



ASCRS to promote colorectal cancer awareness through sponsorship of 'Undy 5000' 5K Races

ASCRS will serve as a national sponsor of the Undy 5000, a high-profile series of 5K races organized by the Colon Cancer Alliance (CCA) that will raise awareness of colorectal cancer and the 154,000 people who are diagnosed with the disease each year.

A "brief" explanation of the Undy 5000, and its peculiar name, is in order. The number – 5000 – indicates the length of each race (5,000 meters, or 5K). "Undy," meanwhile, is a direct reference to the fact that participants are encouraged to draw attention to their bottoms (and colorectal cancer) by running or walking in their underwear.

Event planners believe this unique approach will generate opportunities for media coverage, get people talking about colorectal cancer and serve as an effective fundraising tool to support colorectal cancer research.



Inform. Prevent. Support.

"We think it's time to make people talk about colorectal cancer. And we can't think of a better way to draw attention to the disease than a parade of people in their boxers and bloomers parading down a city street," says Dr. Tim Turnham, CCA's Chief Executive Officer. "Of course, wearing boxers is completely optional. Many people will be participating in their normal running/walking clothes as well."

Society members are encouraged to get involved by raising funds on behalf of the Undy 5000 or participating in one of three races currently scheduled:

- September 27 – Philadelphia, PA,
- November 1 – Dallas, TX,
- November 15 – Phoenix, AZ.

CCA will hold two other Undy 5000 events, including one in St. Louis, MO, by next summer.

For more information on the Undy 5000, visit the Colon Cancer Alliance Website, www.ccalliance.org. *

ASCRS hosts record-setting Tripartite Meeting in Boston

ASCRS' 2008 Annual Meeting and Tripartite Meeting in Boston set all-time high attendance records as it welcomed leading experts from North America, the United Kingdom, Europe, Asia, Australia and New Zealand for an in-depth exploration of the differing approaches to colorectal disease treatment taken by surgeons around the world.

The meeting set records for the number of Society members in attendance (866), as well as non-member physicians (524), residents (412), nurses and physician assistants (89) and exhibitors (893). Total registration for the meeting was 3,030.

The Tripartite Meeting featured 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, in collaboration with the European Society of Coloproctology.



Sunday's "International View on Rectal Cancer," moderated by Dr. Robert Fry (left), was one of many scientific highlights at Boston's Tripartite Meeting.

"The 2008 Tripartite Meeting offered a global forum for discus-

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Dr. Martin Weiser

sion of key topics such as quality initiatives, new technologies and outcomes research,” Program Chair Dr. **Martin R. Weiser**, New York, NY, explains. “The expanded scientific program featured pioneering research and presentations by distinguished international experts in colorectal surgery and related fields.”

Meeting attendees participated in vital discussions on how “quality” care initiatives improve surgical practice; how advances in molecular therapy, biologics and colorectal surgery enhance patient care; and methods to improve outcomes following colorectal surgery, Dr. Weiser adds.

The meeting’s opening symposium, *Controversies in the Treatment of Anal Intraepithelial Neoplasms*, moderated by Dr. **Larissa Temple**, New York, NY, presented the natural history, screening, treatment and prevention of this disease by a panel of international experts.

Other scientific highlights of the Tripartite Meeting included Sunday’s *International View on Rectal Cancer*, moderated by Dr. **Robert Fry**, Philadelphia, PA; *Treating Colorectal Cancer in the Era of Molecular Therapy*, led by Dr. **Jeffrey Meyerhardt**, Boston, MA; and *Ensuring Quality Care for Colorectal Surgery Patients: Redesigning the System*, moderated by Dr. **Nancy Baxter**, Toronto, ON, Canada.

A panel of international experts, moderated by Dr. **Alan Horgan**, New Castle, UK, reviewed *Fast Track: How to Safely Reduce Hospital Stay Following Colorectal Surgery*.

The meeting’s *Tripartite Film Festival* featured fourteen videos documenting complex surgical procedures performed in operating rooms around the world. Moderators Drs. **Peter Marcello**, Burlington, MA; **David Jayne**, Leeds, UK; **Hermann Kessler**, Erlangen, Germany; **Sang Lee**, New York, NY; and **Andrew Shorthouse**, Sheffield, UK, highlighted subtle operative points, and promoted discussion between presenters and audience members.

Distinguished lecturers noted for their expertise in the field of colon and rectal surgery contributed to the Tripartite Meeting’s world-class scientific program:

- Dr. **Robert D. Madoff**, Professor of Surgery; Chief, Division of Colon and Rectal Surgery; Stanley M. Goldberg, MD, Chair in Colon and Rectal Surgery, University of Minnesota, Minneapolis, MN, “Do We Know What We Know? Notes on the Epistemology of Surgery,” *Louis A. Buie Lectureship*.
- Dr. **Michael S. O’Reilly**, Assistant Professor, Department of Radiation Oncology, Division of Radiation Oncology; Assistant Professor, Department of Cancer Biology, Division of Basic Research, The University of Texas M.D. Anderson Cancer Center, Houston, TX, “Antiangiogenesis as Part of a Combined Modality Approach for the Treatment of Cancer,” *Norman Nigro Research Lectureship*.

- Prof. **Michael J. Solomon**, Clinical Professor of Surgery, University of Sydney, Australia; Director and Head, Surgical Outcomes Research Centre, Royal Prince Alfred Hospital & University of Sydney, “Radical Pelvic Exenteration for Advanced and Recurrent Rectal Cancer: Techniques and Outcomes,” *John Goligher Lectureship*.
- Dr. **Selwyn O. Rogers, Jr.**, Division Chief for Trauma, Burns and Surgical Care; Director, Center for Surgery and Public Health and Assistant Professor of Surgery, Harvard Medical School, Boston, MA, “Disparities in Colorectal Cancer Care: A Quality of Care Conundrum,” *Ernestine Hambrick Lectureship*.

“The 2008 Tripartite Meeting offered a global forum for discussion of key topics.”

- Dr. **Russell Stitz**, Professor of Clinical Surgery, Royal Brisbane

Clinical School, Head of the Surgical Discipline, University of Queensland, Brisbane, Australia, “Technology and Technique – The Tortuous Path to Competence,” *Harry E. Bacon Lectureship*.

- Dr. **Atul Gawande**, Associate Professor, Department of Surgery, Harvard Medical School; Associate Professor, Department of Health Policy and Management, Harvard School of Public Health, Boston, MA, “Can Surgery Save More Lives?” *Parviz Kamangar Humanities in Surgery Lectureship*.
- Dr. **Otis Webb Brawley**, Chief Medical Officer, American Cancer Society, Atlanta, GA, “24/7 – How the American Cancer Society is Working for You and Your Patients,” *American Cancer Society Presentation*. ✨

Boston Mayor proclaims Colorectal Cancer Awareness Zone to honor ASCRS Tripartite

Boston Mayor Thomas M. Menino honored ASCRS for “working to achieve greater awareness and prevention of colorectal cancer through its 2008 Tripartite Annual Meeting” and proclaimed the City a Colorectal Cancer Awareness Zone during the week of the meeting.

In his proclamation, Mayor Menino noted that 148,810 new cases of colorectal cancer are expected to be diagnosed in 2008, and 49,600 people will die of the disease in the U.S.

“Screening for colorectal cancer is underutilized, and fewer than 50 percent of individuals above the age of 50 receive annual screenings,” the proclamation said. It pointed out the importance of diet, public education, and regular screenings in preventing colorectal cancer.

The proclamation was read Sunday morning before the American Cancer Society lecture by Maia Brody Field, Chief of Staff, Boston Health Commission. ✨

How can we brand ASCRS?

By Dr. Anthony J. Senagore

I want to take this opportunity to congratulate Drs. **Douglas Wong, Martin Weiser, and Najjia Mahmoud** on the delivery of an excellent Tripartite Meeting in Boston, June 7-11.

The meeting drew a record number of attendee surgeons from the Americas, U.S., Europe, Australia, and Asia. The active participation of our sister organizations contributed greatly to the Tripartite's success.

Planning for the 2009 Annual Meeting, May 2-6, 2009, in Hollywood, Florida, is well along under the direction of Drs. **Neal Ellis** and **James Merlino**. The program will focus on minimally invasive surgical techniques, evaluation of new technologies in the field, and implementation of enhanced recovery programs in colorectal surgery.

The major theme of the meeting is the provision of high quality and high value care for patients with colorectal disorders by the true content experts, colorectal surgeons. We are confident that this annual forum will provide an excellent opportunity for us to discuss the current and future practice of colorectal surgery.

