



‘Well received’ Annual Meeting draws 2,047 to St. Louis

Feedback from those who attended the 2007 Annual Meeting in St. Louis indicates that the gathering was “very well-received” by the membership, Scientific Program Committee Chair **Dr. Thomas Read**, Pittsburgh, PA, reports.



Dr. Thomas Read

“Based on Society members’ overall impressions of the meeting, we are encouraged by what we’ve heard from attendees,” he says. “The program’s rigorous scientific sessions, which combined each presenter’s worldly experience with intelligent, well-

presented programs, were an essential key in exceeding our membership’s expectations.”

Attendance numbers backed up Dr. Read’s impressions. The Annual Meeting welcomed 2,047 total attendees, including 1,115 physicians.

“We are very pleased with total attendance figures, especially considering the fact that this year’s meeting was held in a ‘smaller’ market,” Dr. Read adds.

Adding a twist to previous meetings, the Program Committee grouped similar scientific abstracts together, allowing for increased time for Q&A sessions and meaningful scientific discussion.

“Our goal was to encourage further discussion on research presentations by updating the standard seven-minute presentation/three-minute follow up discussion format used at past meetings,” Dr. Read explains. “For 2007, we would feature three or

four abstract presentations in a row, then devote 12 – 15 minutes to discussion.”

Scientific highlights of the 2007 Annual Meeting included Saturday’s sold-out *Transanal Endoscopic Microsurgery Course*, directed by Drs. **Peter Cataldo**, Burlington, VT, and **Theodore J. Saclarides**, Chicago, IL; the *Biologics in Colorectal Surgery* dinner symposium, moderated by Dr. **Jose Cintron**, Chicago, IL; Tuesday’s *Centers of Excellence for the Treatment of Rectal Cancer*, moderated by Dr. **David A. Rothenberger**, Minneapolis, MN; and an ethics workshop led by Dr. **Ira J. Kodner**, St. Louis, MO.

The meeting also introduced a laparoscopic course aimed at general surgery residents who may be considering

a career in colorectal surgery. This course was the brain-child of Dr. **James Fleshman**, St. Louis, MO, and was sponsored through a grant from **Ethicon Endo-Surgery**.

“While ASCRS has featured a laparoscopy program for members for several years now, we thought a course for general surgery residents would be a worthwhile investment. It gave them hands-on experience in the lab and illustrated the potential for a career in the specialty,” Dr. Read explains.

Although built upon a scientific foundation, Annual Meeting attendees found plenty of opportunities for more light-hearted activities. A “Stump the Professor” panel discussion, a spirited “Colorectal Jeopardy” competition and the Welcome Reception at St. Louis’ City Museum helped the 2007 Annual Meeting strike a perfect balance between business and pleasure. ✨

“The program’s ongoing scientific sessions ...were an essential key in exceeding our membership’s expectations.”



The Research Foundation’s “Meet the Challenge” program raised \$133,775 for colorectal research.

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We can reach out and help train colorectal surgeons worldwide

By *W. Douglas Wong, M.D.*

My transition to the office of ASCRS President goes smoothly because of the considerable contributions of many others, and there's only room here to mention a few. We all appreciate the great job my immediate predecessor, **Dr. Lester Rosen**, has done for the Society. I'm picking up the reins on a carriage that's traveling in the right direction and at a good pace. Thank you, **Dr. Rosen**.



Immediate Past President Dr. Lester Rosen (right) congratulates Dr. W. Douglas Wong on his election as 2007-08 Society President.

The Annual Meeting in St. Louis has been very well received and helped to get the Society's new year off to a fast start. Thank you, **Dr. Tom Read**, Program Chair, **Dr. Howard Ross**, Program Vice Chair, and the committee for organizing an engaging and very educational meeting.

As I work with the Executive Council in drawing our agenda for the year ahead, I see abundant opportunities to build, maintain and develop relationships with other colorectal societies. We have an opportunity to reach out and contribute to the training of colorectal surgeons worldwide. Just as our Society was nourished during its early formative years by relationships with the American Medical Association and the Royal Society of Medicine in England, we can now share our experience with new groups like the Chinese Association of Colorectal Surgeons.

The Chinese Association of Colorectal Surgeons is headed by **Dr. Ayue An**, of Beijing, who attended our Annual Meeting in St. Louis. Started just six months ago, the Chinese group already has 1,000 members. The Chinese and other groups elsewhere look to the U.S. for guidance on developing better training programs and growing the specialty. Many of them don't yet have formal accrediting boards. Our goal is to promote colorectal training worldwide.

The Society's International Council of Coloproctology (ICCP), headed by **Dr. Graham Newstead**, Sydney, Australia, provides an excellent framework for structuring our relationships with other societies. Serving on the ICCP's Council has stimulated my interest in international outreach. Other societies around the globe are seeking collaborations and interaction with our ASCRS. For example, the Hungarian Society of Colorectal Surgeons is holding its fifth annual meeting in 2009, and they are requesting a collaborative meeting with the ASCRS in their country.

For next year's tripartite ASCRS Annual Meeting in Boston, the European Society of Coloproctology has been invited to submit abstracts and participate fully in our program. They will join our co-hosts: the Association of Coloproctology of Great Britain and Ireland; the Section of Coloproctology, Royal Society of Medicine; the Section of Colon and Rectal Surgery, Royal Australasian College of Surgeons; and the Colorectal Society of Australasia and New Zealand.

We will continue to execute the ASCRS Strategic Plan and fulfill its goals for education and research, fiscal stability, and partnership with other organizations that share our vision. Many important issues will require our attention this year. One is the matter of eliminating the potential for conflicts of interest. The Society has had a strong policy of requiring disclosure of speakers and maintaining vigilance to prevent conflicts and bias from occurring. However, this issue continues to be very sensitive, and we are considering establishing a committee to provide oversight to avoid even the hint of a conflict.

Another important issue that deserves priority is surgical quality. Our Quality Assessment and Safety Committee, chaired by **Dr. Nancy Baxter**, is spearheading the Society's response to the call for new performance measures. **Dr. David Rothenberger** and an ad hoc committee are working on the development of guidelines that may lead to a collaborative effort with the American College of Surgeons and other interested societies in establishing centers of excellence in rectal cancer – a path by which medical institutions could demonstrate their commitment to, and expertise in, serving rectal cancer patients.

Other important activities for the year ahead are covered in more detail elsewhere in this newsletter: Thanks to **Dr. Scott**

“I see abundant opportunities to build, maintain and develop relationships with other colorectal societies.”

Browning and the Website redesign subcommittee, we expect to introduce a greatly enhanced Website this fall, as outlined in the article on page 11. Please take time to read and absorb the message from our AMA Representative, **Dr. Clifford Simmang**, on page 10. It is critical that we respond by increasing our membership in the AMA in order to maintain a relationship that dates from the founding of our Society in 1899.

We have been concerned, as you know, that changes governing relationships between professional organizations like ours and industry could put pressure on our budgets for the Annual Meeting and other educational activities. So far, I can report that ASCRS remains financially very strong. The St. Louis meeting exceeded our financial goals, and

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the Foundation's Challenge Grant program reached its quota and then some. Still, we will continue to exercise financial prudence to assure that the funds needed for the Society's vital programs will always be there. And we will invite your participation in our Planned Giving Program.

I have always been deeply impressed with the warm, friendly, collegial feeling that characterizes the ASCRS fel-

lowship. Its closeness is unlike any other society in which I participate. For this reason, it is a very special personal pleasure to have the privilege of serving as your President this year. Please let me have your ideas and let us know how we're doing. I look forward to hearing from you by e-mail at wongd@mskcc.org.

