



Tripartite Meeting to explore global Colorectal disease treatment approaches

ASCRS' 2008 Tripartite Meeting will bring together leading experts from North America, the United Kingdom, Europe, Asia, Australia and New Zealand for an in-depth exploration of different methods used by surgeons around the world in treating colorectal disease, June 7 – 11, at the Sheraton Boston Hotel and Hynes Convention Center.

The Scientific Program Committee, led by Program Chair Dr. **Martin Weiser**, New York, NY, and Vice-Chair Dr. **Najjia Mahmoud**, Philadelphia, PA, has developed an expanded program that features ground-breaking research and presentations by distinguished international experts in colorectal surgery and related fields.

"The 2008 Tripartite Meeting will offer a global forum for discussion of key topics such as quality initiatives, new technologies, outcomes research, and the training of tomorrow's colorectal surgeon," Dr. Weiser explains. "Our goal is to find answers to questions that affect us all: How do 'quality' care initiatives improve surgical practice? How are they monitored?"

"How do advances in molecular therapy, biologics and colorectal surgery enhance patient care? How do we improve outcomes following colorectal surgery? We invite our guests to take the first steps to answering these questions in Boston," he adds.

Opening Symposium Tackles Controversial Topic

The Tripartite Meeting begins Saturday morning, June 7, at 7 a.m. The first symposium at 10 a.m. focuses on one of colorectal surgery's most controversial topics.

"Controversies in the Treatment of Anal Intraepithelial Neoplasms," moderated by Dr. **Larissa Temple**, New York, NY, will present the natural history, screening, treat-

ment and prevention of this disease by a panel of international experts. A case presentation will follow.



Photo: Greater Boston Convention & Visitors Bureau

"Treatment of anal intraepithelial neoplasia is one of the most controversial topics in colorectal surgery," Dr. Weiser says. "Treatment options range from aggressive surgical intervention to close observation. It is critical that surgeons be aware of the various treatment modalities and available data."

Exploring International Approaches to Rectal Cancer

Sunday's "International View on Rectal Cancer" session will debate international variations in the workup of, and therapeutic approaches to, Stages II and III rectal cancer.

...continued on next page

Register for 2008 Tripartite Meeting online

Surgeons planning to attend the ASCRS 2008 Tripartite Meeting may register for the event, view the complete preliminary program, and book hotel rooms online at www.fascrs.org. All information provided by registrants is protected through secure Web access.

The meeting will take place at the Sheraton Boston Hotel and the Hynes Convention Center, Boston, MA, June 7 – 11.

Members may also register by printing out registration forms from the Society's Website and faxing or mailing them to ASCRS Registration, c/o Condor Registration Services, P.O. Box 3348, Huntsville, AL 35810-0348. Fax: 256-852-6838. ✨

In this issue...

<i>Tripartite Meeting to explore global treatment approaches</i>	1	<i>2008 Core Subject Update</i>	6	<i>Dr. Patricia Roberts awarded ACS/ASCRS scholarship</i>	11
<i>Distinguished international lecturers enhance Tripartite Meeting</i>	3	<i>Socioeconomic Update</i>	7	<i>Nominations for Executive Council due April 15</i>	12
<i>President's Message</i>	4	<i>ASCRS Website draws positive reviews</i> . . .	9		
		<i>Over 400 members respond to Round 2 Delphi questionnaire</i>	9		

Tripartite Meeting ...continued from previous page

Moderated by Dr. **Robert Fry**, Philadelphia, PA, the program will cover issues such as the use of ERUS or MRI for staging, the necessity of chemoradiation for all Stage II and III tumors, the extent to which mesorectal excision should be performed, and the use of postoperative chemotherapy.

Other highlights of the 2008 Tripartite Meeting include:

- **Ensuring Quality Care for Colorectal Surgery Patients: Redesigning the System** – Dr. **Nancy Baxter**, Toronto, ON, Canada, moderates a panel discussion on the efficacy of international quality measurement programs currently being developed and their ability to ensure the best patient care. (Saturday, June 7)
- **Improving the Quality of Care Through the Use of Population Data: A Comparison of Four Countries** – Presenters from Norway, the United Kingdom, Australia and Canada will discuss the importance of data collection mechanisms, variables and potential pitfalls, and the impact of using population data to improve patient outcomes. Dr. **Clifford Ko**, Los Angeles, CA, moderates this Research Foundation Workshop. (Saturday, June 7)
- **Robotics in Colorectal Surgery** – As robotic surgical procedures increase around the world, this symposium will explore procedures such as abdominoperineal resection, low anterior resection, and rectopexy. Dr. **Julio Garcia-Aguilar**, San Francisco, CA, moderates. (Sunday, June 8)
- **Treating Colorectal Cancer in the Age of Molecular Therapy** – Dr. **Jeffrey Meyerhardt**, Boston, MA, moderates a discussion to help colorectal surgeons understand current molecular treatment regimens. Topics include chemoprevention, molecular targets, an update on current clinical trials, and the role of surgery in the age of molecular therapy. (Sunday, June 8)
- **Biologic Mesh in Colorectal Surgery** – Use of biologic mesh, which may be resistant to infection, has gained popularity in colorectal surgery. Scientific Program Vice-Chair Dr. **Najjia Mahmoud**, Philadelphia, PA, moderates a panel discussion of this material and its use for repair of rectoceles, ventral hernias, and parastomal hernias. (Monday, June 9)
- **Fast Track: How to Safely Reduce Hospital Stay Following Colorectal Surgery** – International panel members will review Fast Track surgical recovery programs and the process of safely implementing these programs in a hospital setting. Moderated by Mr. **Alan Horgan**, New Castle, UK, the program will also review techniques used to reduce postoperative ileus: optimization of postoperative analgesia, use of pharmacologic agents, and early feeding. (Monday, June 9)



Dr. Martin Weiser
Program Chair

- **Tripartite Film Festival** – Fourteen videos documenting complex surgical procedures performed in operating rooms around the world will be presented with narration. Moderators Drs. **Peter Marcello**, Burlington, MA; **David Jayne**, Leeds, UK; **Hermann Kessler**, Erlangen, Germany; **Sang Lee**, New York, NY; and **Andrew Shorthouse**, Sheffield, UK, will highlight subtle operative points, and promote discussion between presenters and audience members. (Monday, June 9)
- **Improving Outcomes Following Colorectal Surgery** – Moderator Dr. **Kelli Bullard Dunn**, Buffalo, NY, and an international slate of presenters will discuss methods for reducing surgical site infection, DVT, adhesions, and methods for reliably monitoring surgical outcome. (Tuesday, June 10)
- **How Will We Train the Next Generation of Colorectal Surgeons?** – Panel members will discuss the future of resident training in light of increased regulation of resident work hours, and review methods for enhancing training through evidence-based learning modules and simulations. Dr. **David Schoetz, Jr.**, Burlington, MA, moderates. (Tuesday, June 10)
- **Understanding Quality Measures and How They Affect Your Practice** – Dr. **Ann C. Lowry**, St. Paul, MN, leads a discussion among international experts on how quality measures are developed, how they influence outcomes, and their effects on regionalization of care and individual practices. (Wednesday, June 11)

Poster Discussion Sessions Debut

The 2008 Tripartite Meeting will mark the debut of three Poster Discussion Sessions, to be held Sunday, June 8, Monday, June 9, and Tuesday, June 10. Each session will feature brief presentations by authors of the top-rated posters submitted to the Tripartite.

“These sessions will allow guests to interact with poster authors, ask questions, and participate in meaningful discussion of important topics,” Dr. Weiser explains.

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, in collaboration with the European Society of Coloproctology.

In total, the Tripartite Meeting will feature 96 podium presentations and more than 300 posters.



Dr. Najjia Mahmoud
Program Vice Chair

...continued on next page

Tripartite Meeting ...continued from previous page

Social Events Promote International Camaraderie

Meeting attendees will have ample opportunity to enjoy the company of their colleagues outside of the Tripartite Meeting's scientific program:

The **Welcome Reception** will take place Sunday, June 8, 7 – 9 p.m., at the Sheraton Boston Hotel. Guests will enjoy complimentary hors d'oeuvres, cocktails and entertainment.

The Research Foundation will host the 2008 "Meet the Challenge" program and Silent Auction.

The **Annual Dinner Dance** will be held Tuesday, June 10. The reception will begin at 7 p.m. Dinner will be served at 8 p.m.

The complete scientific program and registration forms are available online at www.fascrs.org. ✨

Tripartite Meeting to feature Distinguished international lecturers

Distinguished lecturers noted for their expertise in the field of colon and rectal surgery will highlight a world-class scientific program at the 2008 ASCRS Tripartite Meeting in Boston. This year's speakers (in order of presentation) include:

- **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* (Sunday, June 8, 11:15 – 11:45 a.m.)