We are knee-deep in a Presidential year, and this election is poised to be a potential game changer for the delivery of medical care in the United States. It is clear that budgetary constraints will force a major transition in how the Centers for Medicare and Medicaid Services will define care delivery and compensate providers.

The ASCRS has been proactive in developing resources to support the quality care of our patients, including our newly designed Website, the journal (*Diseases of the Colon & Rectum*), the recent publication of our standardized textbook, and the efforts of both Dr. **Nancy Baxter** (Quality Assessment and Safety Committee Chair) and Dr. **David Rothenberger** (Chair, Centers of Excellence Committee).

The Research Foundation continues to expand its efforts to support young researchers with seed money which will likely lead to a cadre of senior competitively funded colorectal surgeons in the future.

However, a number of potential threats could negatively impact the level of care we will be able to continue to offer our patients as colorectal surgeons. These threats include: the Medical Home for care oversight by primary care; bundled payments for an entire episode of inpatient care; the continued implementation of "never" events; and continued implementation of unfunded mandates related to the reporting of process measures in pay for performance programs.

Many medical specialties are attempting to define themselves as the experts in components of care that we now deliver. We must work diligently to continue to define and refine the core competencies required for the illnesses we manage for the benefit of our patients.

These pressures will require the ASCRS to advocate the concept that board certified colorectal surgeons are the optimal group of physicians best able to define and deliver high value care for patients with colorectal disorders. This will become increasingly salient as organized medicine defines who should provide perioperative care of surgical patients, perform imaged guided screening tools, or even administer cytotoxic chemotherapy for our patients with cancer.

While we will continue to work with our colleagues in medicine, successful articulation of our concerns will require branding of the specialty of colorectal surgery as the unquestioned experts in the field. Successful branding of the ASCRS over time will be essential to maintain and enhance our position as the recognized leaders in the national debate related to research, process of care delivery, and socioeconomic issues. We will begin the discussions at the Executive Council level to determine how best to integrate our strategic plan and our resources to brand our specialty for the future.

I look forward to working with our Society's excellent leaders to develop a plan to expand and enhance the outstanding reputation enjoyed by the ASCRS. ✨



Dr. Anthony Senagore

“Successful branding of the ASCRS over time will be essential to maintain and enhance our position as the recognized leaders in the national debate...”

Future Meetings

Hollywood, FL
May 2-6, 2009
The Westin Diplomat
Resort & Spa

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

Vancouver, Canada
May 14-18, 2011
Vancouver Convention
& Exhibition Centre

Dr. Gordon Klatt, Prof. Michael Keighley honored with 2008 Community Impact Awards

Dr. **Gordon Klatt**, Tacoma, WA, founder of the American Cancer Society's "Relay For Life," was honored with the 2008 Community Impact Award at the ASCRS Annual Meeting in Boston, MA.

A second award was presented to Prof. **Michael R. B. Keighley**, Warwickshire, UK, for his work as a *pro bono* advisor and mentor at Christian Medical College and University Hospital, Vellore, Tamil Nadu, South India.

Dr. Klatt initiated what became the "Relay For Life" in 1985, when he resolved to highlight a need for greater funding in the fight against cancer by circling the track at the University of Puget Sound for 24 hours – symbolizing the never-ending battle cancer patients face.

With money pledged from friends and family members for each mile completed, he raised \$27,000 and spawned what has become the world's largest non-profit fundraising event. "Relay For Life" has since raised more than \$3 billion.

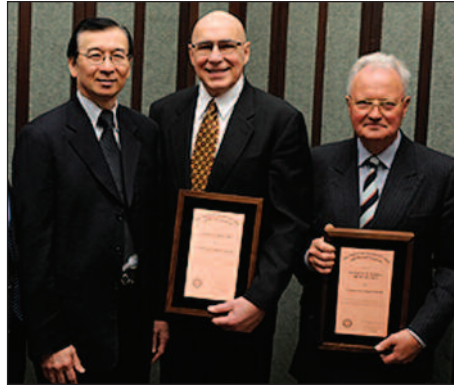
After retiring from the National Health Service in 2004, Prof. Keighley agreed to serve as an external academic advisor

and clinical mentor to Christian Medical College (CMC Vellore). His activities – all self-funded – support healthcare for the poor, created a specialty colorectal service at an independent hospital, and helped develop ties with rural mission hospitals that provide outreach surgical services to people of the Indian sub-continent.

Prof. Keighley spends between two and three months each year at CMC Vellore, and has made a total of 12 trips in the past four years. At home, he serves on the "Friends of Vellore" Executive Committee, which raises funds to support the institution.

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

"Many Society members are doing important volunteer work in their communities. The Community Impact Award is one way we recognize and promote their efforts," says Public Relations Committee Chair Dr. **Harry Papaconstantinou**, Temple, TX. ✨



2007-08 ASCRS President Dr. Douglas Wong presents Dr. Gordon Klatt (center) and Prof. Michael Keighley with the 2008 Community Impact Award.

DC&R enhances prestige, journal design to commemorate 50th anniversary milestone

Following a strong 2007 that witnessed a marked increase in its Impact Factor rating, *Diseases of the Colon & Rectum* celebrates its 50th anniversary in 2008 with an improved design and an editorial focus on colon and rectal surgery's future, Editor-in-Chief Dr. **Robert D. Madoff**, Minneapolis, MN, reported during the Society's annual business meeting in Boston, MA.



Dr. Robert Madoff

The journal's Impact Factor increased from 2.264 to 2.442. *DC&R* now ranks 19 of 138 surgical journals, and 18 of 47 among gastroenterology and hepatology publications. A journal's Impact Factor is a measure of quality based on total number of citations and articles published.

"This Impact Factor increase continues the steady improvement the journal has experienced over the past decade," Dr. Madoff reported. "Our goal is to continue this progress in becoming the international journal of record for all issues related to colorectal disease."

DC&R in 2007 also achieved record-setting revenues and royalties paid to ASCRS.

Turning his attention to the 50th anniversary milestone, Dr. Madoff reported that *DC&R* is now printed in full-color and features standardized graphs and charts. A special replica cover for 2008 echoes the journal's original cover design.

In addition, the Editorial Board commissioned a yearlong series of feature articles that will explore the future of a specific area of colorectal surgery.

During his presentation, Dr. Madoff also announced:

- The retirement of Dr. **James M. Church**, Cleveland, OH, as Co-Editor. Dr. **Julio Garcia-Aguilar**, Duarte, CA, has been appointed as Dr. Church's successor.
- Dr. **Kelli Bullard Dunn**, Buffalo, NY, receives the second Victor W. Fazio MB, MS Award for Editorial Excellence. This award is presented annually to the reviewer who has done "the finest editorial work over the past year."
- Dr. **Jae Gahb Park**, Seoul, South Korea, wins the Robert W. Beart, Jr., MD Impact Paper of the Year Award for "Microarray Gene Expression Profiling for Predicting Complete Response to Preoperative Chemoradiotherapy in Patients with Advanced Rectal Cancer." ✨

“Cherish the past, prepare for the future,” Dr. Douglas Wong tells Annual Meeting audience

Reflecting on an exciting career that brought him from the Canadian wilds to New York City, outgoing ASCRS President Dr. W. Douglas Wong exhorted his Annual Meeting audience to “cherish the past, prepare for the future.”



Dr. Douglas Wong stresses the importance of developing young surgeons as future leaders during his presidential address.

He warned that America is on the brink of significant physician shortages.

“Additional factors are decreasing trends in work effort of physicians because of aging of the workforce; a desire of young

physicians for more family time, less time on call, and fewer hours of work; and the 80-hour work week,” Dr. Wong said in his presidential address.

He cited data projecting a physician shortfall of 200,000 by 2025. “Graduate medical education must be expanded, and Medicare’s caps on GME must be lifted,” Dr. Wong urged.

“Over the past 20 years, there has been a steady increase in the number of students choosing lifestyle-friendly specialties, whereas the number of students choosing surgery peaked in 1992 but has declined steadily over the past 10 years,” he said.

The length of training and lifestyle concerns are turning students away from careers in surgery, according to Dr. Wong. “Surgery must be made more attractive to the medical student,” he said, suggesting shorter training regimens.

Concerns about the surgical workforce and surgical education were among several major topics included in Dr. Wong’s wide-

-ranging address. Other topics included the globalization of colorectal surgery and surgical mentoring.

“We need to increase our collaboration and relationships with other important and influential societies, and we need to promote the globalization of our specialty, with the goal of encouraging the development of state-of-the-art training programs in colorectal surgery to enhance patient care

worldwide,” said Dr. Wong. He plans to lead a People to People Colorectal Surgeons Delegation to China in April 2009.

