



## 2006 ASCRS Annual Meeting program to offer tools for better patient care

An expanded scientific program focusing on current applications to enhance patient care and anticipating future technologies and techniques highlights the ASCRS 2006 Annual Meeting, June 3 - 7, in Seattle, WA.



Dr. W. Donald Buie  
Program Chair



Dr. Janice F. Rafferty  
Program Co-Chair

Program Committee Chair Dr. **W. Donald Buie**, Calgary, AB, Canada, and co-Chair Dr. **Janice F. Rafferty**, Cincinnati, OH, report that this year's meeting features more "hands-on" courses and symposia than ever before. "The committee reviewed

a record 545 abstracts submitted for the Annual Meeting, with the final program featuring 60 podium and 108 poster presentations.

"We want this year's meeting to give colorectal surgeons tools to provide better patient care immediately," Dr. Rafferty explains. "This year's program also offers thought-provoking analysis of how new technology and surgical techniques will help patients suffering from colorectal disease lead more productive lives."

Key presentations making their debut at the 2006 Annual Meeting include:

- **Advanced Colonoscopy: Beyond the Search for Polyps** – A panel of expert endoscopists will discuss new diagnostic and therapeutic techniques in colonoscopy, including advanced polypectomy techniques, colonic stents and dilation, control of bleeding, and chromoscopy and magnification. Dr. **David E. Beck**, New Orleans, LA, moderates. (Monday, June 5)
- **Current Management of Hemorrhoids** – This symposium will review management practices of the most common disease treated by colorectal surgeons. Moderated by Dr. **Patricia Roberts**, Burlington, MA, the program will evaluate preferred outpatient treatment methods for hemorrhoids and explore newer treatments such as PPH and LigaSure hemorrhoidectomy. (Sunday, June 4)
- **The A, B and C of Hereditary Colorectal Cancer: What You Must Know. What You Must Do** – Surgeons will learn to assess the likelihood of hereditary colorectal cancer in a family and recognize various syndromes of hereditary cancer to confirm diagnosis. Moderated by Dr. **James M. Church**, Cleveland, OH, this program will provide attendees with algorithms for surveillance programs and help them understand how to help families cope with hereditary cancer syndromes. (Wednesday, June 7)

### Register for 2006 Annual Meeting, view program online

Surgeons may register for this year's Annual Meeting in Seattle, WA, view the complete preliminary program and book hotel rooms online at [www.fascrs.org](http://www.fascrs.org).

ASCRS will hold its 2006 Annual Meeting at the Seattle Hotel & Towers and Washington State Convention and Trade Center, June 3 - 7.

Now in its third year, online-only registration serves as a fast, easy way to maximize convenience to Society members. It avoids the need for surgeons to fill out registration forms contained in a preliminary program piece formerly mailed to the ASCRS membership. All information provided by registrants is protected through secure Web access.

Members may also register for the Annual Meeting by printing out registration forms from the Website and faxing or mailing them to the ASCRS Executive Offices, 85 W. Algonquin Road, Suite 550, Arlington Heights, IL, 60005, Fax: 847/290-9203 \*

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# Spring is in the Air!

By Ann C. Lowry, MD



Dr. Ann C. Lowry

Thoughts of spring and summer are sneaking into my mind; I suspect into yours as well. Part of the spring ritual is planning (and cleaning). The leadership of ASCRS is actively participating in that ritual. The chair of the Program Committee, Dr. **Don Buie**, and co-chair, Dr. **Janice Rafferty**, are putting the final touches on the Seattle Annual Meeting.

Though the meeting is a half day shorter than in the past, we will have more panels and symposia than ever before. Our goal is to provide practical information for you to use in your practice and a glimpse into the future. I believe you will find the meeting very informative and exciting.