We look forward to an exciting and productive year. ✨

ASCRS presents Dr. Peter Cataldo with 2007 Community Impact Award

Dr. **Peter A. Cataldo**, Burlington, VT, was honored as recipient of the 2007 Community Impact Award during the ASCRS Annual Meeting in St. Louis, MO.



Dr. Peter Cataldo

Dr. Cataldo was recognized for his leadership in establishing a free surgery clinic that serves many of Burlington's most impoverished residents. The clinic offers care to patients who do not have the means to travel to a surgeon's office. In addition to providing care, Dr. Cataldo coordinates and administers all surgical efforts.

He also travels to Haiti for a one-week period each year with a delegation of surgeons and other health care workers from the University of Vermont to serve patients who do not normally have access to these medical services. In addition, Dr. Cataldo helps to raise funds for multiple sclerosis

research and other charitable causes. He was nominated by Dr. **Neil H. Hyman**, Burlington, VT. Final selection was made by the Society's Public Relations Committee.

"I can think of no one who is more committed to service in both our local and worldwide community," Dr. Hyman explained in his nomination letter. "It is a true honor to work with someone whose commitment to other human beings in need is so apparent."

The Community Impact Award, established in 2006, recognizes ASCRS members for outstanding humanitarian achievement and citizenship.

"We know many Society members are doing important volunteer work in their communities. The Community Impact Award serves as a way for us to recognize and promote their efforts," says Public Relations Committee Chair Dr. Deborah A. Nagle, Boston, MA. ✨

Welcome Reception fundraiser draws raves, exceeds dollar goals

The Society's Welcome Reception and Research Foundation fundraiser at St. Louis' interesting, eclectic City Museum drew rave reviews and achieved a very impressive result.

The Research Foundation's "Meet the Challenge" program had four corporate sponsors – **Ethicon Endo-Surgery**, **Autosuture/Valleylab/Tyco Healthcare**, **Genzyme Biosurgery**, and **Myriad Genetic Laboratories** – for a total of \$65,000 in support. The membership added \$56,375 in cash donations and \$12,400 in pledges, bringing the grand total to \$133,775, surpassing the Foundation's goal of \$130,000.

A silent auction developed by Research Foundation President Dr. **Walter A. Koltun**, Hershey, PA, involved eight regional colon and rectal societies in the fundraising effort and brought an additional \$10,750 to the bottom line. Silent auction prizes included a 50-inch plasma TV, DCR-DVD camcorder, overland comfort bike, gold and diamond necklace, pendant and chain, Heuer watch, gold and diamond bracelet, Amish quilt and wallhanging, golf/fishing trip in Ireland, and a Bose home entertainment system. The plasma TV brought top dollar, with a winning bid of \$1,950 – still a bargain. ✨

Future Meetings

Boston, MA
June 7–11, 2008
Sheraton Boston Hotel and
Hynes Convention Center

Hollywood, FL
May 2–7, 2009
The Westin Diplomat
Resort and Spa

Minneapolis, MN
May 15–19, 2010
Hilton Minneapolis Hotel
and Convention Center

Dr. Rosen says ASCRS engineered to function in response to surprises

In a Presidential Address that sometimes seemed fanciful and was always entertaining and informative, outgoing ASCRS President Dr. **Lester Rosen**, Allentown, PA, assured members that the Society is engineered to function in response to surprises.

His title, “Surprise Me,” was taken from Yogi Berra’s response when asked, “You were born in St. Louis (site of the ASCRS Annual Meeting, where Dr. Rosen spoke), you played for the New York Yankees, but you lived in New Jersey. Where do you want to be buried?”

Surgeons often encounter surprises in the operating room, according to Dr. Rosen, and ASCRS continues to encounter surprises that require an organized response. Dr. Rosen defined each of eight forms of surprise: astonished, flabbergasted, bewildered, illuminated, ambushed, bushwhacked, dumbfounded, and bamboozled.

To astonish is to strike with great wonder, Dr. Rosen said, and that is exactly the way he felt upon learning that the ASCRS Website had 3.6 million web page views last year, including 310,000 for the patient education brochure on anal fissure. It also astonished Dr. Rosen to find that *Diseases of the Colon and Rectum* received 891 submissions so far in 2007 and had 210,645 downloads from its Website last year.

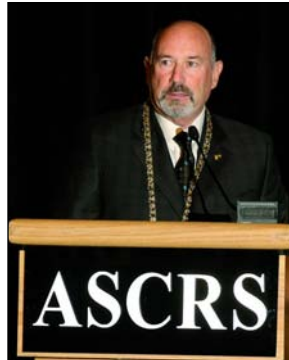
Flabbergasted is to be overwhelmed with great wonder or dismay, just as Dr. Rosen is when he considers how specialty training reveals the “secrets” of anatomic planes surrounding the colon and rectum, how they are affected with disease, how they’re surgically removed and reconstituted anatomically. “These aspects of our discipline have always filled me with great wonder,” he says.

He is also flabbergasted:

- By considering how the difficult transition from open surgery to laparoscopic surgery will be matched by training young surgeons open techniques who have established laparoscopic backgrounds;
- By the way Annual Meeting Program Chair Dr. **Tom Read** and Vice-Chair Dr. **Howard Ross** were able to create a program balancing basic and advanced laparoscopic surgery with open/radical resection;
- By the way the Society’s management team “facilitates corporate support and exhibitors to bring the newest surgical technology to our membership.”

Bewildered is to be surprised by confusion, according to Dr. Rosen, who expresses confusion over the fact that it’s been ten years since the ASCRS has written formal guidelines for colorectal cancer screening, even though patients presenting with advanced colorectal cancer remain an everyday occurrence. He is confused and disappointed that the five-year survival rates for rectal cancer are only 50%, despite the use of chemotherapy,

radiation, chemoradiation, and mesorectal excision. On the positive side, when he started in practice, the five-year survival rates were 35%.



Dr. Lester Rosen’s Presidential Address was titled, “Surprise Me.”

“I find the wide variation in mortality rates among patients with colon and rectal cancer to be somewhat confusing, too,” Dr. Rosen says. “In Pennsylvania, where I practice, a so-called acceptable mortality rate is 5%. The mortality rate at our institution varies between 1.5% and 3%, which is due to our commitment to specialty training, but in other institutions the mortality rates are above 10%.”

Dr. Rosen’s favorite surprise is to be illuminated or enlightened. Learning by surprise or illumination enhances cognition. Darwin described a dangerous surprise or “primal response” as something that enhances retention of knowledge. We have all had experiences with flashbulb photo-like surprises that fix an event in memory. Dr. Rosen noted that surgeons can be reluctant to change established ways of doing things or adapt new techniques. The Society’s new evidence-based Practice Parameters on Crohn’s Disease, Constipation, Incontinence, and Anal Neoplasms, and the new *ASCRS Textbook of Colon and Rectal Surgery*, which sold 1,200 copies between February and June, will help to facilitate such change, he said.

A negative surprise is being ambushed (attacked from a concealed position) in Dr. Rosen’s lexicon. “Our specialty has been ambushed a little more than we like to think by recurrent Crohn’s Disease and recurrent rectal cancer. I think that colorectal surgeons have a responsibility to at least attempt to determine an etiology and cure for Crohn’s Disease, and we also have a responsibility to lower the rates of recurrent rectal cancer,” he said. “We often face ambushes of another kind from medical malpractice lawsuits,” he added.

Bushwhacked means being attacked after a position has cleared. One example, he suggests, is the mandated 80-hour work week for residents. ASCRS has to help ensure that surgical techniques passed on to future generations of surgical residents won’t be affected by a decreased exposure to the operating room. The ASCRS response to this “bushwhacking” has been development of videos that residents can view on webcasts or download to iPods. The Society has also created a Blue Ribbon Committee to modify training programs in colorectal surgery to advance residents’ skills.