“It is essential that we continue to develop young surgeons as future leaders.”

Dr. Wong acknowledged debts to many mentors, including Dr. **Stuart H.Q. Quan**, Westhampton, NY, the first Chinese-American ASCRS president (1979-80). “I am honored to follow in his path, to be the second Chinese-American president of our Society, and I am truly privileged to have received the Stuart H.Q. Quan Endowed Chair in Colorectal Surgery at Memorial Sloan-Kettering Cancer Center,” he said.

“We need to prepare for the future in mentorship. The next generation of surgeons will be responsible for determining the future of surgery. It is essential that we continue to develop young surgeons as future leaders,” he added.

Dr. Wong quoted one of his mentors saying, “If we want students to embrace surgery, then we need to give them the experience of seeing the rewards of surgical care and of our own delight and enthusiasm for what we do.” Role models are the impetus for entry into surgical subspecialty in 56% of residents, he said, citing the Research Foundation’s two new initiative grants as one important way the Society is fostering mentorship. ✨

Humorist Dave Barry, Retirement Living TV winners of 2008 National Media Awards

A column by humor writer Dave Barry, and a comprehensive report on Irritable Bowel Syndrome (IBS) produced by Columbia, MD-based Retirement Living TV, were selected as winners of the Society’s 2008 National Media Awards.

Barry’s column, “A journey into my colon – and yours,” published in the *Miami Herald*, won in the competition’s print category. Judges called it a “perfect piece of science writing. The message is standard: get a colonoscopy at age 50, the procedure isn’t that



Retirement Living TV’s David Wasser accepts the 2008 National Media Award from outgoing Public Relations Committee Chair Dr. Deborah Nagle.

bad and skipping it could be life threatening. The delivery is far from standard.”

David Wasser, of Retirement Living TV, won the broadcast category award for “Healthline: Irritable Bowel Syndrome.” It marked the first time in the competition’s 14-year history that a report on irritable bowel syndrome has won a National Media Award.

Judges complemented the report for its “painstaking detail,” which allowed viewers to

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2008 National Media Awards ...continued from previous page

understand the psychological impact of the disease. "As a result, the viewer is able to empathize and be open to the nuances of a disease that is hard to diagnose and hard to control."

The winners were chosen from entries submitted by newspapers, magazines, television and radio stations from around the world. Winners received a \$1,000 cash prize, a plaque, and an expense-paid trip to Boston, MA, for ASCRS' 2008 Annual Meeting.

Judges from the Medill School of Journalism, Northwestern University, Evanston, IL, selected the win-

ning 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, irritable bowel syndrome, and Crohn's Disease. ✱

Members exceed 'challenge' goal at Foundation fundraiser

The Research Foundation raised more than \$100,000 during the 4th annual "Meet the Challenge" program, easily surpassing its original goal by more than \$10,000, Research Foundation President Dr. **Jose G. Guillem**, New York, NY, reports.

Three corporate supporters – **Ethicon Endo-Surgery**, **Covidien** and **Genzyme Biosurgery** – agreed to pledge a total of \$45,000 for the 2008 fundraiser. The goal was for ASCRS members to match this amount, thereby raising \$90,000 to support Research Foundation grants and awards.

Society members instead contributed \$51,890 in cash donations and another \$3,900 in pledges, bringing the total to \$100,790. This funding will be used to support Limited Project Grants, Career Development Awards, Medical Student and General Surgery Resident Research Initiation

Grants, the International Fellowship and the Norman Nigro Research Lecture. It will also support the Request for Proposal for Clinical Studies on Benign Colorectal Disorders program.



Welcome Reception attendees submit bids for items at the Research Foundation Silent Auction.

A silent auction at the event involved 12 regional colon and rectal societies in the fundraising effort and raised an additional \$13,656 for the program.

Prizes included a hotel spa package, glass-bottomed kayak, ladies fur jacket, Helios fishing rod, hand-made Amish quilt and matching wall hanging, a

one-year subscription to a wine of the month club, hand-crafted teak tree-trunk bench, a Freedom office chair, and gold and diamond jewelry. ✱

Silent Auction Sponsors, Prizes

Chesapeake Society of Colon and Rectal Surgeons – Flowering Plant of the Month Club.

Chicago Society of Colon and Rectal Surgeons – Hotel Hershey Spa Package.

Michigan Society of Colon and Rectal Surgeons – 14K gold cuff bracelet w/ sterling silver stenciling.

Midwest Society of Colon and Rectal Surgeons – Handcrafted Teak tree-trunk seat.

New England Society of Colon and Rectal Surgeons – "Glass bottom" transparent canoe-kayak.

New Jersey Society of Colon and Rectal Surgeons – Wine of the Month Club (one year subscription).

New York Society of Colon and Rectal Surgeons – Blue Fox ladies fur jacket.

Niagara Frontier Association of Colon and Rectal Surgeons – Freedom office chair.

Northeastern Society of Colon and Rectal Surgeons – Helios fishing rod.

Pennsylvania Society of Colon and Rectal Surgeons – Omega necklace with 14K gold pendant.

Pennsylvania Society of Colon and Rectal Surgeons – Diamond circle necklace.

Pittsburgh Society of Colon and Rectal Surgeons – 14K gold triple link chain diamond necklace.

Pittsburgh Society of Colon and Rectal Surgeons – Regency corinthian bracelet.

Southern California Society of Colon and Rectal Surgeons – Handmade Amish quilt and matching wall hanging. ✱

2008 Tripartite Meeting Webcast now available



Scientific program highlights of the 2008 Tripartite Meeting in Boston are now accessible via Webcast through the ASCRS Website, www.fascrs.org.

The Webcast – also offered for the first time this

year as a Podcast – uses streaming video and audio to provide Society members with access to Tripartite scientific presentations from any computer or MP3 player at any time. No CME credit is available by viewing the presentations.

Highlights include:

- **Best Evidence & Practical Advice in Managing Post Operative Ileus – 2008 & Beyond.** (Supported by an educational grant from *Wyeth Pharmaceuticals*)
- **Identification, Testing and Treatment of Patients with HNPCC.** (Supported by an educational grant from *Myriad Genetic Laboratories, Inc.*)

“The Webcast uses streaming video and audio to provide Society members with access to scientific presentations.”

Users may also access presentations on benign disease, international perspectives on rectal cancer, the Update on Core Subjects, discussion of

how quality measures affect colorectal surgical practices, named lectures, and more. ✨

Society presents Regional Awards recognizing outstanding research

Nine Regional Awards, presented during the 2008 Annual Meeting in Boston, MA, honored outstanding papers, posters and videos submitted by researchers, Awards Committee Chair Dr. **Robin P. Boushey**, Ottawa, ON, Canada, reports. The Awards Committee selected the following 2008 honorees:

Best Paper by a Surgical Resident

- **The Canadian Society of Colon & Rectal Surgeons Award**, Drs. Elizabeth Wick, J. Church, F. Remzi, V. Fazio, J. Vogel, Cleveland, OH, *Surgical Site Infections in a National Surgical Quality Improvement Program “High Outlier” Institution: Are Colorectal Surgeons to Blame?*

Basic Science – Podium

- **The Chicago Society of Colon and Rectal Surgeons Durand Smith, MD, Award**, Drs. Charles Heise, T. Warner and J. Lan, Madison, WI, *IL-10 Producing Attenuated Salmonella Typhimurium is Beneficial for Treatment of DSS Induced Murine Inflammatory Bowel Disease.*

Clinical – Podium

- **The New England Society of Colon and Rectal Surgeons Award**, Drs. Simon Bock, A. Merrie, L. Lane, B. Warren and N. Mortensen, *UK Audit of Transanal Endoscopic Microsurgery for Rectal Cancer.*
- **The Northern California Society of Colon and Rectal Surgeons Award**, Drs. Simon Ng, K. Leung, J. Lee, W. Leung, D. Ng, R. Yiu, J. Li, and S. Hon, Hong Kong, China, *Long-term Morbidity and Oncological Outcomes of Laparoscopic Anterior Resection for Upper Rectal Cancer: 10-year Results of a Prospective Randomized Trial.*

- **The Ohio Valley Society of Colon and Rectal Surgeons Award**, Drs. Garrett Nash, M. Weiser, J. Guillem, L. Temple, J. Shia, M. Gonen, W. Wong, and P. Paty, New York, NY, *Long-term Survival after Surgery for T1 Rectal Cancer.*