The Executive Council and Chairs of the major committees are busily engaged in strategic planning. I want to personally thank all the members who completed the membership survey. The information was invaluable during the recent strategic planning retreat. Let me share the highlights of the survey results:

The preferred meeting dates for the Annual Meeting are the last two weeks of May and first two weeks of June, with the meeting starting Sunday and lasting four days. The Northeast and California are the top location choices. There was strong support for charging for social functions, if corporate support becomes unavailable.

Many members expressed interest in mini-fellowships in a variety of areas. There was also strong interest in CPT coding workshops, practice management courses, and malpractice workshops, conducted either in conjunction with the meeting or separately.

Most members expressed understanding of the Maintenance of

Certification (MOC) process and were willing to submit clinical data as part of the process. Ninety-two percent of respondents were interested in a review course. CARSEP appears to be useful but many would like a Web-based or electronic version with disease specific modules. Approximately half of the respondents maintain both their ABS and ABCRS certification.

Respondents told us ASCRS should focus on recruiting colon and rectal surgeons, including international ones, with a less aggressive focus on general surgeons and allied health personnel. There is strong support for maintaining our liaisons with international societies of colon and rectal surgery.

Recently, the Executive Council and chairs of major committees met to develop the details of the ASCRS strategic plan for the next three years. Approximately six years ago, the strategic plan with vision, mission and belief statements was outlined during a retreat. While the Society's overarching goals have not changed since then, the specific action items (called objectives) are determined every three years.

The planning group gave very productive consideration of the information from the membership survey and documents from experts in reimbursement, education and future regulatory issues. The strategic plan objectives are now being finalized. We will then assign them to committees that will develop specific strategies for accomplishing these objectives. We are hoping that the entire plan will be approved during the Council meeting in Seattle. One objective is to have the strategic plan with committee responsibilities posted on the ASCRS Website for viewing and member interaction. We hope to make it a more interactive process.

Colon and rectal surgeons around the country have planned their roles in the March Colorectal Cancer Awareness efforts. The National Colorectal Cancer

Research Alliance has recently issued a 2006 Colorectal Cancer Legislative Report Card giving the various states grades from A to F for encouraging coverage of colorectal cancer screening. You may access it at [http://www.eifoundation.org/national/nccra/report\\_card](http://www.eifoundation.org/national/nccra/report_card). The Public Relations Committee has prepared material for members to use in their local colorectal efforts in this newsletter.

Members of our Socioeconomic Committee, working with the American College of Surgeons, helped to stop the planned reduction in Medicare payments. As a small specialty, our voice is heard more clearly when we speak with others. ASCRS plans to continue to work with the ACS and other organizations to speak for colon and rectal surgeons and our patients. A number of "quality alliances" are developing performance measures to be used for Pay for Performance. ASCRS representatives will be at the table during those discussions. The model of reimbursement is likely to be instituted, regardless of how surgeons view it, but we can influence the measures used and the process determined.

I want to personally thank members who have responded to the Society's new Annual Appeal program. We have already received donations totaling nearly \$50,000. We established the Educational Endowment Fund to prepare for a time when we might have to fund the Annual Meeting without significant industry support. ASCRS is the professional "home" for colon and rectal surgeons. It is crucial that all of us who have received much from the Society, Program Directors Association, and the American Board of Colon and Rectal Surgery begin to give back, so that we can assure the continued vibrancy and excellence of our chosen field. Please remember to respond to the Annual Appeal.✱

# 2006 Annual Meeting program ...continued from page 1

- **Allied Health Program** – Dedicated to educating allied health care personnel, this program addresses a number of frequently encountered clinical issues. Topics include preoperative marking and education for stoma patients, management of stoma problems, addressing complex wounds, telephone triage, dealing with the difficult patient and psychosocial issues in cancer. Dr. **Anthony Vernava**, Naples, FL, moderates. (Sunday, June 4)
- **Frontiers in Colorectal Surgery** – Designed to ensure colorectal surgeons are equipped to lead the coming revolution in surgical technology, this symposium will discuss the future of robotic surgery, natural orifice surgery and intraluminal endoscopic advances, plus review the ability for surgical simulation to provide objective assessment of surgical skills. Dr. **Michael Stamos**, Orange, CA, moderates. (Monday, June 5)
- **Prevention and Early Diagnosis of Anal Cancer** – High resolution anoscopy (HRA) or colposcopy of the anus and perianal area is a powerful tool to recognize and treat HSIL, the precursor to anal cancer. Participants will learn to recognize the difference between normal and low-grade lesions, and high-grade lesions and cancer. Moderated by Dr. **Mark**

