCRS. Most of the Society’s work is done in committees and often escapes wide attention. For example, the Standards Committee, chaired by Dr. Neil Hyman, South Burlington, VT, has approved an update of the practice parameter for the management of hemorrhoids and new practice parameters for the treatment of perianal abscess and fistula-in-ano.

Dr. Robin McLeod, Toronto, ON, Canada, is heading our selection committee to find a new Editor-in-Chief of Diseases of the Colon & Rectum to succeed Dr. Victor Fazio, Cleveland, OH, when he completes his term. The committee is scheduled to interview applicants in March before making recommendations for Executive Council approval.

The Society’s new delegate to the American Medical Association, Dr. Clifford Simmang, Dallas, TX, reminded me to encourage you to maintain AMA membership. Dr. Simmang’s predecessor as ASCRS delegate to AMA, Dr. Frank Opelka, Boston, MA, penned a compelling statement of the AMAs value to each of us, “Where would we be without the AMA?” It was published in the Spring 2004 edition of ASCRS News. After cataloging the many ways in which the AMA serves our best interests, Dr. Opelka concluded:

“Consider where we would be without the AMA. Ask yourself how you would attempt to solve coding problems, resident education, Medicare legislation, or professional liability reform without the AMA. I ask each of you to join the AMA and declare your affiliation with the American Society of Colon and Rectal Surgeons. By doing so, you act to protect your practice from unintended legislative consequences.” Very well said, and worth repeating.

The excitement builds for our Annual Meeting in Philadelphia, April 30-May 5. Program Chairs Drs. Theodore Saclarides and Michael Spencer are organizing an outstanding learning experience, as outlined in the article on page 1. The first program after publication of the landmark COST study, comparing laparoscopic resection with conventional open surgery for colon cancer, will include two laparoscopic hands-on courses—one basic, with pigs, and the other advanced, with cadavers. There will also be a symposium on laparoscopy for cancer in conjunction with SAGES on Sunday morning.

Last year, we lost one of the giants of colorectal surgery, ASCRS Past President Dr. Eugene Sullivan, Portland, OR. We have asked another ASCRS Past President, Dr. Stanley Goldberg, to prepare an appropriate memorial lecture.

Planned giving program

Let me close with a reminder about the planned giving program we are establishing to provide a steady source of support to protect the Society’s future educational activities. We are asking members and industry to contribute and consider bequests, charitable trusts, and estate giving programs. In addition, the Society administration is developing a giving program that will include the full range of the specialty’s activities, including not only the critical and vital funding for the Research Foundation and the new Education Endowment Fund, but also the ABCRS and Program Director’s Association, as their financial needs grow.

I look forward to seeing you in Philadelphia. ✨
Transanal Endoscopic Surgery, Dr. Cataldo will present a history of TEM, methods for preoperative evaluations and indications, and operative techniques.

**Patient Safety Symposium**

On Sunday, Dr. Lester Rosen, Allentown, PA, leads a Patient Safety in Colon and Rectal Surgery symposium. The program will address prevention and treatment of deep vein thrombosis, pulmonary embolism and postoperative ileus; further define criteria for determining Centers of Excellence, and debate the risks of reprocessed operative equipment.

“Reprocessed equipment is increasingly being adopted in hospitals across the country in an attempt to reduce costs,” Dr. Spencer explained. “As surgeons, we cannot be fully confident in the quality of these instruments. This in-depth discussion will establish a dialogue where surgeons can grasp important patient safety issues related to this subject. More importantly, it will help determine physician response to this troubling trend,” he added.

Tuesday, May 3, ASCRS presents the debut of a workshopdiscussion for Society members who may be starting to contemplate retirement. Preparing for Life After Practice will assemble a panel of retired surgeons moderated by Dr. J. Byron Gathright, New Orleans, LA, including Dr. Edward Creagan, Rochester, MN, who presents Successful Aging for Life After Practice: Proven Insider Tips to Go the Distance.

“This first-ever symposium is designed specifically for more senior ASCRS members and looks at life after medicine. The heart of the program is a discussion of how retired members can stay on top of new advances in our specialty, remain productive members of ASCRS and protect their assets,” Dr. Spencer explained. “On a lighter note, discussion will also cover how to adapt to a more leisurely lifestyle after a career of 80-hour work weeks.”