“Dumbfounded is to be surprised and confused briefly,” Dr. Rosen says, as many surgeons may be by the government’s elaborate system of relative value units (RVUs), sustainable growth rate (SGR), and other forms of alphabet soup, which he satirized in a graphic presentation headed “Medicine Scrabble.”

Finally, the specialty finds itself bamboozled; that is, the victim of a deception which can be unintentional (but the

Presidential Address ...continued from page 4

outcome could be helpful). We have been bamboozled by the rising cost of healthcare, the rise of socialized medicine, the socialization of medicine, and managed care, he told the Annual Meeting audience, noting that managed care has led to a decrease in length of hospital stay.

One of the most urgent priorities today is to develop effective responses in the area of performance management, where ASCRS is organizing a very effective response, he said.

What about the future? “You cannot predict future surprises or they wouldn’t be a surprise,” Dr. Rosen concluded. ✨

Society thanks corporate supporters

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

Adolor Corporation and GlaxoSmithKline – Monday’s breakfast symposium, *Prevention and Treatment of Complications After Colorectal Surgery: Ileus, Anastomotic Leak, Hemorrhage, and DVT*; the Convention Registration Bags, Schedule of Events Board, and hotel keys.

American Medical Systems – Co-supporter of Tuesday’s symposium, *Pelvic Floor: The View from the Other Side*.

Applied Medical – Co-supporter of Saturday’s *Hand Assisted Laparoscopic Intestinal Surgery Workshop*; Sunday’s breakfast symposium, *Laparoscopic Colectomy: The Basics and Beyond*; and Monday’s symposium, *Advanced Laparoscopic Colectomy Techniques: The Tough Stuff*.

Autosuture/Valleylab/Tyco Healthcare – Co-supporter of Saturday’s *Hand Assisted Laparoscopic Intestinal Surgery Workshop*; Sunday’s breakfast symposium, *Laparoscopic Colectomy: The Basics and Beyond*; Monday’s symposium, *Advanced Laparoscopic Techniques: The Tough Stuff*; Supporter of Tuesday’s dinner symposium, *Complex Abdominal Wall Problems: Got Mesh?*; and an unrestricted grant in support of the Research Foundation’s “Meet the Challenge” program.

B-K Medical Systems, Inc. – Saturday’s *Endorectal Ultrasound Course Hands-on Lab*.

Centocor, Inc. – Wednesday’s program on *Expert Exchange on Difficult Dilemmas in Inflammatory Bowel Disease*.

ConvaTec – Sunday’s symposium, *The Critical Role of Allied Health Professionals in the Management of Patients with Colorectal Disease*.

Cook Medical – Saturday’s dinner symposium, *Biologics in Colorectal Surgery*.

Ethicon Endo-Surgery, Inc., a Johnson & Johnson Company – Abstracts on Disk; “Save the Date” promotional brochure; the Executive Council Dinner; Tuesday’s symposium, *Laparoscopic Colectomy for Senior Residents in General Surgery*; Saturday’s *Director’s Corner: How to Make and Present “State-of-the-Art” Surgical Videos*; Co-supporter of Saturday’s *Hand Assisted Laparoscopic Intestinal Surgery Workshop*; Sunday’s symposium, *Laparoscopic Colectomy: The Basics and Beyond*; Monday’s symposium, *Advanced Laparoscopic Colectomy Techniques: The Tough Stuff*; and an unrestricted grant in support of the Research Foundation’s “Meet the Challenge” program.

Ferndale Laboratories, Inc. – Tuesday’s Residents’ Reception.

Genzyme Biosurgery – Partial supporter of Tuesday’s symposium, *Centers of Excellence for the Treatment of Rectal Cancer*; and an unrestricted grant in support of the Research Foundation’s “Meet the Challenge” program.

GlaxoSmithKline – Sunday’s symposium, *Radical Resections for Rectal Cancer*.

I-Flow Corporation – Hotel turn-down service.

Karl Storz Endoscopy-America, Inc. – Co-supporter of Saturday’s *Hand Assisted Laparoscopic Intestinal Surgery Workshop*.

Kenwood Therapeutics – Lanyards for the badge holders.

Konsyl Pharmaceuticals – Monday’s Residents’ Breakfast.

LifeCell – Unrestricted educational grant in support of the Annual Meeting.

Merck & Co., Inc. – Tuesday’s breakfast symposium, *Controversies in Diverticulitis*; and a license fee for CME.

Microline/PENTAX, Inc. – Co-supporter of Saturday’s *Hand Assisted Laparoscopic Intestinal Surgery Workshop*.

Myriad Genetic Laboratories, Inc. – Wednesday’s breakfast symposium, *“So What Do I Do Now?”: Case Discussions in Hereditary Colorectal Cancer*; and an unrestricted grant in support of the Research Foundation’s “Meet the Challenge” program.

Olympus Surgical America, Inc. – Co-supporter of Tuesday’s symposium, *Advanced Endoscopy and Natural Orifice Surgery*; and Saturday’s *Hand Assisted Laparoscopic Intestinal Surgery Workshop*.

Progenics Pharmaceuticals, Inc. – Unrestricted educational grant in support of the Annual Meeting.

Richard Wolf Medical Instruments Corporation – Saturday’s *Transanal Endoscopic Microsurgery Courses (TEM) Expanding the Role of Local Excision* sessions; and the 2006-2007 Membership Directory.

Sanofi-aventis – Monday’s scientific programs, *Neoplasia I and II*.

Stryker Endoscopy – Co-supporter of Saturday’s *Hand Assisted Laparoscopic Intestinal Surgery Workshop*.

Tissue Science Laboratories, Inc. – Tuesday’s *Meet the Professor* Breakfasts.

Wyeth – Sunday’s breakfast symposium, *Technologic and Pharmacologic Advances for Enhanced Recovery After Colectomy*; and its placement on the ASCRS Website. ✨

Dr. Lester Rosen reviews year's accomplishments

Improvements to the ASCRS Website, www.fascrs.org, the major point of intersection for the Society and its members and the public, commanded attention during the past year, outgoing President Dr. **Lester Rosen**, Allentown, PA, reported in his State of the Society Address at the ASCRS Annual Business Meeting.

The Website project began with a retreat in October with the objective of defining a Web-based educational model to satisfy the needs and requirements of the Self-Assessment, CME, and MOC committees. The outline for an educational model was drawn based on the Core Curriculum or ASCRS Textbook, using Practice Parameters, *Diseases of the Colon and Rectum* publications, Core Subjects, Webcasts, Annual Meeting lectures and CARSEP-based questions. The new Website is expected to be unveiled this fall. For further information, see the article on page 11.

Other major accomplishments during the 2006-2007 year include:

- Creating an online educational model, beginning with rectal cancer.
- Publishing the ASCRS Textbook and updating the Core Subjects curriculum. More than 1,200 copies of the textbook have been sold since February.
- Completing Practice Parameters for Fecal Incontinence, Constipation, Crohn's Disease, Anal Neoplasms, and Antibiotic Prophylaxis for Colonoscopy.
- Introducing a redesign of *Diseases of the Colon and Rectum*.
- Establishing a Central Question Bank of oral and written questions for certifying and recertifying examinations, as a joint project of ASCRS and ABCRS. The project is chaired by ABCRS Executive Director/Secretary/Treasurer Dr. **David Schoetz**, Burlington, MA.
- Continuing to investigate the feasibility of establishing Centers of Excellence in Rectal Cancer within selected medical institutions, under the direction of Chair Dr. **David A. Rothenberger**, Minneapolis, MN. ✨

Society presents Regional Awards recognizing outstanding research

Seven Regional Awards, presented during the 2007 Annual Meeting in St. Louis, MO, honored outstanding papers and posters submitted by researchers, Awards Committee Chair Dr. **Robin P. Boushey**, Ottawa, ON, Canada, reports.