**Welton**, Stanford, CA, the program also offers strategies for managing patients in the office and in the operating room. (Saturday, June 3)

- **Revolutions in the Evolution of Gastrointestinal Imaging** – A series of technical summaries will update surgeons on the capabilities of new gastrointestinal imaging technology, including CT colography, integrated PET/CT imaging, capsule endoscopy, MRI imaging of rectal cancer and dynamic MRI imaging of the pelvic floor. Following the summaries, an assembled panel of experts will discuss technological applications in the diagnosis of colon and rectal disease. Dr. **Alan Thorson**, Omaha, NE, moderates. (Tuesday, June 6)

Scientific sessions taking place throughout the five-day meeting will present the latest research on **colorectal cancer, laparoscopy, colonoscopy, benign colorectal disorders, inflammatory bowel disease and anal disease.**

“Pre-meeting” educational courses, held Saturday and Sunday, June 3 - 4, include the ever-popular **Endorectal Ultrasound Course, Hand-Assisted Laparoscopic Intestinal Surgery and Transanal Endoscopic Microsurgery** workshops, and a Research Foundation-sponsored workshop on grant writing.

“Topics presented through the Saturday and Sunday programs are very exciting and always in high demand. They offer participants an opportunity to learn new skills through hands-on lab experience,” Dr. Rafferty explained.

This year’s Socioeconomic update, **Preparing Your Practice for the Economic Armageddon**, will take place Saturday, June 3. Moderated by Dr. **Guy Orangio**, Atlanta, GA, the program will help surgeons understand the impact of “Pay for Performance” and evaluate how other future economic changes may affect their practices.

The 2006 Annual Meeting will introduce a revised schedule designed to maximize attendance at scientific presentations and allow surgeons the option of returning to their practices sooner or enjoying the sights and sounds of Seattle.

Scientific sessions that, in the past, began Monday will instead get underway Sunday, June 4. The combined ASCRS Welcome Reception/Research Foundation event, will also take place that evening at the **Museum of Flight** at Boeing Field, an amazing venue sure to delight registrants and their families.

The meeting will conclude Wednesday evening, June 7, after the annual dinner dance. ✨

## Seven distinguished lecturers to enhance Annual Meeting program



**Joseph M. Mathews**  
Oration

Dr. Victor W. Fazio  
Chairman, Dept. of  
Colorectal Surgery,  
Cleveland Clinic, OH

*“2,435 Publications Later: A 10-Year Odyssey with DC&R.”*

(Sunday, June 4)



**Norman Nigro**  
Research  
Lectureship

Mr. **Juan Enriquez**  
Chairman  
and CEO,  
Biotechnology LLC,  
Wellesley Hills, MA

*“As the Future Catches You.”*

(Monday, June 5);



ASCRS Presidential  
Address

Dr. **Ann C. Lowry**  
Adjunct Professor  
of Surgery, U. of  
Minnesota, Division  
of Colorectal Surgery,  
Minneapolis, MN

*“The Road Not Taken.”*

(Monday, June 5)



Memorial  
Lectureship

Dr. **John M. MacKeigan**  
Vice President for  
Medical Affairs,  
Michigan Medical  
P.C., Grand  
Rapids, MI

*“Facing Future Responsibilities.”*

(Monday, June 5);