Dr. Otis Brawley



Dr. Robert Madoff

- **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, MD, Lectureship* (Sunday, June 8, 11:45 a.m. – 12:15 p.m.);



Dr. Michael O'Reilly



Dr. Michael Solomon

- **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* (Monday, June 9, 10:30 – 11 a.m.);



Dr. Russell Stitz



Dr. Selwyn Rogers, Jr.

Hospital & University of Sydney, "Radical Pelvic Exenteration for Advanced and Recurrent Rectal Cancer: Techniques and Outcomes," *Goligher Lectureship* (Monday, June 9, 11 – 11:30 a.m.);

- **Dr. W. Douglas Wong**, Chief, Colorectal Service, Memorial Sloan-Kettering Cancer Center; Professor of Surgery, Cornell University Medical College, New York, NY, "Cherish the Past; Prepare for the Future," *ASCRS Presidential Address* (Monday, June 9, 11:30 a.m. – 12 p.m.);

- **Dr. Selwyn O. Rogers, Jr.**, Division Chief for Trauma, Burns and Surgical Critical 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* (Tuesday, June 10, 10:30 – 11 a.m.);

- **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* (Tuesday, June 10, 11 – 11:30 a.m.);



Dr. Atul Gawande

- **Prof. Michael J. Solomon**, Clinical Professor of Surgery, University of Sydney, Australia; Director and Head, Surgical Outcomes Research Centre, Royal Prince Alfred

- **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* (Tuesday, June 10, 11:30 a.m. – 12 p.m.). ✨

Recreational Tours Let Meeting Guests Explore Boston

ASCRS has organized a series of guided tours to give Tripartite Meeting participants a taste of Boston. Tours include:

Boston Revealed – Explore the sites, sounds and rich history of Boston. Travel through Copley Square and the Back Bay (home of the Boston Public Library and Trinity Church). Stroll atop Beacon Hill, with its enchanting view of the Boston Common and Public Garden. Experience Kings Chapel and the Old Granary Burying Grounds, the final resting place for several original Patriots. See the Old South Meeting House, where planning for the Boston Tea Party took place, and the Old State House, where the Declaration of Independence was recited to Boston residents. (Saturday, June 7)

Oh, The Elegance and Charm of Newport! – Travel to Newport, Rhode Island, and discover the legendary seaside resort and summer playground of America's first millionaires. Cruise along the spectacular "10 Mile Drive" and admire regal mansions set against the backdrop of the magnificent Atlantic Ocean. Enjoy lunch at La Forge Casino, a charming restaurant overlooking the tennis courts of the International Tennis Hall of Fame. (Sunday, June 8)

Museum Hopping and Shopping – Visit two of Boston's most popular attractions: The Museum of Fine Arts and

the Isabella Stewart Gardner Museum. The Museum of Fine Arts features the largest collection of Monet paintings outside of Paris, as well as renowned collections of European and American works. Following a guided tour, enjoy a creative shopping experience in the Museum's gift shop. (Sunday, June 8)

Bewitching Seaports: Salem and Marblehead

Experience a fascinating glimpse of 17th century New England, where witchcraft hysteria defined this seaside mecca's place in history. Visit the House of Gables, tour the Peabody Essex Museum, and discover how Salem's maritime trade helped lead to the birth of the nation. In Marblehead, enjoy breathtaking views of one of the country's most picturesque coves. Embark down the streets of Old Town to Abbot Hall, where the original "Spirit of '76" painting, a true period masterpiece, is on display. (Monday, June 9)

Boston DUCK and Fenway

Ride the "Duck" for a scenic tour of the places that made Boston the birthplace of freedom. Destinations include the golden-domed State House, Bunker Hill, the Boston Garden, Government Center and fashionable Newbury Street and Fenway Park. (Monday, June 9)

Tripartite Meeting guests may book tour reservations online at <http://nxt.thewebtours.com/ascrs2008> by May 7. ✨

P R E S I D E N T ' S M E S S A G E

Productive year brings significant accomplishments

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

The Society has had a highly productive year, and I am pleased to have many significant accomplishments to report.

AMA seat retained

In our last newsletter, we spoke of the importance of retaining our seat in the House of Delegates of the American Medical Association, so that our voice will be heard in determining the specifics of what goes into CPT codes, RUVs and all the other requirements that have such a profound affect on how we conduct our practices. It is my pleasure to announce that we met the AMA's requirements, as 37 percent of our Fellows now hold AMA membership.