The Awards Committee selected the following 2007 honorees:

- **Harry E. Bacon Foundation Award** – Drs. Matthew Kalady, J. A. Sanchez, K. L. DeJulius, A. Bennett, G. Casey and James M. Church, Cleveland, OH – *Molecular Evidence Linking Large Hyperplastic Polyps with the Serrated Pathway of Neoplasia*.
- **The Piedmont Society of Colon and Rectal Surgeons Award** – Dr. Peter Marcello and The Minimally Invasive Therapeutic Trials Study Group, Burlington, MA, *Hand Access vs. "Pure" Laparoscopic Colectomy: A Multicenter Prospective Randomized Trial*.
- **The New York Society of Colon and Rectal Surgeons Award** – Drs. Jacob Greenberg, David Shibata, J. E. Herndon II, G. D. Steele, Jr., R. J. Mayer and Ronald Bleday, Boston, MA, *Local Excision of Distal Rectal Adenocarcinoma: An Update of CALGB 8984*.



- **The Northwest Society of Colon and Rectal Surgeons Award** – Drs. Conor Delaney, B. Champagne and H. Reynolds, Cleveland, OH, *Outcome of Discharge Within 24 – 72 hours of Laparoscopic Colorectal Surgery*.
- **The Florida Society of Colon and Rectal Surgeons Award** – Drs. Madhulika Varma, S. L. Hart, T. R. Patterson, J. Berian and J. Y. Wang, San Francisco, CA, *The Constipation Severity Instrument: A Validated Measure*.
- **The New Jersey Society of Colon and Rectal Surgeons Award** – Drs. Jung-Wook Huh, S. Sohn and Y. Park, Seoul, South Korea, *Heterogeneity of Adenosine Triphosphate-Based Chemotherapy Response Assay in Colorectal Cancer*.
- **The Southern California Society of Colon and Rectal Surgeons Award** – Drs. Damian Garcia-Olmo, D. Herreros, I. Pascual, J. M. Pascual, E. Del Valle, J. Zorrila, P. De la Quintana, M. Garcia-Arranz, M. Gonzalez, J. Alemany, G. Fernandez, I. Portero and M. Pascual, *Expanded Adipose-Derived Stem Cells (Cx401) for the Treatment of Complex Perianal Fistula: A Phase II Clinical Trial*. ✨

Information Television Network, Stamford Advocate named winners of 2007 National Media Awards

An informative report on Crohn's Disease produced by Boca Raton, FL-based Information Television Network (ITV) and broadcast on the Public Broadcasting System, and an article published in *The Stamford Advocate* newspaper, were selected as winners of the Society's 2007 National Media Awards.

ITV producer Trisha Sherven was named winner of the competition's broadcast category for "Learning About Crohn's Disease." Judges gave the piece high marks for its production values and reporting, adding that it did an excellent job "of telling the story of Crohn's Disease through people living with the disease, but also telling it through the eyes of a teenager."

Alison Damast, reporter for *The Stamford Advocate*, Stamford, CT, won the print category award for her "At Risk: Registry seeks to record those with history of colorectal cancer."

"Reporter Alison Damast focuses on the heartbreaking story of a patient whose cancer goes undiagnosed because he is in his 20s when symptoms first appear," the judges said. "In her moving account, Damast spotlights colon cancer in younger patients [and] reports on a new effort by a Stamford colorectal surgeon, who has established a registry for people and families with a history of colorectal of associated cancers in those younger than 50."

The winners were chosen from entries submitted by newspapers, magazines, television and radio stations from across North America. Winners received a \$1,000 cash prize, a plaque, and an expense-paid trip to St. Louis, MO, site of the ASCRS 2007 Annual Meeting.

Judges from the Medill School of Journalism, Northwestern University, Evanston, IL, selected the winning entries after evaluation and screening for medical accuracy by members of the ASCRS Public Relations

Committee. The journalistic merit of each submission was evaluated based on writing quality, amount of research, production excellence, impact of message and originality.

ASCRS began the National Media Awards in 1995 to acknowledge achievement in communication to promote a greater public understanding of colon and

rectal disease, such as colon cancer, hemorrhoids, diverticulitis and Crohn's Disease.

Surgeons who know of journalists that deserve recognition for their work reporting on colorectal disease may encourage them to submit an entry for the 2008 competition or submit one on their behalf.

A National Media Award brochure/entry form detailing the 2008 program will be available for download on the ASCRS Website this fall. Society members may also request a brochure by calling ASCRS Public Relations at 847/934-5580. ✨



Past President Dr. Richard P. Billingham presents Alison Damast (left) and Trisha Sherven with the 2007 National Media Award.

Bylaw amendments approved at Annual Business Meeting

Additions to the ASCRS Bylaws, approved by Society Fellows at the 2007 Annual Business Meeting, create an "International Fellow" membership category, allow Research Fellows enrolled in an accredited program to qualify for Candidate Member status, and amend Society procedures regarding misconduct, mediation and expert testimony, Bylaw Committee Chair Dr. **Michael J. Snyder**, Houston, TX, reports.

To qualify as an International Fellow, applicants must meet all Member criteria, devote at least 50% of their practice to colon and rectal surgery, have served as an ASCRS member for at least two years, and offer letters of recommendation from two

Society Fellows supporting the candidate.

The bylaws stipulate that International Fellows enjoy all the rights and privileges of membership, excluding the right to vote at the Annual Business Meeting and hold office. International Fellows may serve on any Society Committee.

Amendments to Article III, Section 5, allow Research Fellows approved as Candidate members to serve on special committees, and attend and appear in ASCRS scientific programs. As with International Fellows, Research Fellow Candidate members may not vote or hold Society office. ✨

Dr. Douglas Wong leads 2007-08 Executive Council Slate

Dr. **W. Douglas Wong**, New York, NY, was elected ASCRS President during the Society's Annual Meeting in St. Louis, MO. He succeeds Dr. **Lester Rosen**, Allentown, PA, who continues to serve on the Executive Council as Past President.

Other ASCRS members newly elected to serve on the Executive Council are:

- Dr. **Anthony J. Senagore**, Grand Rapids, MI, President-elect.
- Dr. **P. Sue Beckwith**, Des Moines, IA, Vice President.
- Dr. **Alan Thorson**, Omaha, NE, Treasurer.
- Dr. **Susan Galandiuk**, Louisville, KY, Member-at-Large.
- Dr. **Neil H. Hyman**, Burlington, VT, Member-at-Large.

Dr. Wong: President

Dr. Wong is Chief of the Colorectal Surgical Service and leader of the Colorectal Disease Management Team at Memorial Sloan-Kettering Cancer Center, New York, NY, where he holds the Stuart Quan Chair in Colorectal Surgery. Dr. Wong is also Professor of Surgery at Cornell University Medical College.

Dr. Wong is former Chair of the Emerging Technologies Committee, and previously served on the Standards, Program, and Continuing Medical Education Committees. He has served on the Executive Council since 2002, and as Director of the ASCRS' Core Subjects Program from 1997 – 2000.



Dr. Anthony Senagore

Dr. Senagore: President-elect

Dr. Senagore is Professor of Surgery at Michigan State University-West Michigan Medical School, Grand Rapids, and Vice President for Research and Education at Spectrum Health.

An ASCRS Fellow and member since 1989, Dr. Senagore has served on the Executive Council for the past three years as Treasurer. He is Chair of the Practicing Physicians Advisory Committee to the Centers for Medicare and Medicaid, and is Associate Editor of the Society's Journal, *Diseases of the Colon and Rectum (DC&R)*. He has chaired the Socioeconomic Committee and represented the Society on the Relative Value Update Committee. He also has served on the Technologies Committee, Continuing Medical Education Committee, and co-chaired the Program Committee for the 1993 ASCRS Annual Meeting in Chicago.