A “Difficult Cases” Panel Discussion, scheduled for Wednesday, May 4, is created entirely from difficult case presentations submitted in advance by ASCRS members. Moderated by Dr. Thomas Read, Pittsburgh, PA, the program lets members try to “stump the professor” while participating in spirited debate between professionals.

**New General Surgery Residents Forum**

The General Surgery Residents Forum, held Tuesday, May 3, is a new program organized by the ASCRS Residents Committee to help general surgery residents see the attractiveness of a colorectal surgery career. Six abstracts submitted by general surgery residents will be selected for presentation and critiqued by another resident.

“The forum is an ASCRS development program that gives residents experience in presenting research and exposes them to the educational and social value of the Annual Meeting,” said Dr. Ronald Bleday, Boston, MA, Residents Committee Chair.

Scientific sessions beginning Monday, May 2, present a range of presentations on rectal cancer, colorectal cancer, benign disease, inflammatory bowel disease, anal disease, laparoscopy and colonoscopy. Topics also include a series of presentations on improving patient outcomes, advanced endoscopy and GI imaging.

Other Annual Meeting highlights include:

• **Complicated Wound and Stoma Management** – This symposium will help participants increase familiarity with stoma devices and appliances, enhance knowledge of complex wounds, current therapies in managing incisional complications, and discuss the availability and participation of enterostomal therapists in the management of complex wounds (Sunday, May 1);

• **Pelvic Floor Disorders** – Course directors Drs. Susan Parker, Minneapolis, MN, and Patrick Ronan O’Connell, Dublin, Ireland, present a program that focuses on evaluation of incontinence, prolapse and other defecation disorders. Guest speakers will discuss how to set up a multidisciplinary pelvic floor clinic, use of standard evaluation techniques and emphasize innovative surgical procedures. A panel discussion will feature a range of case presentations (Sunday, May 1);

• **Endorectal Ultrasound Course.** During this Annual Meeting staple, course director Dr. Charles O. Finne, Minneapolis, MN, will provide surgeons with education and training in the basic use of ultrasound. (Saturday, April 30);

• **Legal Issues and Genetics** – Participants will gain an overview of the increasingly complex legal and ethical issues involved when caring for patients and families with hereditary colorectal cancer (Wednesday, May 4);

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Register for Annual Meeting, view preliminary program online at www.fascrs.org

This is the second year for online program and registration. Register for the 2005 Annual Meeting and view the preliminary program via the World Wide Web, as ASCRS continues to enhance convenience for its members.

Log onto www.fascrs.org to view the entire preliminary program, book hotel rooms and register for the Annual Meeting, held April 30 - May 5 in Philadelphia.

First introduced for last year’s meeting in Dallas, online registration serves as a fast, easy alternative to filling out registration forms contained in a preliminary program piece formerly mailed to members. Once again, ASCRS will not mail registration packets. All information provided by registrants is protected through secure Web access.

Members who wish to register for the Annual Meeting through a more conventional approach may print out registration forms from the Website and fax them to the ASCRS Executive Offices at 847/290-9203.

ASCRS Annual Meeting  ...continued from page 3

• “Meet the Professor” Breakfasts – Small, more intimate venues allow surgeons to ask questions or present their own cases for review by moderators and other participants (Monday, May 2 & Tuesday, May 3).

Modified schedule
For this year’s meeting, the Program Committee has modified the schedule of events to encourage greater participation in both its academic programs and social activities. The ASCRS Welcome Reception, held Sunday, May 1 at the National Constitution Center, is a combined event hosted by the Society and the Research Foundation.

“We have devoted more time to scientific programs and local society meetings during the day, while rearranging the schedule of events for evening social functions,” Dr. Spencer explained. “First, we combined the Research Foundation event and the Welcome Reception into one. We then scheduled the annual dinner dance for Tuesday, May 3, as opposed to the final night of the Annual Meeting.”

Special presentations highlight Annual Meeting  ...continued from page 1

Pittsburgh, PA. His topic will be: “New Systemic Therapy for Colorectal Cancer” (Monday, May 2).