I am deeply appreciative of the efforts of members of the Executive Council, who took time to call individual Fellows to ask for their support. We also appreciate the leadership



Dr. Douglas Wong

provided by our retiring AMA Representative, Dr. **Clifford Simmang**, and our incoming Representative, Dr. **Anthony Senagore**. Their commitment made the difference, and we will have our seat for at least the next five years.

Fantastic new Website launched

The new Website (www.fascrs.org) has been launched, and I know you will share my enthusiasm, once you review it. It's fantastic, a very impressive accomplishment to the credit of Website Committee Chair Dr. **Scott Browning** and Dr. **Deborah Nagle**, who chaired the Website redesign subcommittee. The new Website is very comprehensive and easy to access. It makes a nice division between serving the needs of members and patients. You will find more information about the new Website in an article on page 9 of this newsletter. Do take a few minutes to see what a vast improvement has been made to the Society's online presence.

...continued on next page

President's Message ...continued from previous page

One of our major goals for the year has been to promote the globalization of colorectal surgery, and we have initiated important contacts in that cause. I have exchanged an unbelievable number of emails with surgeons from other nations who want to establish a relationship with ASCRS in an effort to build colorectal surgery training programs and improve the quality of care. We are building a strong relationship with The Chinese Association of Colorectal Surgeons and have had to turn down invitations to speak, because it has been a very busy year.

The Hungarian Colorectal Society approached us about participating in their 2009 annual meeting. We agreed to promote their meeting and potentially have some of our ASCRS speaker bureau members travel to Hungary to present topics at their annual meeting and to continue to build that relationship.

“One of our major goals for the year has been to promote the globalization of colorectal surgery.”

People to People delegation

Perhaps the biggest news on the globalization front is an invitation that came to me to lead a People to People Ambassador Program Colon & Rectal Surgery delegation to China and Tibet. The initial invitation asked about a 2008 delegation to travel in the fall of this year, but we know it will take more time to organize, so we are now discussing a delegation in the spring of 2009. People to People delegations, a program founded by then U.S. President Dwight D. Eisenhower in 1956, promote cultural understanding through the efforts of individuals. Teams of specialists in different industries, trades, and professions, in our case colorectal surgery, go abroad for face-to-face communication with colleagues. Its purpose is to build bridges between nations by bringing together people of a common interest and allowing them to see how their professions work in another country.

A People to People delegation may include from 12 to 100 people. It lasts for about two weeks and will include at least one professional meeting or site visit each day during the business week, with cultural visits in the evenings and on weekends. In extending the invitation, **Marcia K. Dartley**, Program Director, told me, “It is our hope that, when delegates leave a country, both the hosts and delegates feel as though they have new friends and colleagues with whom they can maintain ongoing contact—not to mention a newfound understanding of each others’ culture and country.” I hope many of my ASCRS colleagues will be able to join me on this mission.

Proposed meeting collaboration with WOCN

As mentioned in the last edition of *ASCRS News*, another relationship with great potential for our future is with the Wound, Ostomy and Continence Nurses Society

(WOCN). In collaboration with the WOCN’s President, **Janice C. Colwell**, MS, RN, CWOCN, we have agreed to hold the 2013 ASCRS Annual Meeting in close proximity to, in conjunction with, immediately preceding or following the WOCN annual meeting. The site has not yet been determined. A precedent for this familiar to many of us is Digestive Disease Week, in which four medical organizations with a common focus on gastrointestinal disease (AGA, ASLD, ASGE, and SSAT) meet together.

WOCN is a professional, international society of 4,500 nurse professionals who are experts in the care of patients with wound, ostomy and continence problems. WOCN

members manage conditions such as stomas, draining wounds, fistulas, vascular ulcers, pressure ulcers, neuropathic wounds, urinary incontinence, fecal incontinence, and functional disorders of the bowel and bladder.

We see significant advantages for both societies in meeting collaboration, including:

- Increased membership,
- Increased meeting attendance,
- Improved attractiveness for advertisers and sponsors,
- Improved rates for meeting venues,
- Improved public awareness due to increased meeting size.

The Delphi Project

We are making continuing progress in establishing our priority on surgical quality. Dr. Nancy Baxter reports the second phase of the Delphi research project is now being completed, and members will be given one more opportunity to rank the top issues in colorectal surgery before the Boston Annual Meeting. For more information on this important initiative, see the article on page 9 of *ASCRS News*.