Dr. Sue Beckwith

Dr. Beckwith: Vice President

Dr. Beckwith is a clinical associate at the University of Iowa College of Medicine, Iowa City, IA. An ASCRS Fellow, she has served as Abstract Editor for *DC&R* and as a session moderator at past ASCRS Annual Meetings.

Dr. Thorson: Treasurer

Dr. Thorson is Clinical Associate Professor of Surgery at the University of Nebraska, Omaha, NE, and Creighton University, where he serves as Program Director for the school's Colon and Rectal Surgery Section.

He is a member of the Quality Assessment and Safety Committee, chaired the Continuing Medical Education Committee from 1999 – 2005, and has served on the Outcomes Measurement and Program Committees. Dr. Thorson also served as Associate Editor of *DC&R*.

Dr. Galandiuk: Member-at-Large

Dr. Galandiuk is Professor of Surgery at the University of Louisville, Program Director of the school's Colon and Rectal Surgery Section, and Director at the Price Institute of Surgical Research.

An ASCRS member since 1987, Dr. Galandiuk is Chair of the Society's Membership Committee, and a member of the Editorial Board for *Diseases of the Colon & Rectum (DC&R)*. She previously served on the Awards, Program, and Self-Assessment Committees, and on the ASCRS Research Foundation's Board of Trustees.



Dr. Neil Hyman

Dr. Hyman: Member-at-Large

Dr. Hyman is Chief, Division of General Surgery, and the Samuel B. and Michelle D. Labow Professor of Surgery at the University of Vermont College of Medicine, Burlington, VT, where he is also Co-Director of the school's Digestive Disease Center.

An ASCRS Fellow, Dr. Hyman is Vice Chair of the Quality Assessment and Safety Committee and a member of the Maintenance of Certification Committee. He was previously on the Awards, Program, and Outcomes Committees, and chaired the Standards Committee. Dr. Hyman has also served as a Reviewer, Section Editor and Associate Editor of *DC&R*.

ASCRS members continuing their terms on the Executive Council are Drs. **James W. Fleshman**, St. Louis, MO, Secretary; **Walter A. Koltun**, Hershey, PA, Research Foundation President; and **Clifford L. Simmang**, Dallas, TX; **Tracy Hull**, Cleveland, OH; and **Theodore J. Saclarides**, Chicago, as Council Members. ✨

Your AMA membership will keep our seat at the table

By Dr. Clifford Simmang, AMA Delegate

Are you concerned about reimbursement? What about medical liability reform? Do you wonder about patient's diminishing access to quality care? If you answered "yes" to any of



Dr. Clifford Simmang

these questions, then your membership in the AMA is important. **Last year, during the 5-year review, we (ASCRS) fell short of our required membership with only 32% of our members having registered with the AMA. This is below the required membership of 35%. At that meeting, the AMA passed a resolution to review membership bylaws, and our review was on hold.** A lot is at stake if we do not keep our AMA membership at the 35% required.

Maintaining your membership in the AMA allows ASCRS to:

- Keep our seat in the AMA House of Delegates (HOD);
- Have representation on the CPT Advisory Committee;
- Have representation on the RUC Advisory Committee.

Having a seat at the CPT Advisory Committee is crucial: We receive higher RUV's for laparoscopic procedures, whereas General Surgery receives less for a laparoscopic hernia repair than an open repair. If we do not have representation, there is no one who can defend our best interest. Dr. **Anthony J. Senagore**, Grand Rapids, MI, our representative, has successfully lobbied for the best interests of

our specialty. To maintain our seat at the CPT, we must maintain our membership in the AMA and our seat at the House of Delegates.

In order for ASCRS to retain its seat in the HOD, a significant percentage of our members also have to be members of the AMA.

But that is just a part of it. Like it or not, the AMA is the physician organization with the most influence with the Centers for Medicare and Medicaid (CMS), the U.S. House of Representatives, and the U.S. Senate.

While ASCRS continues to support the American College of Surgeons PAC, which is gaining experience and recognition in the legislative arena, being a part of the largest, best-known organization has its benefits. The government recognizes the AMA as a representative for physicians across the country. They take the lead in tracking action on Capital Hill and in organizing member associations and grass roots efforts to affect positive change.

Keep the ASCRS voice strong. Please check your AMA membership status and keep it current. **This is the year – our Society will be counted again this year – we must achieve 35% of voting membership, or risk losing our seat at the table. Who will represent us then?** Please join the AMA or renew your membership. You may get more information by visiting the AMA website: <https://www.membership.ama-assn.org/JoinRenew>. ✨

Recent Headlines from the AMA:

Latest Medicare physician payment rule is shortsighted

In response to this week's release of a rule that specifies a cut in payments to doctors of 10 percent in 2008, AMA Trustee Cecil B. Wilson, MD, pointed out that Congress last year set aside \$1.35 billion that could be used to reduce the scheduled 2008 pay cut. The AMA and 85 other organizations strongly urged the Administration to use this money to help Medicare physician payments keep pace with increases in practice costs. The Medicare Payment Advisory Commission made a similar recommendation. Instead, the Centers for Medicare & Medicaid Services has chosen to spend all of the money to provide just 1.5 percent to 2 percent to physicians who report on certain quality measures. "The AMA is extremely disappointed in this shortsighted decision," said Dr. Wilson.

AMA says seniors' access to health care is in jeopardy

MedPage Today reports that plans to cut Medicare's Part B physician fee schedule by 9.9 percent next January has prompted "anguished warnings from organized medicine of decreased access to medical services for seniors." Despite a recommendation "from the Medicare Payment Advisory Commission last March that would give doctors a 1.7-percent fee hike in 2008, the Centers for Medicare & Medicaid Services was required by law to slash fees because of the sustainable growth rate formula. The fee cut was nearly twice as great as the one that CMS wanted for 2007." The formula the legislators follow compares "the actual rate of growth in health spending to a target rate, based on such factors as the growth in the number of Medicare beneficiaries, physician-practice expenses and the gross domestic product. If spending exceeds sustainable growth rate targets, physician payments are reduced. The 2007 Medicare Trustees report predicts total cuts in physi-

cian pay of about 40 percent by 2016." Meanwhile, the American Medical Association "and scores of other medical organizations have been lobbying Congress and CMS to stop planned cuts." Cecil B. Wilson, M.D., chair of the AMA's Board of Trustees, "said that Medicare pays doctors the same as in 2001, but average practice costs have risen 18 percent since then. 'More than 60 percent of doctors say they will be forced to limit the number of Medicare patients they can treat. Seniors' access to health care is in jeopardy.'" The AMA's House of Delegates said that it will "actively oppose" any pay-for-performance programs that do not meet the association's five pay-for-performance principles. These five "principles specify that programs should ensure quality-of-care, foster the patient/physician relationship, offer voluntary physician participation, use accurate data and fair reporting, and provide fair and equitable program incentives."

ASCRS Website undergoing major reconstruction

What started as a redesign of the ASCRS Website, www.fascrs.org, has become a major reconstruction of the site to add functionalities to the Society's top point of intersection with members and the general public.

The Website redesign subcommittee of Drs. **Scott M. Browning**, Portland, OR, **Richard P. Billingham**, Seattle, WA, **Susan Galandiuk**, Louisville, KY, **David A. Margolin**, New Orleans, LA, **Deborah A. Nagle**, Boston, MA, and **Lester Rosen**, Allentown, PA, has agreed on a stunning redesign of the home page.