Anorectal Surgery – Podium

- **The Pittsburgh Society of Colon and Rectal Surgeons** Karl A. Zimmerman, MD, Award, Mr. David Jane, O. Schwandner, and A. Stuto, Leeds, UK, *STARR for Obstructed Defecation Syndrome: 12 Month Follow-up.*

Basic Science – Poster

- **The Midwest Society of Colon and Rectal Surgeons, William C. Bernstein, MD, Award**, Drs. Julio Garcia-Aguilar, N. Goodman, and E. Kim, San Francisco, CA, *K-ras Mutations Predict Poor Outcomes in Rectal Cancer Patients Treated with Adjuvant Radiation and Curative Surgery.*

Clinical – Poster

- **The Pennsylvania Society of Colon and Rectal Surgeons Award**, Drs. P. Terry Phang, C. McGahan, G. McGregor, J. MacFarlane, C. Brown, M. Raval, R. Cheifetz, H. Kennecke, and J. Hay, *Outcomes Improved after Total Mesorectal Excision Workshops in British Columbia.*

Best Video

- **The ASCRS Bart Hoexter, MD, Best Video Award**, Drs. Dinesh Thekkinkattil, R. Heath, S. Gonsalves, C. Landon, and P. Sagar, *Laparoscopic Sacrocolporectomy for Combined Vaginal and Rectal Prolapse.* ✨

ASCRS thanks corporate supporters

ASCRS and its Research Foundation are grateful to the following companies and organizations for their generous support of the following projects and programs this year:

Adolor Corporation and GlaxoSmithKline – Supporter of the *Fast Track: How to Safely Reduce Hospital Stay Following Colorectal Surgery* breakfast symposium, Convention Registration Bags, Schedule of Events Board and Hotel Keys.

Alaven Pharmaceutical LLC – Sponsor of the Exhibit Hall restrooms.

American Medical Systems – Partial support of the *Advances in the Treatment of Incontinence and Pelvic Floor Disorders* symposium.

Amgen Inc. – Co-supporter of the *Treating Colorectal Cancer Patients in the Era of Molecular Therapy* symposium.

Applied Medical – Co-supporter of the *Hand Assisted Laparoscopic Intestinal Surgery Workshop*, the *Laparoscopic Techniques: Nuts, Bolts & Beyond* breakfast symposium, the *Laparoscopic Rectal Resection: Trials and Tribulations* symposium, and the *Laparoscopic Colectomy for Senior Residents in General Surgery* workshop.

B-K Medical Systems, Inc. – Supporter of the *Endorectal Ultrasound Course*.

Bristol-Myers Squibb Company and ImClone Systems – Co-supporter of the *Treating Colorectal Cancer Patients in the Era of Molecular Therapy* symposium.

ConvaTec, a Bristol-Myers Squibb Company – Partial support of *The Critical Role of Allied Health Professionals in the Management of Patients with Colorectal Diseases* symposium.

Cook Medical – Supporter of the *Modern Management of Anal Fistulas* luncheon symposium.

Covidien – Sponsor of the Lead Retrieval, Notepads and Pens, Convention Center Banner, co-supporter of the *Hand Assisted Laparoscopic Intestinal Surgery Workshop*, the *Technologic Advances in the Diagnosis and Treatment of Colorectal Disease* dinner symposium, the *Laparoscopic Techniques: Nuts, Bolts & Beyond* breakfast symposium, the *Laparoscopic Colectomy for Senior Residents in General Surgery* workshop, supporter of the *Meet the Professor Breakfasts*, and an unrestricted grant in support of the Research Foundation's *Meet the Challenge* program.

Ethicon Endo-Surgery, Inc. – Sponsor of the Abstracts on Disk, "Save the Date" Flyer, Executive Council Dinner, Pocket Program Guide, lanyards for the badge holders, 2007 – 2008 ASCRS Membership Directory and the 2008 – 2009 Membership Directory, supporter of the *How Will We Train the Next Generation of Colorectal Surgeons* symposium, co-supporter of the *Hand Assisted Laparoscopic Intestinal Surgery Workshop*, the *Laparoscopic Techniques: Nuts, Bolts & Beyond* breakfast symposium, the *Robotics in Colorectal Surgery* luncheon symposium, the *Laparoscopic Rectal Resection: Trials and Tribulations* symposium, the *Laparoscopic*

Colectomy for Senior Residents in General Surgery workshop, and an unrestricted grant in support of the Research Foundation's *Meet the Challenge* program.

Ferndale Laboratories, Inc. – Supporter of the Residents' Reception.

Genzyme Biosurgery – Sponsor of the hotel room bottled water, co-supporter of the *Hand Assisted Laparoscopic Intestinal Surgery Workshop*, partial supporter of the *Ensuring Quality Care for Colorectal Surgery Patients: Redesigning the System* symposium, and an unrestricted grant in support of the Research Foundation's *Meet the Challenge* program.

Graceway Pharmaceuticals, LLC – Partial supporter of the *Controversies in the Current Treatment of Anal Intraepithelial Neoplasm* symposium.

Intuitive Surgical – Co-supporter of the *Robotics in Colorectal Surgery* luncheon symposium.

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

Konsyl Pharmaceuticals – Supporter of the Residents' Breakfast.

Merck & Co., Inc. – Supporter of the *Improving Outcomes Following Colorectal Surgery* breakfast symposium, and the license fee for CME.

Microline – Pentax – Co-supporter of the *Hand Assisted Laparoscopic Intestinal Surgery Workshop* and the *Laparoscopic Colectomy* workshop for senior residents in general surgery.

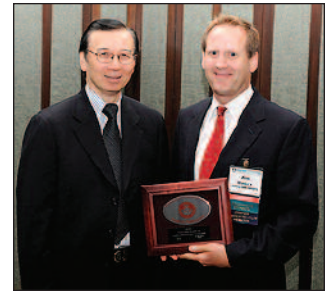
Myriad Genetic Laboratories, Inc. – Supporter of the *Identification, Testing and Treatment of Patients with HNPCC* breakfast symposium, and its Vodcast placement on the ASCRS Website.

Olympus America Inc. – Co-supporter of the *Hand Assisted Laparoscopic Intestinal Surgery Workshop*, the *Technologic Advances in the Diagnosis and Treatment of Colorectal Disease* dinner symposium, and the *Laparoscopic Techniques: Nuts, Bolts & Beyond* breakfast symposium.

Power Medical Interventions, Inc. – Co-supporter of the *Technologic Advances in the Diagnosis and Treatment of Colorectal Disease* dinner symposium.

Richard Wolf Medical Instruments Corporation – Supporter of *Transanal Endoscopic Microsurgery Courses (TEM) Expanding the Role of Local Excision: A Minimally Invasive Technique for Excision of Rectal Tumors*.

sanofi-aventis – Co-supporter of the *Treating Colorectal Cancer Patients in the Era of Molecular Therapy* symposium.



Dr. Douglas Wong thanks Jim Haney, of Ethicon Endo-Surgery, Inc., a Johnson and Johnson Company, for its strong support of the ASCRS Annual Meeting.

ASCRS thanks corporate supporters ...continued from previous page

Stryker Endoscopy – Co-supporter of the *Hand Assisted Laparoscopic Intestinal Surgery Workshop*.

Tissue Science Laboratories – Sponsor of the Advanced Registration Brochure, supporter of the *Biologic Mesh in Colorectal Surgery: Pelvic Floor Reconstruction, Ventral and Parastomal Hernia Repair* dinner symposium.

Wyeth Pharmaceuticals – Supporter of the *Best Evidence and Practical Advice in Managing Post Operative Ileus – 2008 and Beyond* breakfast symposium, its placement on the ASCRS Website, and the license fee for CME monograph. ✨

Dr. Anthony Senagore tops slate of newly-elected Society officers

Dr. **Anthony J. Senagore**, Grand Rapids, MI, was elected 2008-09 ASCRS President during the Society's Annual Meeting in Boston. He succeeds Dr. **W. Douglas Wong**, New York, NY, who continues to serve on the Executive Council as Past President.

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

- Dr. **James W. Fleshman**, St. Louis, MO, President-elect.
- Dr. **Jacques P. Heppell**, Phoenix, AZ, Vice President.
- Dr. **Steven D. Wexner**, Weston, FL, Secretary.
- Dr. **Jose G. Guillem**, New York, NY, Research Foundation President.
- Dr. **Janice F. Rafferty**, Cincinnati, OH, Member-at-Large.
- Dr. **Mark L. Welton**, Stanford, CA, Member-at-Large.

ASCRS President: Dr. Senagore

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 previously served on the Executive Council as Treasurer and President-elect. He is Chair of the Fundraising Steering Committee and Planned Giving Committees, and Associate Editor of the Society's Journal, *Diseases of the Colon and Rectum (DC&R)*.