Centers to Optimize Rectal Cancer Outcomes

The ad hoc committee headed by Dr. **David Rothenberger** has drafted a comprehensive proposal on establishing a Network of Centers to Optimize Rectal Cancer Outcomes. It is a collaborative project of the Society, the American College of Surgeons, the Society of Surgical Oncology, and other relevant professional organizations. The network will provide a path by which medical institutions could demonstrate their commitment to, and expertise in, serving rectal cancer patients.

Both ACS President Dr. **Thomas Russell** and SSO President Dr. **Nicholas Petrelli** have been highly supportive of this effort to improve the quality of care of rectal

...continued on next page

President's Message ...continued from previous page

cancer patients, and we expect others to join us. Our goal is to encourage centers to form multidisciplinary teams devoted to rectal cancer treatment. By their breadth of experience and depth of expertise, we believe they will be able to offer patients the likelihood of much better outcomes.

Tripartite Meeting

We eagerly anticipate the upcoming ASCRS Tripartite Annual Meeting in Boston, June 7-11. Program Chair Dr. **Martin Weiser**, New York, NY, and Vice Chair Dr. **Najjia Mahmoud**, Philadelphia, PA, have done an excellent job of assembling a truly collaborative program that will showcase the very different approaches to treatment of colon and rectal diseases taken by our colleagues from Europe, Australia, Asia, and the Americas. See the article on the first page of this newsletter.

As mentioned in the last edition of *ASCRS News*, the European Society of Coloproctology has submitted

abstracts and will participate fully in our program. They will join our co-hosts: 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; and the Colorectal Surgical Society of Australia and New Zealand.

Let me close with a very positive, upbeat note. We have been concerned, as you know, that corporate support of the Annual Meeting and other ASCRS activities could decline. That is not happening. We have had excellent corporate support for the Boston Tripartite Meeting. We thank our corporate partners and look forward to continuing to build relationships to better serve the needs of our patients.

Please let me have your ideas and let us know how we're doing. I look forward to seeing you in Boston and hearing from you anytime by e-mail at wongd@mskcc.org. ✨

Core Subject Update to address Critical areas of colorectal care, June 7

The latest developments in critical areas of colorectal care will be the focus of the 2008 Update on Core Subjects, Saturday, June 7, at the ASCRS Tripartite Meeting in Boston, MA.



Dr. Donald Buie

The Update on Core Subjects, an Annual Meeting staple, helps busy colorectal surgeons remain at the forefront on important treatment advances, according to course director Dr. **W. Donald Buie**, Calgary, AB, Canada.

"The Core Subject Update helps surgeons stay on top of important advances that may enhance patient care

by reporting on technology and research breakthroughs," he explained. "Each presenter conducts an exhaustive review in a specific practice area and reports on developments in research and new treatment modalities."

The 2008 Core Subjects and their presenters are:

- *Hemorrhoids, Fissure* – Dr. **Nancy Morin**, Montreal, QC, Canada;
- *Prolapse Instususpension SRUS* – Dr. **Madhulika Varma**, San Francisco, CA;
- *Ulcerative Colitis* – Dr. **David Maron**, Philadelphia, PA;

- *Trauma, Volvulus* – Dr. **Scott Steele**, Fort Lewis, WA;
- *Benign and Malignant Anal Tumors, Retrorectal Tumors?* – Dr. **Kelli Bullard Dunn**, Buffalo, NY;
- *Hereditary Colon Cancer/Genetic Testing* – Dr. **C. Neal Ellis**, Mobile, AL.

Core Subjects have been restructured to include 24 topics rotating on a four-year cycle. Each speaker gives a 20-minute evidence-based review that focuses on current concepts and controversies. Presentations are followed by a five-minute question period. A written summary of each presentation will be available on the ASCRS Website, www.fascrs.org, prior to the meeting.

ASCRS developed the Core Subject Update with the American Board of Colon and Rectal Surgery (ABCRS) to assist in the Maintenance of Certification (MOC) process.

Questions developed from Core Subject Update presentations are included in the ABCRS recertification question bank.

“Core Subjects have been restructured to include 24 topics rotating on a four-year cycle.”

Those unable to attend this year's program may review Core Subject manuscripts and presentations on the Society's Website. ✨

DC&R circulation tops 10,000, online usage, Revenues continue to increase, Dr. Madoff reports

Diseases of the Colon & Rectum enjoyed another strong year, Editor-in-Chief Dr. **Robert D. Madoff**, Minneapolis, MN, reports.