Development continues, with a fall completion date, for extensive redesign and restructuring of the site to achieve these goals:

- Provide members up-to-date information about the organization;
- Allow members to pay membership fees, register and submit abstracts for the Annual Meeting, and have online access to *Diseases of the Colon & Rectum*;
- Provide administrative functionality such as access to various database information and reporting;
- Provide effective outreach to the general public with educational information about colon and rectal diseases and the availability of surgeon specialists to treat them.

"The objective we started with was to create an Internet presence for disseminating information that professionally represents the organization. It's turned out to be a much larger job than we had anticipated," says Dr. Browning,

Website Committee Chair.

"We started with a consultant more than a year ago. After about four months, we realized we would have to write a request for proposals to meet our comprehensive expectations. We received 22 proposals and chose four finalists for interviews before selecting OHO, of Cambridge, MA, to complete the Website project. OHO started in April, and we plan to be finished by the fall," Browning said.

"Effective Internet communication is key to executing the Society's mission of offering the public expert, up-to-date information on colorectal disease. Our goal is to educate and help the public connect with the best physicians when they are needed," added Dr. Nagle, who chaired the Website Redesign subcommittee.

The Society's Website subcommittee has kept these objectives in the forefront:

- Create a site that is easily managed and maintained by non-programmers through a Web-based interface to keep costs down and allow frequent updating of information;
- Integrate the membership database into the site to enable member personalization and functionalities;
- Create an online educational component that will enable distance learning and certification;
- Develop an expandable e-commerce solution to accommodate an online store, donations, membership renewals, conference registration, etc. ✨

MARK YOUR CALENDARS

Society to host Tripartite meeting

ASCRS will host a joint Tripartite Meeting with colorectal medical organizations from the UK and Australia, June 7 – 11, 2008, at the Sheraton Boston Hotel and Hynes Convention Center.

The combined meeting will feature the Association of Coloproctology of Great Britain and Ireland; the Section of Coloproctology of the Royal Society of Medicine; the Section of Colon and Rectal Surgery of the Royal Australasian College of Surgeons; the Colorectal Surgical Society of Australia and New Zealand; and ASCRS.

"The 2008 Tripartite Meeting will enhance the international flavor and appeal of the program," ASCRS President Dr. **W. Douglas Wong**, New York, NY, explains. "Next year's meeting will be an important forum for the presentation and discussion of current knowledge on surgery of the colon and rectum. Adding the resources of colleagues in the British and Australian Societies allows us to feature international speakers recognized worldwide as the leading experts in colorectal surgery and related fields.

Tripartite meetings are held every three years. They are intended for the education of colorectal surgeons and others involved in treating colon and rectal disease. ✨

Committee Chairs 2007-08

Annual Giving	Michael Stamos, MD
Awards	Robin Boushey, MD
Bylaws	Michael Snyder, MD
Continuing Education	Elisa Birnbaum, MD
Finance and Management	Alan Thorson, MD
Fundraising Steering	W. Douglas Wong, MD
History of ASCRS	J. Byron Gathright, Jr., MD
Hospitality	Mrs. Debra Rosen
International Council of Coloproctology	Graham Newstead, MD
Local Arrangements	Lawrence Rusin, MD
Maintenance of Certification	James Fleshman, MD
Membership	Susan Galandiuk, MD
Planned Giving	Anthony Senagore, MD
Professional Outreach	Sharon Gregorcyk, MD
Program Committee	Martin Weiser, MD
Public Relations	Deborah Nagle, MD
Quality Assessment and Safety	Nancy Baxter, MD
Regional Society	James Unti, MD
Residents	Eugene Foley, MD
Self Assessment	Jose Cintron, MD
Socioeconomic	Guy Orangio, MD
Standards	W. Donald Buie, MD
Website	Scott Browning, MD
Young Surgeons	Susan Sgambati, MD

Three issues ASCRS members need to watch

By Guy R. Orangio, MD, Chair

ASCRS members need to be aware of three important issues that have come before the Socioeconomic Committee:

- The Multi-Specialty Practice Survey of the American Medical Association, in association with the American Society of Colon and Rectal Surgeons and 60 other medical specialty societies, will begin to conduct a survey this year. If you or someone in your group is contacted by the Gallup Organization, please spend the time in responding to the survey. This is the first time a survey of this magnitude has been offered to so many societies. The data will be helpful to physicians and policy makers nationwide.
- The Physician Quality Reporting Program, which started July 1, is the first national, voluntary program linking physician payments to the reporting of quality data. If you have not signed on for this, we strongly recommend that you do. If you need more information, go to the ACS Website www.facs.org/ahp/pqri/, or to the CMS Website.
- The last and most important issue that confronts all physicians is the report from The Centers of Medicare &

Medicaid Services (CMS), called the Final Rule, released on July 2, 2007. It certainly is **not** good news for physicians. CMS projects that it will pay approximately \$58.9 billion to 900,000 physicians and other healthcare professionals in calendar year 2008. The revision of the Medicare Physicians Fee Schedule (MPFS) is a further

“What this means to physicians is a reduction in MPFS of 9.9%, based on the Sustainable Growth Rate Formula (SGR).”

step by Medicare to ensure payment policies provide incentives to improve the quality of care.

“This proposed rule builds on the changes the Centers of

Medicare & Medicaid Services made last year to pay more appropriately for practice expenses and to transform Medicare into an active purchaser of higher quality services, rather than just paying for procedures,” says Acting CMS Administrator Leslie V. Norwalk.

What this means to physicians is a reduction in MPFS of 9.9%, based on the Sustainable Growth Rate Formula (SGR), which is a Medicare statute. If you would like to read the complete Final Rule, running over 900 pages, it is accessible on the CMS Website (www.cms.hhs.gov). ✱

DC&R achieves records in circulation, online usage, revenues

Diseases of the Colon & Rectum enjoyed another strong year, Editor-in-Chief Dr. **Robert D. Madoff**, Minneapolis, MN, reported to the annual business meeting in St. Louis, achieving records in circulation, online usage, and revenues.

The journal's impact factor remained stable at 2.264. Impact Factor is a measure of quality based on total number of citations and articles published.

DC&R has been more selective in accepting manuscripts, taking only 25% of those submitted, down from nearly 45% in 2003. The journal continues its intense focus on quality with a redesigned book, improved readability, and links to the *ASCRS Textbook* and *Manual*.

DC&R's vision, Dr. Madoff said, is “to become **the** authorita-

tive journal of the surgical aspects of intestinal disease.”

For next year, when *DC&R* celebrates its 50th anniversary, a redesigned journal with a unique cover, commissioned articles, and a commemorative book are planned, Dr. Madoff said.

He announced the retirement of four Associate Editors: Drs. **Lester Gottesman**, New York, NY; **Neil Hyman**, Burlington, VT; **Robin Phillips**, Harrow, UK; and **Mark Welton**, Stanford, CA. New Associate Editors that began in January 2007 are Drs. **Roberto Bergamaschi**, Allentown, PA; **Samantha Hendren**, Rochester, NY; **Najjia Mahmoud**, Philadelphia, PA; **David Margolin**, New Orleans, LA; **John Reilly**, Erie, PA; and **Masahiko Watanabe** and **Toshiaki Watanabe**, Sagamihara, Japan. ✱

COUNCIL ACTION

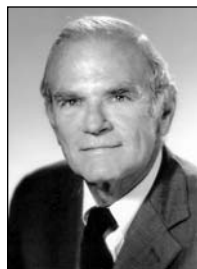
Society establishes policy on podium paper withdrawals

The Executive Council has approved a policy guiding Society actions toward authors who withdraw podium papers that have been accepted for presentation at the Annual Meeting. It states:

“Withdrawals of podium papers from the Annual Meeting will result in probation of presentation for all authors of the paper for the next ASCRS Annual Meeting, as well as publication in *DC&R* for the next 12 months.” ✱

H. Whitney Boggs, MD: 1927–2007

ASCRS Past President Dr. Horace Whitney Boggs, Shreveport, LA, died Monday, August 6, 2007 following a prolonged and heroic fight against the ravages of post-polio syndrome. He was 80 years old.