The Norman Nigro Research Lecturer this year will be Debra DaRosa, PhD, Professor of Surgery and Vice Chair of Education, Department of Surgery, Northwestern University Medical School, Chicago, IL. Her topic will be “Impact of the 80-Hour Work Week” (Monday, May 2).

Peter Angelos, MD, PhD, Associate Professor of Surgery and Director of the Section of Endocrine Surgery, Northwestern University, Chicago, IL, was chosen to give the Parviz Kamangar Humanities in Surgery Lectureship. His topic is “Futility and Advance Directives in 2005: Don’t Ask—Don’t Tell” (Tuesday, May 3).

“Current Management of Colorectal Cancer Liver Metastasis” is the topic for the Ernestine Hambrick Lectureship. Dr.

Margaret Kemeny, Director, Cancer Center for Excellence, Queens Hospital Cancer Center, Jamaica, New York, will deliver the lecture. (Wednesday, May 4)

To honor Past President Dr. Eugene S. Sullivan, who died last year, the Society asked another ASCRS Past President and longtime colleague of Dr. Sullivan’s, Dr. Stanley Goldberg, Minneapolis, MN, to present a special Memorial Lectureship. Dr. Goldberg is Clinical Professor of Surgery, Division of Colon and Rectal Surgery, University of Minnesota. His topic is: “Perineal Approaches for Rectal Procidentia, What is the Data?” (Tuesday, May 3).

The privilege of giving the prestigious Presidential Address this year goes to outgoing President Dr. Bruce G. Wolff, Rochester, MN, who has chosen an intriguing title for his remarks: “Latch-on to the Affirmative; Don’t Mess with Mister In-Between” (Monday, May 2).
Colon and rectal surgeons get 2% boost in 2005 Medicare physician fee schedule

The Advocacy and Health Policy Division of the American College of Surgeons compiled the information in this report.

Medicare Physician Payment
The Centers for Medicare and Medicaid Services (CMS) issued Medicare's final rule on the 2005 physician fee schedule in November. Most surgical specialties, including colon and rectal surgeons, received a 2 percent increase in payments.

Other major issues in this rule that affect surgeons, include:

- A 5 percent quarterly incentive payment to doctors practicing in “physician scarcity areas.”
- Refinement of practice expense relative value units (RVUs) for many codes.
- An update of the geographic practice cost indices for physician work and practice expense to reflect 2000 census data.

Congress will begin work on a massive budget reconciliation bill this year. They will examine Medicare to identify program savings, but physicians are not expected to bear the brunt of budget cuts. Medicare physician payments may be affected, however, if Congress elects to tie future reimbursements to a pay-for-performance system.

Medicare Payment Advisory Commission (MedPAC): At its January meeting, MedPAC reviewed recommended policy changes for inclusion in its 2005 Report to Congress. Of particular interest:

- The Commission indicated that it plans to recommend a 2006 Medicare fee schedule update with an estimated 2.7 percent increase for physicians. Without action by Congress, the current physician payment formula will produce an estimated payment reduction of approximately 5.2 percent next year.
- The panel appears ready to recommend an 18-month extension of the current ban on physician ownership of new specialty hospitals. CMS could use this time to eliminate the flaws in Medicare hospital payments that provide financial incentives for hospitals to specialize.
- It appears MedPAC will soften an earlier suggestion that Medicare should require physicians to receive additional training in order to bill Medicare for diagnostic imaging services. Instead of mandating credentialing, the commission will likely recommend that Congress direct the Secretary of Health and Human Services to set standards for all providers who bill Medicare for performing or interpreting diagnostic imaging services.

Medical Liability
Medical liability reform remains a top priority in Congress. Leadership in the House of Representatives is again planning swift action on comprehensive federal medical liability reform legislation. The November elections resulted in four additional supporters in the Senate. However, this legislation is still lacking the 60-vote threshold needed to overcome a filibuster.

Patient Safety
The Senate and the House passed separate patient safety bills in 2003 and 2004, but they were unable to negotiate the differences between the two bills before the 108th Congress adjourned last year. The bills would have allowed physicians to voluntarily report data on medical errors to patient safety organizations. They would then analyze the data to identify system changes that could reduce future errors and improve patient care. Most importantly, the legislation provided legal privilege and confidentiality protections for the reported data and analysis.