Dr. Senagore is past Chair of the Socioeconomic Committee, and the Practicing Physicians Advisory Committee to the Centers for Medicare and Medicaid. He has represented the Society on the Relative Value Update Committee, served on the Technologies and Continuing Medical Education Committees, and co-chaired the Program Committee for the 1993 ASCRS Annual Meeting in Chicago.

ASCRS President-elect: Dr. Fleshman

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

An ASCRS Fellow, Dr. Fleshman completed a three-year term as Secretary before becoming President-elect, and has served

on the Executive Council since 1993. He also served as President of the Research Foundation and chaired the Continuing Education, Program, Outcome Measures, and Impact Paper Committees. He has served on many other ASCRS committees, including the Maintenance of Certification, Quality Assessment and Safety, and CPT Advisory Committees.

Dr. Fleshman was also Senior Editor for *The ASCRS Textbook of Colon and Rectal Surgery*, a member of the *Diseases of the Colon & Rectum* Editorial Board, and served as Core Subject Coordinator from 1994 – 1997.

ASCRS Vice President: Dr. Heppell

Dr. Heppell is Vice Chair – Clinical Research, Department of Surgery, and Professor of Surgery at Mayo Clinic, Phoenix, AZ.

He is an ASCRS Fellow who has previously served on the Awards, Membership, Selected Abstracts and Program Committees. In addition, Dr. Heppell was a Reviewer and Associate Abstract Editor for *Diseases of the Colon & Rectum* from 1997 – 1999.



Dr. James Fleshman



Dr. Jacques Heppell



Dr. Steven Wexner

ASCRS Secretary: Dr. Wexner

Dr. Wexner is Chairman of the Department of Colorectal Surgery, Emeritus Chief of Staff, and Chief Academic Officer at Cleveland Clinic, Florida. He is also Professor of Surgery at the University of Health Sciences Center, Ohio State University, and Affiliate Professor of Surgery at the University of South Florida.

An ASCRS fellow and current Vice President of the Research Foundation, Dr. Wexner has chaired several committees, including Membership, International, and Regional Society. He has also served as Vice Chair of the Self Assessment Committee, and as a member of the Program, Awards, Public Relations, and Bylaws Committees.

In addition, Dr. Wexner has been an Executive Council Member-at-Large, a member of the *Diseases of the Colon and Rectum* Editorial Board, Chair of the Advisory Council for Colon and Rectal Surgeons to the American College of Surgeons, a senior editor of the ASCRS textbook, and a

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Society officers ...continued from previous page

member of the Residency Review Committee for Colon and Rectal Surgery and the American Board of Colon and Rectal Surgery.

Dr. Wexner was a governor of the American College of Surgeons from 2000 to 2006, and President of the Society of American Gastrointestinal Endoscopic Surgeons (SAGES) from 2006 to 2007.

Research Foundation President: Dr. Guillem

Dr. Guillem is Director of the Familial Colorectal Cancer Registry, Department of Surgery, at Memorial Sloan-Kettering Cancer Center. He is also Professor of Surgery at Cornell University Medical College.

An ASCRS Fellow, Dr. Guillem has served as Research Foundation Treasurer, Secretary and Vice President. He has chaired both the Foundation's Awards Committee and Research Committee.

Dr. Guillem is Council Representative to the Society's Public Relations Committee. He has served on many other committees, including the Program, Emerging Technologies, Quality Assessment and Safety, and Self Assessment Committees.



Dr. Jose Guillem



Dr. Janice Rafferty



Dr. Mark Welton

Member-at-Large: Dr. Rafferty

Dr. Rafferty is Chief of the Division of Colon and Rectal Surgery, and Professor of Surgery, Department of Surgery, at the University of Cincinnati College of Medicine.

An ASCRS Fellow, Dr. Rafferty currently serves on the Standards Committee and as a Reviewer for *Diseases of the Colon & Rectum*. She previously served as Program Committee Co-Chair for the Society's 2006 Annual Meeting in Seattle and a member of the Public Relations Committee.

Member-at-Large: Dr. Welton

Dr. Welton is Chief, Colorectal Surgery Service, and Professor of Surgery at Stanford University School of Medicine. He is also a staff surgeon at Palo Alto Veterans Administration Hospital.

He currently serves as a Reviewer for *DC&R*, is a former Associate Editor for the journal, and has served on the Program and Self Assessment Committees.

ASCRS members continuing their terms on the Executive Council are Drs. **Alan Thorson**, Omaha, NE, Treasurer; and **Tracy Hull**, Cleveland, OH; **Neil Hyman**, Burlington, VT; **Susan Galandiuk**, Louisville, KY; and **Theodore J. Saclarides**, Chicago, as Members-at-Large. ✨

AMA REPORT

AMA House of Delegates considers critical issues in medicine

By Harry T. Papaconstantinou, MD, FASCRS, ASCRS Alternate Delegate to AMA

Delegate Dr. **Anthony J. Senagore**, Grand Rapids, MI, and Alternate Delegate Dr. **Harry T. Papaconstantinou**, Temple, TX, represented ASCRS at the American



Dr. Harry
Papaconstantinou

Medical Association's 2008 Annual Meeting in Chicago, June 14-18. The Society has AMA representation through the Specialty and Service Society Caucus, which includes 101 national medical specialties and societies. This governing body provides the Society a voice at the AMA.

Established AMA guidelines for Delegates require that 35% of ASCRS Fellows are members of the AMA. At the end of last year, ASCRS had 880 voting members, of which 327 or 37% were AMA members. This year, ASCRS was reviewed and approved to maintain our representation in the AMA House of Delegates for five more years!

Resolutions and reports presented to the delegation for discussion and approval included specific topics on medical ethics, education, finance, patient care and safety.

This report provides a brief outline of AMA positions and debated topics most pertinent to ASCRS members.

• Industry support of professional education in medicine

A report by the Council on Ethical and Judicial Affairs (CEJA) addresses industry funding of professional education in medicine. The CEJA concludes that productive relationships with industry can promote continued innovation and improvement in patient care. However, it was recommended that physicians and institutions not accept industry funding to support medical education of current and future physicians. The report further recognizes the need for effective and efficient education programming that serves the needs of all physicians and to find avenues to obtain noncommercial funding of professional education activities.

The report did not distinguish between certified continuing medical education and uncertified promotional education. Furthermore, recently adopted accreditation standards should play a role in addressing potential bias in continuing medical education

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AMA Report ...continued from previous page

content. There was no consideration of the unintended consequences of these recommendations. Restrictions to industry support will have differential effects on the stakeholders, and the delegation recommended the CEJA seek further input from stakeholders to clarify concerns and explore options for achieving the shared goal of ensuring that professional education is without bias.

• Centers for Medicare and Medicaid Services (CMS) policy on hospital acquired conditions present on admission

A Board of Trustees report outlined specific recommendations for AMA action.

These included (1) the continued strong opposition to non-payment for conditions outlined in the Hospital Acquired Condition — Present on Admission (HAC-POA) policy that are not reasonably preventable through the application of evidence-based guidelines; (2) to ask CMS and other appropriate bodies to monitor and evaluate practice changes and associated outcomes made as a result of HAC-POA law, and to report back on best practices; (3) educate physicians about the HAC-POA law and its implications for patient care, coding requirements and payment; (4) continue its education and advocacy of CMS and Members of Congress about the unintended consequences of non-payment for hospital acquired conditions that may not, in fact, be preventable; (5) work with hospitals and their organizational representatives to ensure that the HAC-POA law is implemented in such a way that it does not adversely affect patients and negatively impact physicians in the hospital setting.

There was overwhelming support for the report; however, it was recommended to strengthen the report: (i) oppose the use of payment and coverage decisions by the federal government and private payers to establish the standard of care for medical practice, especially with regard to payment decisions that are erroneously predicated on the notion that a medical condition is reasonably preventable, when in fact, that condition may occur even when evidence-based guidelines are met; (ii) hospital acquired conditions for which the CMS proposes to deny payment should only be those that are truly “reasonably preventable” and that this standard should be based on evidence-based guidelines; and (iii) serious unintended consequences could result from this HAC policy, including an adverse impact on patient access to, and quality of, care.

Furthermore, the delegation believed that the public, Congress, and CMS, should be aware of these unintended consequences.

• Tiering system for third-party payers

A Board of Trustees report recommends that the AMA publish a National Health Insurers Report Card to provide physicians and patients with specific data on individual insurers.