**Ernestine Hambrick**  
Lectureship

Dr. **Lester Rosen**  
Professor of Clinical  
Surgery, College of  
Medicine, Penn-  
sylvania State  
U./Hershey Medical  
Center, Hershey, PA

*“Past, Present and Future of Colon and Rectal Cancer Screening.”*

(Tuesday, June 6)



**Parviz Kamangar**  
Humanities in  
Surgery Lectureship

Dr. **Thomas H. Gallagher**  
Asst. Professor of  
Medicine and Medical  
History & Ethics, U. of  
Washington School of  
Medicine, Seattle, WA

*“Surgeons’ Disclosure of Harmful Errors to Patients: What is the Data Telling Us?”*

(Wednesday, June 7)



**Harry E. Bacon**  
Lectureship

Prof. **Henrik Kehlet**  
Professor,  
Copenhagen U.  
Copenhagen,  
Denmark

*“Fast-Track Colorectal Surgery – Status and Future Challenges.”*

(Wednesday, June 7)

## Core Subject Update to address critical areas of colorectal care, June 4

The latest developments in critical areas of colorectal care will be the focus of the 2006 Update on Core Subjects, Sunday, June 4, at the ASCRS Annual Meeting in Seattle, WA.



Dr. Elisa Birnbaum

An Annual Meeting highlight, the Update on Core Subjects helps busy colorectal surgeons remain at the forefront on important treatment advances, according to course director Dr. **Elisa Birnbaum**, St. Louis, MO.

“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,” she explained. “Each presenter conducts an exhaustive review in a specific practice area and reports on developments in research and new treatment modalities.”

The 2006 Core Subjects and their presenters are:

- *Fissures/Pruritis* – Dr. **Jan Rakinic**, Springfield, IL;
- *Volvulus* – Dr. **Lawrence F. Yee**, San Francisco, CA;
- *Trauma* – Dr. **Jose R. Cintron**, Chicago, IL;
- *Familial Adenomatous Polyposis* – Dr. **David W. Dietz**, St. Louis, MO;

- *Medical Management of IBD* – Dr. **Eric J. Dozois**, Rochester, MN.

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.

Those unable to attend this year’s program may review Core Subject presentations online at the Society’s Website, [www.fascrs.org](http://www.fascrs.org). ✨

## ASCRS adds Internet category to National Media Awards competition

ASCRS has added a new category to its 2006 National Media Awards competition that recognizes excellence in colon and rectal disease reporting on the Internet.

The Society will present \$1,000 awards honoring the best work in three major media categories: **print** (newspaper or magazine), **broadcast** (television or radio) and **Internet**. Internet entries must be aimed at a general audience and presented exclusively on the Internet.

Entries for this year’s competition are due by March 31. Winners will receive an expense-paid trip to Seattle for an awards ceremony during the 2006 Annual Meeting, June 3 - 7.



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 2006 competition or submit one on their behalf.

A National Media Award brochure/entry form detailing the program is available for download on the ASCRS Website ([www.fascrs.org](http://www.fascrs.org)), or by calling ASCRS Public Relations at 847/934-5580. A panel of media professionals and members of the ASCRS Public Relations Committee will judge all entries, evaluating them on the basis of writing quality, production excellence, research, accuracy, message, impact and originality. ✨

## Society completes Colorectal Cancer Awareness Month observance

In conjunction with the seventh annual Colorectal Awareness Month in March, ASCRS posted detailed information on its Website ([www.fascrs.org](http://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 found 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.

Society members were able to access the information for use in their own colorectal cancer awareness efforts. Members of the Public Relations Committee also helped members develop their own awareness programs.