The need to enact reform is broadly understood. The disagreement lies in what method of reform will be most effective. Discussions are underway to identify compromises that will allow effective legislation to pass both houses of Congress.
Past President Dr. James Ferguson dies at 89

ASCRS Past President Dr. James A. Ferguson, formerly president of the Ferguson Clinic in Grand Rapids, MI, has died at 89 in his home in Austell, GA.

Dr. Ferguson received his medical degree at the University of Michigan, Ann Arbor, and in 1941 became the first partner in what was then called the Ferguson-Droste-Ferguson Clinic, co-founded by his father, Ward. He served overseas during World War II in the Medical Battalion of the Army Air Force, returning to Michigan in 1945 and becoming president of the Clinic in 1952.

A pioneer in colon and rectal surgery, he was ASCRS President in 1969-70, assuming office at a memorable Tripartite Meeting in London. He was also president of the Kent County Medical Society in Grand Rapids.

Known as “Dr. Jim,” he marveled at the medical advances that happened during his career. He told an interviewer at the time of his retirement in 1978 that his main principle for dealing with patients was that “nothing substitutes for the truth. People are noble. They can take the worst possible news with dignity and strength.”

After retiring, Dr. Ferguson and his wife, Peggy, maintained a residence in Ft. Myers, FL, before moving to Georgia in 1995. He is survived by his wife, three children, nine grandchildren, and five great-grandchildren.

Dr. Akm Fazlul Haque heads first colorectal surgery department in Bangladesh

Dr. Akm Fazlul Haque, winner of the 2000 ASCRS International Scholarship, has been named to head the first colorectal surgery department established in his native land, Bangladesh, a nation of 130 million people bordering India on the east.

He is now Head of the new Department of Colorectal Surgery at Bangabandhu Sheikh Mujib Medical University in the Bangladesh capital, Dhaka, with a second office in Eden Multicare Hospital, also in Dhaka. “This is the first and only colorectal surgery department in the country,” Dr. Haque says.

After visiting the Lahey Clinic, Burlington, MA, Cleveland Clinic, Cleveland, OH, and the Mayo Clinic, Rochester, MN, on his International Scholarship, he wrote:

“I have been trying to develop a colorectal surgical specialty for four years. As the ASCRS International Scholar, I take home many benefits that will advance both the specialty and my career. I gained recognition as a colorectal surgeon which will help me establish colorectal surgery as a separate discipline in my country.”

Congratulations, Dr. Haque!

National Media Awards recognize efforts to enhance understanding of colon, rectal disease

Society members who know of journalists contributing to a greater public understanding of colon and rectal disease may encourage them to submit an entry for the 2005 National Media Awards or submit one on their behalf. The deadline for receipt of entries for this year’s competition is March 11.

ASCRS will present two $1,000 awards honoring the best work in two major media categories: print (newspaper or magazine) and broadcast (television or radio). Winners will receive an expense-paid trip to Philadelphia for an awards ceremony during the 2005 Annual Meeting, April 30 – May 5.

Entries will be judged by media professionals and members of the ASCRS Public Relations Committee, who will evaluate them on the basis of writing quality, excellence in production, research, accuracy, message, impact and originality.

National Media Awards entry forms and brochures detailing the program are available on the ASCRS Website (www.fascrs.org), or by calling ASCRS Public Relations at 847/934-5580. To request the form via e-mail, contact bragaw@bragawpr.com.
In conjunction with the sixth annual Colorectal Awareness Month in March, ASCRS has posted detailed information on its Website (www.fascrs.org) to provide members, other healthcare professionals, patients, the public and members of the media with materials designed to draw attention to colorectal disease and complement national and local awareness efforts.

Website visitors will find a customized press release containing timely news about colorectal cancer, a colorectal cancer fact sheet, screening guidelines, screening procedures for patients, background information, patient success stories, and other materials.

All Society members are encouraged to log on and see what is available for use in their own colorectal cancer awareness efforts. Members of the Public Relations Committee are available to help members develop their own awareness programs.