Dr. Whitney Boggs

Dr. Boggs attended Centenary College, received his medical degree from Tulane University and his residency in colon and rectal surgery at Baylor University Hospital in Dallas.

He received his certification from the American Board of Colon and Rectal Surgery in 1959. He served as a member of the Board for eight years and served as the Board's Examination Committee Chairman and as the Board's representative to the American Board of Medical Specialties. He became the President of the American Board of Colon and Rectal Surgery 1981-1982.

He was a Fellow of the American College of Surgeons and chairman of the ACS Advisory Council for Colon and Rectal Surgery. Dr. Boggs was installed as President of the American Society of Colon and Rectal Surgeons at its 85th Annual Meeting held May 11-15, 1986 in Houston, Texas.

In 1992, Dr. Boggs was honored with the establishment of an endowment in his name at the Schumpert Medical Center, Shreveport, LA. The endowment was created by a patient of Dr. Boggs, Albert Sklar, past member of the Schumpert Medical Center Advisory Board of Directors, to promote education and research in the field of colorectal disease.

On December 12, 1998 Dr. Boggs received the Shreveport Medical Society's Distinguished Service Award for his outstanding contributions to the advancement of medicine. His reputation for excellence in his specialty is widespread and he has been publicly acknowledged and honored on numerous occasions.

Dr. Boggs had been retired from practice for the past 10 years. His wife, Mary Henderson Boggs, predeceased him. A son, H. Whitney Boggs, III, his brother, Peter, and two grandchildren, Creighton and Elena, survive him.

Hearing of Dr. Boggs' death, Past Presidents of ASCRS replied... Mumsy was one of a kind. Another oak has fallen. He will be missed. – Herand Abcarian, MD

He was a man of strength, vision and humor. He was very effective in bringing this Society through a critical period. He is one of those giants on whose shoulders we are all standing. – Robert Beart, MD

Many have remarked on Whitney's talents and persona; to me and many, he was the ultimate gentleman; always ready to help, advise and be a source of wit and wisdom. My earliest memories of him was his kindness in taking time to confer with a lowly young surgeon, and other junior surgeons, treating me and them with courtesy, civility and ending up making you feel terrific. His contributions to surgery and the Society are huge. Not least was his keeping the faith in the Society and the

Journal when we came perilously close to bankruptcy. You could set true north on your moral compass with Whit Boggs. – Victor Fazio, MD

I feel fortunate and blessed to have known Whitney as a mentor, friend, advisor and colleague. Even as chronic illness weakened his body, he continued to demonstrate his support for the Society that he rescued and placed on a firm foundation. There will be many future meetings of the ASCRS because of Whitney, but these meetings will be a little less fun without him. – Robert Fry, MD

Whit Boggs single handedly did more to change this Society than any other person. He led us from penury to our present well financed position by his keen business sense. Beyond that he was one who gave a boost to others in the Society and was a gentleman of the first order to everyone he met. He will be missed. – J. Byron Gathright, MD

We owe a great deal to Whitney Boggs. He always understood where we were going in terms of developing this specialty and I know that he was amazed with the fact that we have almost 70 trainees per year. When I first met Whitney, we examined 6 per year for the American Board of Colon and Rectal Surgery. I will be forever grateful for his support for all the things that I thought were important in the specialty. He will certainly be missed. – Stanley Goldberg, MD

Much of what we enjoy today, as a secure and proud Society and specialty, results from some dedication and skillful financial advice and planning from Whitney. He literally brought us "from rags to something like richness". His clever advice and guidance secured our relationship with General Surgery. In "his day" the thought of colon and rectal surgeons in our great surgery programs wasn't even imaginable. And he did it all with a little smile and a little smirk. So far, it is my only visiting lectureship paid off in barbeque. His memory is to be cherished. – Ira Kodner, MD

A true Southern gentleman, in all it's finest connotations. His faith and support brought this unknown individual into a leadership role in our Society. – Sam Labow, MD

Agree with Herand's sentiments. Whitney's kindness and encouragement to me as a young surgeon is something I could never repay. I am sure that what he did for me, he did for many others. We will miss him. – David Rothenberger, MD

A true gentleman in every sense of the word - we should all be so fortunate to know and emulate him. – David Schoetz, MD

Whitney was a unique and stellar gentleman. I am privileged to have known him. – Frank Theuerkauf, MD

When Whitney assumed the Presidency, he passed out a booklet, "How to talk Southern" so we would be able to understand him. He also gave me a RED DOG chewing tobacco hat. A great loss. – Mike Veidenheimer, MD

Whitney Boggs at one time likely saved our Society, and thus, our subspecialty. In addition to his shrewd business sense, he was a charming and faithful friend to everyone who had the opportunity to know him. – Bruce Wolff, MD ✨

Barton Hoexter, MD: 1937–2007

by Marvin L. Corman, MD

The American Society of Colon and Rectal Surgeons lost one of its most beloved and pre-eminent Fellows at the start of this year's meeting, of complications following surgery for intestinal obstruction.



Dr. Barton Hoexter

Despite a number of medical issues in recent years, this was the first Annual Meeting Bart Hoexter had missed since completing his training.

Bart was born in Manhattan, the son of a butcher. Early on, he learned the importance of dedication to the work ethic, toiling nights and weekends in his father's shop. He graduated from

Horace Mann High School and matriculated at Kenyon College in Gambier, Ohio, receiving his baccalaureate degree in 1958. While there, he became a nationally ranked swimmer, and for many years held the school record for the butterfly. This experience, and his penchant for singing (he was in the glee club for four years), were two of his many accomplishments that are generally unknown, even among his closest friends and admirers.

Following graduation, he entered George Washington University School of Medicine. While there he achieved membership in the Smith Reed Russell Honor Society, received the American Cancer Society Memorial Hospital Fellowship Award, was President of his fraternity, and President of the Beaumont Research Society. At graduation in 1962, he received the Mosby Book Award for Class Leadership, the Phi Delta Epsilon National Award as Outstanding Undergraduate of the Year, the Calvin Klopp Research Award, and was elected a member of Alpha Omega Alpha Honor Society.

Bart undertook his surgical internship at Mt. Sinai Hospital of New York and pursued his residency at this same institution. After one year he entered the United States Public Health Service as surgeon (equivalent to Lt. Commander), and was stationed in the Indian Service for one year in Cherokee, North Carolina, and for the second year in Lawton, Oklahoma. Returning to Mt. Sinai he spent one year as a research fellow in gastrointestinal pathology and transplantation.

It was during this time through role models, such as Arthur Aufses, that he became interested in the specialty of colon and rectal surgery. Following completion of his chief residency in 1970, he became a Fellow with a former Vice-President of the Society, Jack McElwain, in Bethpage, NY. After completing his training he joined the staff of North Shore University Hospital in the practice of colon and rectal surgery.

From the earliest days, Bart contributed immeasurably to the Society, residents, students, and his patients. He was an early enthusiast of colonoscopy and was a vocal advocate

for maintaining this procedure within the specialty. In 1974 he was recognized for his "Best Paper Presentation" at the Tripartite Meeting in Washington, D.C., on the *Indications and Limitations of Colonoscopy*. His commitment to Continuing Medical Education was uncompromising, well before the days of CME.

He refined the audio-visual presentations at our Annual Meeting and elevated the standard to the level we so appreciate today. He insisted on previewing the slides for quality, and when the red light went on you ended your presentation within 30 seconds or the lights would come up and the projector would be turned off.