• Enforcement of Duty Hours Standards and Improving Resident, Fellow and Patient Safety

A Council on Graduate Medical Education (ACGME) report describes the enforcement and impact of the ACGME duty hour standards as they relate to the larger issue of the optimal learning environment for residents.

The report also discusses the creation of an anonymous system for reporting duty hour violations and resident intimidation, a system to protect whistleblowers from retaliation; the development of a pamphlet on such violations; and a proposal for the ACGME and AMA to

create a system of incentives and disincentives for programs to comply with the requirements.

The report concludes with a series of recommendations designed to provide a balance between resident education, patient care, quality and safety to create the most effective learning environment possible.

Resolutions were proposed for the AMA to: 1) reaffirm support of the current ACGME duty hour restrictions; 2) encourage the voluntary reduction or elimination of extended work shifts (greater than 16 hours) for residents and fellows by academic medical centers and teaching hospitals while opposing a new ACGME mandate at this time; 3) continue to evaluate outcomes-based research on the impact of reductions in extended work shifts on patient safety, resident education, resident safety, resident quality of life, and professionalism in transfer of care; and 4) develop specific prioritized research questions/objectives to further evaluate issues related to resident duty-hour reforms, such as best practices for signing out patients and organizing patient care teams.

There was strong opposition by several surgical groups to the elimination of extended (>16 hour) work shifts. It was noted that several surgical specialties have very long procedures and continuity of care requirements.

Furthermore, it was pointed out that the duty hour limits have been in place for less time than the length of their surgical residency training programs, and the data have not demonstrated that there have been improvements in either surgical training or patient safety.

Members may find further information about AMA policy and action by going to www.ama-assn.org. Members with questions may contact me directly (bpapaconstantinou@swmail.sw.org). ✱

“Resolutions and reports presented to the delegation for discussion and approval included specific topics on medical ethics, education, finance, patient care and safety.”

Socioeconomic Committee Update

By *Guy R. Orangio, MD, FACS, FASCRS*

First, I would like to thank the following members who will be rotating off the committee: Drs. **Linda M. Farkas**, Pittsburgh, PA; **Phillip M. Kofsky**, Norristown, PA; **Philip D. Kondylis**, Erie, PA; **James A. Unti**, Chicago, IL.

I would like to welcome the following members who have been appointed to the committee: Drs. **Philip F. Caushaj**, Pittsburgh, PA; **Ignacio Echenique**, Hato Rey, Puerto Rico; **Ravin R. Kumar**, Torrance, CA; **Feza H. Remzi**, Cleveland, OH; and **Stephen M. Sentovich**, Boston, MA.

Committee members are as follows:

- **Guy R. Orangio**, MD, Atlanta, GA, *Chair*
- **Douglas A. Khoury**, MD, Davenport, IA, *Vice Chair*
- **Anthony J. Senagore**, MD, Grand Rapids, MI, *Council Rep*
- **Douglas A. Brewer**, MD, Macon, GA
- **Philip F. Caushaj**, MD, Pittsburgh, PA
- **Bradley J. Champagne**, MD, Cleveland, OH
- **Jeffrey L. Cohen**, MD, Hartford, CT
- **Jeffrey S. Cohen**, MD, Marietta, GA
- **Conor P. Delaney**, MD, Cleveland, OH
- **Ignacio Echenique**, MD, Hato Rey, Puerto Rico
- **Andrea Ferrara**, MD, Orlando, FL
- **Brett T. Gemlo**, MD, St. Paul, MN
- **Jill C. Genua**, MD, Stamford, CT
- **William J. Harb**, MD, Nashville, TN
- **Charles P. Heise**, MD, Madison, WI
- **Alan J. Herline**, MD, Nashville, TN
- **Ravin R. Kumar**, MD, Torrance, CA
- **Elizabeth J. McConnell**, MD, Phoenix, AZ
- **James J. Merlino**, MD, Cleveland, OH
- **Richard L. Moskowitz**, MD, Morristown, NJ
- **Thomas J. Nicholson**, MD, York, PA
- **Jason R. Penzer**, MD, New York, NY
- **Fabio M. Potenti**, MD, Hollywood, FL
- **Feza H. Remzi**, MD, Cleveland, OH
- **Stephen M. Sentovich**, MD, Boston, MA
- **Scott R. Steele**, MD, Fort Lewis, WA
- **David E. Stein**, MD, Philadelphia, PA
- **Scott A. Strong**, MD, Cleveland, OH
- **Britton R. West**, MD, Ft. Worth, TX

DEA proposes electronic prescriptions for controlled substances

The Drug Enforcement Agency is proposing to revise its regulations to provide practitioners the option of writing prescriptions for controlled substances electronically (*Federal Register*, June 27th 2008).

The new regulations would be in addition to current regulations. They offer several advantages:

- Pharmacies, Hospitals, and Practitioners could use modern technology for controlled substances prescriptions, while maintaining a closed system of controls.

- Reduce paperwork for DEA registrants who dispense or prescribe controlled substances.
- Reduce prescription forgery.
- Reduce the number of prescription errors caused by illegible handwriting and misunderstood oral prescription.

The use of electronic prescriptions is definitely on the horizon. It would benefit our patients and our practices, so we as a Society should promote this in our practice, as it evolves in the future. To see the full report of the Federal Register, go to www.gpoaccess.gov/fr.

MEDPAC reports to Congress on reforming delivery system; promotes use of primary care

In a June 2008 report, the Medicare Payment Advisory Commission (MEDPAC) pushed the Centers for Medicare and Medicaid Services (CMS) and Congress hard about the issue of primary care physicians in the following ways:

- Patient access to high-quality primary care is essential for a well functioning health care delivery system.
- Research suggests that improving access to primary care and reducing reliance on specialty care may improve the efficiency and quality of health care delivery.
- Primary care services—relying heavily on cognitive activities such as patient evaluation and management (E & M)—are undervalued and risk being under provided relative to procedurally based services.
- This will make careers in primary care less desirable.

MEDPAC's solution:

- Increase fee payments to primary care services (in addition to the 2006 increases).
- Promote establishment of Medical Homes Pilot Project in Medicare.

This has been MEDPAC's concept. They have been pushing it with both Congress and CMS. The reason is almost 80% of Medicare dollars are spent on chronic illness.

Examining Hospital-Physician Collaborative Relationships

MEDPAC has concerns with the current Medicare Fee for Service (FFS) Payment System:

- FFS creates economic incentives for providers to increase volume of medical services they perform.
- By paying piecemeal for services, FFS increases provider revenues as long as they increase the number of services.

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Socioeconomic Committee update ...continued from previous page

- Hospitals and providers have rationally responded to this with collaborative efforts to increase volume.

A MEDPAC concern is that the current FFS payment system has failed to encourage providers to cooperate with one another to better coordinate beneficiary care.

A Path to Bundled Payment Around a Hospitalization

To address these failures, MEDPAC recommends bundling Medicare payment for care provided around a hospitalization to cover all services associated with an episode of care. The Commission recommends a three-phase approach to this concept.

Realize this is only a recommendation to Congress and CMS. It would require passage of a new health care bill.

To see the full MEDPAC reports, go to www.medpac.gov

Consultations and Transfer of Care

Coding for consultations has become an issue for all physicians. Although the CPT guidelines for reporting consultations has not changed in recent years, CMS and the Office of Inspector General (OIG) have begun looking at and auditing consultations for documentation. The OIG has data from a 2001 audit showing that 75% of services billed for consultation did not meet criteria, resulting in overpayments.

Definition of Consultation

According to CPT 2008, a consultation is a type of service provided by a physician whose opinion or advice regarding evaluation and/or management of a specific problem is requested by another physician or other appropriate source. A physician consultant may initiate diagnostic and/or therapeutic services at the same or subsequent visit.

The written or verbal request for a consultation may be made by a physician or other appropriate source and documented in the patient's medical record. The consultant's opinion and any services that were ordered or performed must also be documented in the patient's medical record and communicated by written report to the requesting physician or other appropriate source.

The most important aspect of any E & M coding is documentation in the note of level of care. We discussed this issue in a previous issue. The salient points of a consultation are as follows:

- Document the request for the consultation.
- Document the level of consultation.
- Document the response to the requesting physician.

These are some of the issues that are facing our members and all physicians. If you have any questions or comments, please do not hesitate to contact me or any SEC member. ✨

Top research questions relate to colorectal cancer: consensus of ASCRS members in Delphi survey

The top priority research question in colon and rectal surgery is: "How can we identify which rectal cancer patients have had complete pathologic response to neoadjuvant therapy and what is the best treatment for them?"



Dr. Nancy Baxter

This was the consensus of hundreds of ASCRS members participating in the Research Foundation's Delphi questionnaire, designed to rank research questions of highest importance in terms of clinical care.