Public Relations Committee Chair Dr. **Deborah Nagle**, Philadelphia, PA,

urges members to continue 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. ✨

# CMS announces 4.4% reimbursement cut

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

## 2006 Medicare fee schedule issued

The Centers for Medicare and Medicaid Services (CMS) released a final rule for the 2006 physician fee schedule announcing the negative 4.4 percent update effective January 1. The rule also contains the following policy changes important to surgeons:

- CMS is moving ahead with a reduction in payment for multiple imaging procedures performed on contiguous body parts during a single operative session with a patient. The reduction, made to practice expenses only, will be phased in over two years; as a result, the reduction will be 25 percent in 2006 and 50 percent beginning in 2007.
- The agency implemented a minor (but positive) change in the methodology used to calculate malpractice relative value units in the fee schedule. In determining which liability risk factors to use in creating values for a service, CMS will apply a 5 percent "threshold," so that premiums paid by specialties that rarely provide a service do not distort the data.
- They made revisions to the chemotherapy quality demonstration project. Instead of paying office-based oncology services an additional \$130 when chemotherapy patients are asked questions about their pain, nausea, and fatigue, Medicare will pay an additional \$23 per visit when information is submitted about: (1) the primary focus of the visit; (2) the current disease state; and (3) whether current management adheres to clinical guidelines.

## CMS outlines payment plan fix

In a letter to House Ways and Means Committee chair Bill Thomas (R-CA), CMS outlined steps for implementing a new fee schedule update for 2006, if and when Congress takes final action on the Deficit Reduction Act. According to the agency, Medicare contractors should be able to process claims at the higher 2005 rates within two days of enactment of legislation. Additionally, Medicare

contractors will be instructed to automatically reprocess claims already paid under the negative 4.4 percent update that took effect January 1. Because of the potentially large backlog of claims that will require reprocessing, CMS anticipates that this procedure may take until July 1 to complete.

## MedPAC prepares recommendations

In January, MedPAC developed recommendations for inclusion in its March report. Among the commission's recommendations was a 2.8 percent increase in Medicare physician payments for 2007. Under current law, without either congressional or administrative action, Medicare physician payments will undergo an estimated 4.6 percent reduction in 2007.

## Proposed cuts for imaging services

The Coalition for Patient Centered Imaging (CPCI) represents over 20 specialty organizations united in the



belief that office-based medical imaging is of high quality and benefits patients. The 2006 budget reconciliation bill would reallocate savings from administratively implemented

Medicare payment cuts for imaging studies of contiguous body parts to general budget reduction instead of increasing practice expense payments for other physician services in the fee schedule. The legislation would also cap payments for the technical component for physician office imaging to the lesser of the Hospital Outpatient Prospective Payment System amount or the Medicare Fee Schedule payment.

## PVRP established

Late last year, CMS announced the launch of the Physician Voluntary Reporting Program (PVRP), a voluntary program that includes no financial incentives for participation. Initially, it included a starter set of 36 quality measures. After additional input from

physicians, CMS reduced the number to 16 measures. Of those, only five are surgery-related, two of which are specific to coronary artery bypass graft surgery. The three remaining surgical measures are receipt of autogenous arteriovenous fistula in end-stage renal disease patients requiring hemodialysis, antibiotic prophylaxis in surgical patients, and thromboembolism prophylaxis in surgical patients. All the surgery-related measures evaluate processes, not outcomes.

## National Quality Forum (NQF) accepts cancer recommendations

On December 1, National Quality Forum's (NQF) Quality of Cancer Care Measures Steering Committee reviewed colorectal cancer measures submitted by the American College of Surgeons. The Steering Committee approved the College's measure that surgical resection include at least 12 nodes (ACOS-02). Colonoscopy to ileocecal valve reformed prior to surgical resection (ACOS-01) and adjuvant chemotherapy administered to patients with lymph node positive cancer (ACOS-03) were both recommended for further development by the College.