Bart ran the Learning Center at both the ACS and the ASCRS for 18 years (1975-1993). He was responsible for the Photoquiz at SAGES and at the ASCRS. He has been a guest speaker at every recognized colon and rectal surgery organization in the United States and has contributed extensively to our education through video presentations, book chapters, and 41 publications. He served as ASCRS Vice-President (1996-1997), sat on the

Executive Council (1980-1982), Program Chairman (1983), a Board Examiner, and on the Advisory Council to the American College of Surgeons.

"[Barton Hoexter] was a role model for numerous colon and rectal surgeons who are in practice today."

Within his own medical community Bart was President of the New York Academy of Gastroenterology, Founder and President of the Long Island Society of Gastrointestinal Endoscopy, President of the New York Society of Colon and Rectal Surgeons, President of the Northeastern Society of Colon and Rectal Surgeons, President of the North Shore University Hospital Staff Society, Member of the Board of Directors of the Nassau-Suffolk Division of the American Cancer Society (for 15 years), and Founder of the Colostomy Club of Nassau County.

Upon retirement from clinical surgery two years ago, Bart continued his educational activity by attending Grand Rounds, Morbidity and Mortality Conferences, and every regional, local and national meeting he could manage. He was a role model for numerous colon and rectal surgeons who are in practice today. Bart was an indefatigable, dedicated professional, who maintained and demanded the highest possible standards. And he did so with a kind and generous spirit, profound affection for all, mischievous humor, and the love of a true caregiver. An altruist, teacher, humanitarian, and source of strength to all who knew him, he will be greatly missed.

Bart is survived by his wife, the former Nadya Snaider, and by his children, Jill, Laura, and Kenneth, and by his stepson, Leland. ✨

Society welcomes new Fellows, Members, Allied Health Members and Candidates

ASCRS welcomed 48 new Fellows, 3 International Fellows, 56 members, 2 Allied Health professionals and 55 Candidates to the Society during its annual business meeting in June. They are:

Fellows

Jose E. Andujar, MD
Hani B. E. Baradi, MD
Louis R. Barfield, MD
Joshua M. Braveman, MD
William A. Brown, MD
Megan M. Cavanaugh, MD
Susan M. Cera, MD
Jennifer R. Chapman, MD
Patrick Charlebois, MD
Peter G. Deveaux, MD
Mitra Ehsan, MD
Asim Farid, MD
Gregory P. FitzHarris, MD
Esmond Gee, MD
John A. Griffin, MD
Tara L. Hahn, MD
Brian P. Harlin, MD
Michael A. Jobst, MD
Eric K. Johnson, MD
Brian R. Kann, MD
Thomas R. Lake, III, MD
Sang W. Lee, MD
Harry A. Liberman, MD
Jennifer K. Lowney, MD
Jaswant Madhavan, MD
Augusto L. Martinez, MD
Matthew G. Mutch, MD
Shekar Narayanan, MD
Timothy P. O'Donnell, MD
Harry T. Papaconstantinou, MD
Beverley A. Petrie, MD
P. Terry Phang, MD
Darren R. Pollock, MD
Ray T. Ramirez, MD
Justin A. Reed, MD
Melville P. Roberts, MD
Eric Romanucci, MD
Douglas M. Rosen, MD
Seth A. Rosen, MD
Jon D. Rosser, MD
Noel C. Sanchez, MD
John M. Sayles, MD
David M. Schaffzin, MD
Marion E. Schertzer, MD
Ralph Silverman, MD
Sandeep G. Sirsi, MD
Scott R. Steele, MD

International Fellows

Paul B. Boulos, MD
Hirotoshi Hasegawa, MD, PhD
Tetsuya Hirano, MD, PhD

Members

Francisco Luis Abarca, MD
Carlos Roberto Amorim, MD
Alejandro Andicoechea, MD
Santiago Arruffat, MD
Noor Saba Azimi, MD
Byung-Noe Bae, MD
Scott Lawson Baker, MD
David L. Berger, MD
Liliana Bordeianou, MD
Fernando Vargas Bueno, MD
Jeffrey Louis Butcher, MD
R. Ricardo Sepulveda Castro, MD
Charles Cha, MD
Bong-Soo Choi, MD
Kathryn M. Chu, MD
Massimo Cristaldi, MD
Bridget N. Fahy, MD
Christopher M. Foglia, MD
Adrienne W. Forstner-Barthell, MD
Alois Fuerst, MD
Joseph Warren Galloway, MD
Lori L. Gordon, MD
Pravin J. Gupta, MBBS, MS
Gonzalo F. Hagerman, MD
Michael N. Henein, MD
Adrian Martinez Herrera, MD
Richard Aaron Hodin, MD
Chang Hur, MD
Matthew Isho, MD
Yong-Geul Joh, MD
Shailesh Kumar Katiyar, MD
Gregory D. Kennedy, MD
Amir Keshvari, MD
Byoung-Soo Kim, MD
Soung-Ho Kim, MD
Daniel D. Klaristenfeld, MD
Hirotoshi Kobayashi, MD, PhD
Eduardo Krajewski, MD
Pratibha Bobby Lal, MD
Dan Russell Metcalf, MD
John Migaly, MD
Won Cheol Park, MD
Juan Lucas Poggio, MD, MBS
Madeleine Poirier, MD
David William Rattner, MD
T. Cristina Sardinha, MD
Lisa M. Savoie, MD
Stefanie Jutta Schluender, MD
Marc Adam Singer, MD
Henry Tălus, MD
Michael H. Tarlowe, MD
Klaus J. Thaler, MD
Atilla Toruner, MD
Hao Wang, MD
Vinod A. Winston, MD
Nora Loey Yip, MD

Allied Health Members

Ann Marie Diana, PA
Jennifer L. Summers, PA

Candidates

Chadi T. Abouassaly, MD
Jamie D. Adair, MD
Raed M. Al Najjar, MD
Oevuenc Bardakcioglu, MD
Kenneth S. Bark, MD
Badma Bashankaev, MD
Jaime L. Bohl, MD
Gordon E. Callender, MD
Joseph C. Carmichael, MD
Walter W. Costner, MD
Rafael Enrique Navarra Diaz, MD
Jolene A. Dunn, MD
Khaled I. El-Badawi, MD
John C. Fondran, MD
Jared C. Frattini, MD
Timothy M. Geiger, MD
Hima Ghanta, MD
Christine D. Hannaway, MD
Awori J. Hayanga, MD
Barry J. Jenkins, MD
Sanjay P. Jobanputra, MD
Claire S. Kaura, MD
Samira Khera, MD
Edward H. Kim, MD
Poh-Koon Koh, MD
Jonathan A. Laryea, MD
Sridevi Maddineni, MD
Neil Maloney, MD
Daniel A. Melero, MD
Christopher H. Moon, MD
Charles L. Morrison, MD
James O'Riordan, MD
Marc C. Osborne, MD
Danielle M. Pastor, DO
Dana A. Penner, MBBS
Jason A. Petrofski, MD
Glenda G. Quan, MD
Sowsan Rasheid, MD
Elizabeth Raskin, MD
Timothy S. Sadiq, MD
Imran Saeed, MD
Bashar Safar, MD
Lourdes T. Santiago, MD
Elie Schochet, MD
Ateet H. Shah, MD
Susan M. Shedda, MBBS
Matthew P. Sweet, MD
Lucrecia Trabanino, MD
Vassiliki L. Tsikitis, MD
Steven Tsoraides, MD, MPH
Kelly M. Tyler, MD
Kota Venkatesh, MD
Theodoros Voloyiannis, MD
David J. Willis, MD
Kimberly A. Yee, MD