Fourteen of the questions included in the final ranking of 20 related to colorectal cancer, six to rectal cancer and eight to colorectal cancer. "Our survey results indicate that there are more unanswered questions about rectal cancer. They also show that ASCRS members think of themselves as cancer doctors for the colon and rectum," says Dr. **Nancy N. Baxter**, Toronto, ON, Canada, who heads the Foundation's Delphi Taskforce.

"We expected to see more benign questions on the research agenda," she adds. A report of results was made at the Tripartite Annual Meeting in Boston. She thanked ASCRS members for participating at a rate better than other societies who have undertaken similar Delphi surveys.

The highest-ranking benign disease question on the research agenda is: "What is the optimal treatment, both surgical and medical, of simple and complex anal fistulas?"

The ASCRS Research Foundation invited all Society members to participate in this new survey developed using a modified Delphi process. ASCRS members first responded in large numbers to an open-ended questionnaire asking them to identify three to six major research questions in colorectal surgery.

"Research relating to colorectal surgery is broad, comprising the efforts of hundreds of scientists and involving biomedical engineering, basic science, clinical research, and health services research. Research funding organizations and directors of research programs want to identify the most promising, innovative proposals, most likely to make important contributions to the field," says Dr. Baxter.

"Until now, we have had no organized, systematic approach to establishing research priorities. We've had a sense of what's really important, but we haven't really known what specific research topics the experts in this field, practicing colorectal surgeons, consider most important," Dr. Baxter says.

The survey results will be immediately incorporated in the goals of the Research Foundation and its Research Committee.

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Top research questions relate to colorectal cancer ...continued from previous page

Features of the Delphi method, developed by the RAND Corporation to assess long-term trends in science and technology, include:

- Anonymity, through use of anonymous self-administered questionnaires;
- Iteration, through completion of a series of questionnaires in “rounds”;
- Controlled feedback;
- Statistical aggregation of the group response.

“The Delphi process avoids the common situation where a group of experts in a room might agree to follow an influential person’s recommendation, even when that person may not be expressing everyone’s true opinion,” Dr. Baxter explains.

The first step in the Research Foundation’s application of the Delphi process was selection of the ASCRS membership as the expert panel and appointment of a Delphi Taskforce, representing a range of perspectives consistent with the membership, to guide the process. In addition to Dr. Baxter, members of the ASCRS Delphi Taskforce are Drs. **Robert Cima**, Rochester, MN; **Julio Garcia-Aguilar**, Duarte, CA; **Jose Guillem**, New York, NY; **Walter Koltun**, Hershey, PA; **Charles Littlejohn**, Stamford, CT; **Robert Madoff**, Minneapolis, MN; **Najjia Mahmoud**, Philadelphia, PA; **Rocco Ricciardi**, Burlington, MA; **Howard Ross**, West Long Branch, NJ; **David Rothenberger**, Minneapolis, MN; **Clifford Simmang**, Dallas, TX; and **Larissa Temple**, New York, NY.

Results will be posted on the Society’s Website, www.fascrs.org, and an article has been submitted to

Diseases of the Colon & Rectum for publication. “We will also send a report of our findings to the editors of surgical and gastrointestinal journals, and to research funding agencies,” Dr. Baxter says.

The research agenda may be used for several purposes, including:

“Our survey results indicate that there are more unanswered questions about rectal cancer.”

- To guide requests for ASCRS research applications, assist with the ASCRS grant application process, direct grant applicants to key research areas, and inform requests for proposals.

- To guide government funding agencies in developing requests for proposals and/or determining the perceived clinical importance of a grant submission.
- To provide editors and peer reviewers with information about key research questions to better understand the importance and impact of original research reports.
- To raise the profile of research in colorectal surgery.
- To identify key gaps in current knowledge in colorectal surgery.
- To help clinical investigators identify the most relevant research opportunities in developing their research programs.

“The development of a research agenda promises many potential benefits, all of which may ultimately lead to improved patient care,” Dr. Baxter says. “Active participation of the ASCRS membership has been the key to success of this project.” *

Committee Chairs 2008-2009

Awards	Robin Boushey, MD	Membership	Andreas Kaiser, MD
Bylaws	Michael Snyder, MD	Planned Giving	Anthony Senagore, MD
Centers of Excellence	David Rothenberger, MD	Professional Outreach	Sharon Gregorcyk, MD
Continuing Education	Elisa Birnbaum, MD	Program	C. Neal Ellis, MD
CREST	Elisa Birnbaum, MD	Public Relations	Harry Papaconstantinou, MD
Finance and Management	Alan Thorson, MD	Quality Assessment and Safety	Nancy Baxter, MD
Fundraising Steering	Anthony Senagore, MD	Regional Society	John Marks, MD
History of ASCRS	J. Byron Gathright, Jr., MD	Residents	Eugene Foley, MD
Hospitality	Mrs. Sola Wong	Self Assessment	Jose Cintron, MD
International Council of Coloproctology	Graham Newstead, MD	Socioeconomic	Guy Orangio, MD
Local Arrangements	Dana Sands, MD	Standards	W. Donald Buie, MD
Maintenance of Certification	James Fleshman, MD	Website	Scott Browning, MD
		Young Surgeons	Bradley Champagne, MD

Photo Highlights from Boston Annual Meeting



◀ Boston's Tripartite Meeting guests were welcomed by a colonial drum and fife troupe during the meeting's opening session.



◀ Ernestine Hambrick Lectureship presenter Dr. Selwyn Rogers, Jr., discussed "Disparities on Colorectal Cancer Care."

▶ Dr. Walter Koltun (center), joins his patient, Anita Winkler, and her husband, Steve, in admiring a fur jacket, one of several items donated to support the Research Foundation Silent Auction. The Winklers worked tirelessly to make the event a great success.



▶ Dr. Michael S. O'Reilly delivered the Norman Nigro Research Lectureship.



◀ Former ASCRS President Dr. Ira Kodner (far left) and Dr. Thomas Read greet attendees at the meeting's Welcome reception.



◀ Harry E. Bacon Lecturer Dr. Russell Stitz delivered an address on "Technology and Technique."

▶ 1983-84 Society President Dr. Stanley Goldberg (far left) and wife, Luella, enjoy an elegant evening at the Annual Dinner Dance with Dr. and Mrs. Mark Killingback.



▶ Dr. Atul Gawande explored the question, "Can Surgery Save More Lives?" during the Parviz Kamangar Humanities in Surgery Lectureship.



◀ Dr. Douglas Wong, joined by his wife, Sola, closes out his term as ASCRS President with an elegant turn on the dance floor.

▶ A record 893 exhibitors drew scores of Tripartite Meeting attendees to the Exhibit Hall during ASCRS' five-day stay in Boston.



Society welcomes new Fellows, Members and Candidates

ASCRS welcomed one new Honorary Fellow, 35 Fellows, 19 International Fellows, 58 Members, three Allied Health professionals and 45 Candidates to the Society during its annual business meeting in June. They are:

Honorary Fellow

Ralph John Nicholls, MD

Fellows

Sandar Naidu Adusumilli, MD
Karim S. Alavi, MD
Christine Marie Bartus, MD
Scott Alan Brill, MD
George Jae-Shik Chang, MD
Frank Alan Chrzanowski, Jr., MD
James Edward Duncan, MD
Sharon Luster Dykes, MD
Daniel Lawrence Feingold, MD
Darryl Steve Fernandes, MD
Nadine Duhan Floyd, MD
Eugene Freeman Foley, MD
Janette Uyecio Gaw, MD
Brian Truett Guffin, MD
Morin Michael Hanson, MD
Daniel Herzig, MD
Paul Michael Johnson, MD
Douglas Adam Houry, MD
Soo Yoon Kim, MD
Kim Champion Lu, MD
Paul Anthony Mancuso, MD
David James Maron, MD
Sara W. Mayo, MD
James T. McCormick, DO
James I. Merlino, MD
Timothy Baines Murray, MD
Thomas Joseph Nicholson, MD
James Alan Olson, MD
Wayne Stephen Rosen, MD
Bridget Marie Sanders, MD
David Shibata, MD
David E. Stein, MD
Andrew M. Werner, MD
Frank Joseph Wessels, MD
Paul Edward Wise, MD