## Cancer Research

One Voice Against Cancer (OVAC) is a coalition that lobbies Congress to ensure that funding for federal cancer research and programs remains a national priority. Congress passed the Labor-HHS-Education appropriations bill that provides for a \$253 million (.89% increase) in the National Institutes of Health budget, which contains the crucial funding for the National Cancer Institute. While the NIH was one of the few agencies in this massive \$142.5 billion bill to receive an increase, Congress also approved a one percent across-the-board cut in all discretionary domestic programs to finance hurricane relief, thus eliminating these modest gains. Therefore, NIH is now facing its first cut in funding in more than 35 years. OVAC has already begun taking steps to position the cancer community at the forefront of the budget and appropriations process for next year. ☀

# New Planned Giving Program affords opportunity to perpetuate specialty

The Society's new Planned Giving Program, established last year, affords a new opportunity for members to



Dr. Lester Rosen

include their specialty of colon and rectal surgery in their estate and financial plans.

"These gifts can be designated for education, research, stewardship of the Society or any of

the existing or future programs sponsored by our specialty. We must now find new ways to underwrite many programs that received corporate support in the past," says Dr. **Lester Rosen**, Allentown, PA, Chair of the Planned Giving Committee.

Planned gifts may be derived from a variety of assets, trusts, life income

gifts, and charitable bequests available for financial and estate planning.

These gifts can confer significant tax benefits, including charitable deductions and lowered estate or capital

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*"Making a planned gift to the ASCRS can be an important part of the colon and rectal surgeon's legacy ..."*

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gains taxes. ASCRS recommends contacting an attorney to discuss specific issues relating to a planned gift.

"Making a planned gift to the ASCRS can be an important part of the colon and rectal surgeon's legacy to the specialty that provides our livelihood.

Your contribution will be used to perpetuate the specialty, and the donor

will be remembered by his or her fellow surgeons," Dr. Rosen adds. The minimum planned gift is \$25,000.

Members of the Planned Giving Committee are Drs. **Herand Abcarian**, Chicago, IL, **Yanek Chiu**, San Francisco, CA, **Marvin Corman**, Stony Brook, NY, **Byron Gathright**, New Orleans, LA, **Sergio Larach**, Orlando, FL, and **Bertram Portin**, Buffalo, NY.

"Committee members will be contacting members to explain the benefits of the Planned Giving Program," Dr. Rosen says.

Members may obtain more information about the Planned Giving Program by contacting Dr. Rosen ([lesro2@aol.com](mailto:lesro2@aol.com)), or any Committee member. ✨

## ASCRS colorectal surgery textbook should be available at Seattle meeting

The definitive text for young colorectal surgeons to use to study for their boards – the new ASCRS textbook – is being printed and should be available at



Dr. James W. Fleshman

the Seattle Annual Meeting, June 3-7, 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 Annual Meeting. It looks great and should help with exam preparation," 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. ✨

# Solicit nominees for 2006-07 officer slate

The Nominating Committee invites members to submit recommendations for the following seats on the Executive Council for 2006-07:

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

Committee Chair Dr. **Richard P. Billingham**, Seattle, WA, and Drs. **David J. Schoetz, Jr.**, Burlington, MA, and **Bruce G. Wolff**, Rochester, MN, will develop a candidate slate for submission at the ASCRS Annual Meeting in Seattle.

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 also be submitted for the Executive Council's consideration.

A letter signed by two ASCRS members should accompany Honorary Fellow nominations and explain the reason for recognition. Submissions should include the nominee's CV, 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. ✨

## Submission Instructions

Nominations should be submitted in writing by **Friday, March 31**, to:

Dr. Richard P. Billingham

Fax: 206/386-2452

E-mail: [rbham@u.washington.edu](mailto:rbham@u.washington.edu)

## Thank you, Dr. Hoexter!



*Dr. Barton Hoexter*

Dr. **Barton Hoexter**, Great Neck, NY, a longtime ASCRS member and past Vice President, has donated an extensive library of 60 educational videotapes and a collection of teaching slides to the Society on the occasion of his retirement.

Thank you, Dr. Hoexter! We wish you well in retirement and look forward to your continuing participation in the Society.