Public Relations Committee Chair Dr. Michael P. Spencer, St. Paul, MN, urges members to work on increasing awareness in their communities and expanding knowledge of how colorectal surgeons contribute to disease treatment and prevention.

The goal of Colorectal Cancer Awareness Month is to generate widespread awareness about colorectal cancer at the local and national levels. It encourages people to learn more about ways to reduce their risk through screening and adapting healthy lifestyles.

ASCRS colorectal surgery textbook almost complete, undergoing final editing

The definitive text for young colorectal surgeons to use to study for their boards—the new ASCRS textbook—is virtually complete and undergoing final editing, reports Dr. James W. Fleshman, St. Louis, who is directing the project.

“We look forward to introducing the fruits of many months of editorial work at the American College of Surgeons meeting in October,” Dr. Fleshman says.

The Society plans to publish both hardcopy and online versions of the textbook, the work of five editors and five co-editors from the Society, rotating 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. 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 assisting the ABCRS in its Maintenance of Certification program,” 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.
Update on Core Subjects covers six critical areas of colorectal care, May 1

A comprehensive overview of the latest developments in six critical areas of colorectal care will be the focus of the 2005 Update on Core Subjects, Sunday, May 1, at the ASCRS Annual Meeting in Philadelphia.

“All surgeons strive to stay on top of important advances that may enhance patient care, but keeping current with breakthroughs in technology and research can be difficult,” explained course director Dr. Elisa Birnbaum, St. Louis, MO. “The Update on Core Subjects helps colorectal surgeons stay abreast of important treatment advances.”

Each presenter conducts an exhaustive review in a specific practice area and reports on developments in research and new treatment modalities. The 2005 Core Subjects and their presenters are:

- **Hemorrhoids**, Dr. Peter A. Cataldo, South Burlington, VT;
- **Benign and Malignant Anal Tumors**, Dr. Matthew G. Mutch, St. Louis, MO;
- **Functional Bowel Disorders**, Dr. Michael J. Snyder, Houston, TX;
- **Perioperative Management**, Dr. Kirsten B. Wilkins, Edison, NJ;
- **Ulcerative Colitis**, Dr. Debra H. Ford, Washington, DC;
- **Diverticulitis**, Dr. Janice F. Rafferty, Cincinnati, OH.

ASCRS developed the Core Subject Update with the American Board of Colon and Rectal Surgery (ABCRS) to promote continuing education and help prepare surgeons to maintain certification. Core Subjects and the ASCRS/CARSEP program are recommended study materials for this process. Questions developed from the material presented at the meeting are included in the Board’s recertification databank.

By attending the Core Subject Update at the Annual Meeting, surgeons can earn three hours of CME Category 1 Credit. Those unable to attend this year’s program may review Core Subject presentations online at the Society’s Website, www.fascrs.org.

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Nominating Committee solicits names for 2005 officer slate

The Nominating Committee invites members to submit recommendations for the following seats on the Executive Council for 2005:

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

Committee Chair

Dr. Robert D. Fry, Philadelphia, PA, and Drs. Richard P. Billingham, Seattle, WA, and David J. Schoetz, Jr., Burlington, MA, will develop a slate of candidates for submission to the Fellows at the ASCRS Annual Meeting in Philadelphia.

Nominations for Honorary Fellows – physicians who have made exceptional contributions to the advancement of colon and rectal surgery or have achieved eminence in a field allied to colon and rectal surgery – may be submitted for the Executive Council’s consideration.

Nominations should be accompanied by a letter signed by two ASCRS members explaining the reason for recognition. They should include the nominee’s curriculum vitae, along with copies of significant papers.

Approval of Honorary Fellows requires unanimous consent of the Executive Council. Eligibility for membership in the Society under any other category does not disqualify one from the opportunity to receive Honorary Fellowship.

Nominations should be submitted in writing by March 16 to:

Dr. Robert D. Fry
University of Pennsylvania
School of Medicine
3400 Spruce Street
4 Silverstein Building
Philadelphia, PA 19104
Fax: 215/662-3118
E-mail: robert.fry@uphs.upenn.edu

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Future Meetings

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