International Fellows

Carlos Belmonte-Montes, MD
Luis Augusto Borda, MD
Peter Wayne George Carne, MD
Philip Richard Douglas, MD
Juacy Bezerra De Oliveira, MD
Eloy Espin-Basany, PhD
Dieter Paul Hahnloser, MD
Hovsep Hazar, MD
Alexander Herold, MD
Yik-Hong Ho, MD, PhD
Cheng-Hua Luo, MD, PhD
Khaled M. Madbouly, MD, PhD
Thandinkosi Enos Madiba, MD
Claudio Mattana, MD
Mustafa Oncel, MD
Carlo Ratto, MD
Ugur Sungurtekin, MD

Howard L. Young, MD

Oded Zmora, MD

Members

Olakunle Oluseun Ajayi, MD
Jeffrey Burton Albright, MD
Alhassan M. Asiri, MD
Oevuenc Bardakcioglu, MD
Brian Joseph Billings, MD
Miguel Blas-Franco, MD
William Charles Brunner, MD
Joseph Christopher Carmichael, MD
Michelle K. Chu, MD
Susan Katharine Clark, MD
James Christopher Connaughton, MD
Elizabeth Rose Dennett, MB, ChB
Mark William Doudle, MD
Theodore Durner Edson, MD
Hisham S. Elhassan, MD
David Ariel Etzioni, MD
Shiraz Farooq, MD
Michael Harold Fealk, DO
Emily Virginia Anne Finlayson, MD
Frank Fischer, MD
Virgilio Valeranio George, MD
David Robert Giammar, MD
Narciso Lino Gomez, MD
Kerry Lynn Hammond, MD
Jacqueline Lee Harrison, MD
Alan Eldon Harzman, MD
Alexander Graham Heriot, MD
Hisanaga Horie, MD, PhD
Natalie E. Joseph, MD
Erin Diane Kennedy, MD, PhD
Samira Yasmin Khera, MD
Pokala Ravi Kiran, MD
Poh-Koon Koh, MD
Daniel Alfred Lawes, MD
Christen Jared LeBlanc, MD
Michael Thomas Lieberth, MD
Waleed L. Lutfiyya, MD
Rohini McKee, MD
Michael Patrick McNally, MD
Charles LaMont Morrison, MD
Simon S.M. Ng, MD
Jesper Arnold Olsen, MD
Michael Colin Ott, MD
William J. Peche, Jr., MD
Arie E. Pelta, MD
Jason Alexander Petrofski, MD
Benjamin R. Phillips, MD
Patrick J. Recio, MD
Nicolas Edward Robinson, MD
David Rodriguez, MD
Brett E. Ruffo, MD
Khaled Mostafa Sabet, MD
Javier Oscar Sandoval-Jauregui, MD
Cesar Alberto Santiago, MD

Sharon L. Stein, MD

Sanda Aung Tan, MD, PhD

Vassiliki Liana Tsikitis, MD

Sonny Sheng-Hung Wang, MD

Allied Health

Margaret Barclay, ACNP-C

Janet A. McDade, NP

Elizabeth Ann Murray, RN

Candidates

Adam Abodeely, MD
Dimitrios Vasileios Avgerinos, MD
Thomas Guy Bening, MD
Fabio Guilherme C Campos, MD
Cybil Rae Corning, MD
Amir Damadi, MD
Katrina Pauline Emmett, MD
Mariano Martin Faresi, MD
Richard Alfonse Fortunato, DO
Joseph L. Frenkel, MD
Kelly K. Gilmore-Lynch, MD
Shashank Vasantrao Gurjar, MD
Jason Fernando Hall, MD
Amy Jean Hanna, MD
Karin Marie Hardiman, MD
Jennifer M. Holder-Murray, MD
David E. K. Hong, DO
Zhan Hua, MD
Konya Kavita Keeling, MD
Kelly Elizabeth Klinker, MD
Anjali Savithri Kumar, MD
Ziad Kutayli, MD
Thiru Venkat Lakshman, MD
Michael Joel Lalla, MD
Jeremy Michael Lipman, MD
Farshid Mansouri, MD
Joseph Alexander Mareno, Jr., MD
Kimberly Ann Matzie, MD
Elisabeth Christine McLemore, MD
Jesse S. Moore, MD
Surya P.M. Nalamati, MD
Yasheka Nicholson, MD
Patrick Chidi Obasi, MD
Luis Manuel Ocegüera, MD
James William Ogilvie, Jr., MD
Sushil R. Pandey, MD
Ian Matthew Paquette, MD
Darin Lee Passer, MD
Vitaliy Y. Poylin, MD
Arceu Neto Scanavini, MD
Prashanth Veera Sreeramaju, MD
Nir Wasserberg, MD
Jacqueline J. Wu, MD
Zihao Wu, MD
Takayuki Yamamoto, MD, PhD ✨

Dr. Wong reports on year of excellent progress

The Society made excellent progress in meeting the Executive Council's objectives and goals for 2007-2008, outgoing President **Dr. W. Douglas Wong**, New York, NY, reported to the annual business meeting in Boston.

Dr. Wong outlined objectives in education, communication, developing and maintaining relationships with other organizations. Major goals included maintaining fiscal stability, enhancing the value of membership, and broadening member participation.

Major achievements in education included redesign of the Website and taking the first step toward establishing an online educational resource through Socrates.

The Society initiated collaboration with the American Cancer Society (ACS) that led ACS to take a booth at the 2008 Tripartite and present the American Cancer Society lecture.

Dr. Wong reviewed a number of important quality initiatives, including the work of the Centers of Excellence Committee, led by **Dr. David A. Rothenberger**, Minneapolis, MN, and the Quality Assessment and Safety Committee, chaired by **Dr. Nancy N. Baxter**, Toronto, ON, Canada.

A record level of corporate support helped ASCRS maintain fiscal stability during the year. New companies joining the Society's list of Annual Meeting sponsors included Alaven Pharmaceutical, Amgen, Bristol-Myers Squibb, Graceway Pharmaceuticals, Intuitive Surgical, and Power Medical Interventions. ✨

Hollywood, FL to welcome ASCRS for 2009 Annual Meeting

Mark your calendar for May 2 – 6, 2009, as ASCRS is already preparing to host its 2009 Annual Meeting in Hollywood, FL.

Known for its great beach, cultural events, vibrant downtown and lively oceanfront "Broadwalk," Hollywood is located on Florida's Atlantic coast, between Fort Lauderdale and Miami. Attractions include:

Hollywood Beach Broadwalk – Named one of America's top ten nostalgic promenades, the Broadwalk offers more than two miles of car-free enjoyment. It is bordered by six miles of beautiful coastline, boutique hotels, charming shops, cafes, and places to eat while facing the ocean.

Historic downtown – Featuring quaint sidewalk cafes, brick-lined walks and six blocks of unique shops, art galleries and restaurants, Hollywood's downtown area is a perfect place to enjoy the South Florida lifestyle. The downtown district, just minutes from the beach, is listed on the National Register of Historic Places, and serves as the backdrop for year-round festivals, street markets and entertainment.

Annual Meeting guests may also explore Hollywood's Art and Culture Center, where modern art exhibitions, progressive dance and musical performances reflect the area's commitment to the creative spirit. ✨

IN MEMORIAM

Former ASCRS President Alejandro Castro dies at 89

A former ASCRS President who practiced most of his life in the Washington, DC, area, **Dr. Alejandro F. "Alex" Castro**, died May 30 at Mayo Clinic Hospice Suites in Rochester, MN. He was 89.



Dr. Alejandro Castro

Dr. Castro, a native of El Salvador, was the son of a former El Salvador ambassador to the U.S., Hector David Castro.

After receiving his medical degree from the George Washington University School of Medicine in Washington, DC, he completed a four-year fellowship at the Mayo Clinic.

He returned to Washington, where he was an associate professor of surgery at Georgetown University Hospital and chairman of surgery at Suburban Hospital in Bethesda, MD. He retired in 1985.

He was twice named by his peers in "Best Medical Specialists in the U.S." He was a member of the

American Board of Colon and Rectal Surgery. Active in the ASCRS, he served as President, 1977-78, during a time of accelerating change in medicine. Dr. Castro entitled his presidential address "Eternal Spiral," referring to the winds of change.

Forces of change in medicine cited in Dr. Castro's address still sound familiar today. They included the Federal Trade Commission's actions to develop more competition by allowing advertising, increasing introduction of new technologies, the malpractice problem, the cost and availability of medical care, and the erosion of the doctor's image. He suggested a grass roots revolt by doctors and patients to force a reversal of governmental interference.

Dr. Castro is survived by his wife, Maryanna Dotson, MD; two sons, Alejandro Francisco II (Kelly), of Baltimore, and Robert J., of Bethesda; a stepson, Gregory D. Bremer, of Washington, DC; and a sister, Maria Teresa Everhart, of Arlington, VA. ✨