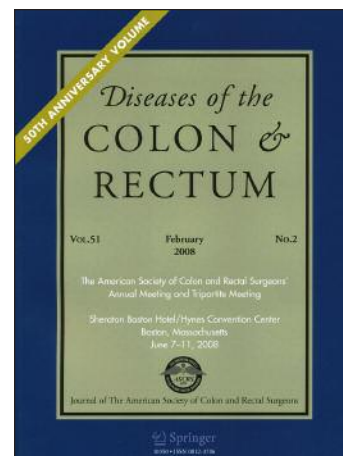
“Total circulation now exceeds 10,000, including almost 6,000 libraries that subscribe electronically in library consortia. Online usage continues to increase dramatically, and our impact factor hit a record high. Revenues from the journal to the Society have continued their steady climb,” he says.

“*DC&R* celebrates the 50th anniversary of its first publication in 2008. The journal itself has been entirely



Dr. Robert Madoff

redesigned; features include 4-color printing and standardized figures and tables. There is a special anniversary year cover that is a replica of the journal’s original cover design. A commemorative booklet celebrating *DC&R*’s first 50 years will be distributed to all print subscribers (including ASCRS members) this spring,” Dr. Madoff adds. ✨



SOCIOECONOMIC COMMITTEE UPDATE

Be careful to use correct CPT Codes For TEMS, Fibrin Plug Fistulotomy

By Guy R. Orangio, M.D., Chair

There has been some recent confusion about CPT Codes for TEMS and Fibrin Plug Fistulotomy. Let me try to clear up the confusion.

TEMS Code Category III

Use Code 0184T Excision of rectal tumor for transanal endoscopic microsurgical approach (i.e., TEMS). (For non-endoscopic excision of rectal tumor, use Code 45160 or 45170). Do not report Code 0184T in conjunction with 45300-45327, 69990.

This code was released in July 2007 and implemented Jan 1, 2008. Note that it is a Category III Code. It will not be in the CPT book until 2009.

Fibrin Plug Code Category III

Use Code 0170T Repair of anorectal fistula with plug (e.g., porcine small intestine submucosa [SIS]). This Category III Code is currently in CPT.

Definition of Category III Codes

Current Procedural Terminology (CPT) contains a set of temporary codes for emerging technology, services, and procedures. Category III codes will allow data collection for these services/procedures. Current use of unlisted codes does not offer the opportunity for the collection of specific data. **If a Category III code is available, this code must be reported instead of a Category I unlisted code.**

This is an activity that is critically important in the evaluation of health care delivery and the formation of public and private policy. The use of Category III codes in this section will allow physicians and other qualified healthcare professionals, insurers, health services researchers, and health policy experts to identify emerging technology, services, and procedures for clinical efficacy, utilization and outcomes.

Codes in this section may or may not receive a Category I CPT Code. These temporary codes will be archived after five years, unless it is demonstrated that a temporary code is still needed.

In order to receive payment for Category III Codes, agreements between the provider and the payor prior to utilization of the code are required, because these codes do not guarantee payment.

Consultations and E&M Codes

Recently, there have been some reports in “Coding Alert Flyers” pertaining to Consultations and Evaluation and Management (E & M) Codes.

A consultation is defined as 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 (e.g., qualified healthcare professional, lawyer or insurance company).

...continued on next page

Be careful to use correct CPT Codes ...continued from previous page

Consultations must meet certain requirements, and these must be followed for proper coding:

1. The written or verbal request for a consultation may be made by a physician or other appropriate source and must be documented in the patient's medical record by the requestor or the consultant. A "consultation" initiated by a patient and or family and not by a physician or other appropriate source is not reported by the consultation code.
2. The consultant's opinion must be communicated by written report to the requesting physician or appropriate source.
3. A physician consultant may initiate diagnostic and/or therapeutic services at the same or a subsequent visit.
4. A consultant may accept responsibility for complete management of the patient or management of a specific aspect of care based on the consultation.
5. Following the consultation visit, encounters for management of the patient's or patients' condition(s) are to be reported using the E & M service code(s) appropriate for the site of service.

Please note: In the hospital or nursing facility setting, the consultant should use the appropriate inpatient code and for follow up use the appropriate follow-up E & M Code. In the office, the consultant should use the appropriate office or outpatient consultation and for follow up the appropriate follow-up E & M Code.

"Nobody said this was supposed to be easy."

Utilization of New Patient Codes

In the outpatient setting, when a physician or appropriate source does not request an opinion but transfers the patient's complete or partial care, the physician who agreed in advance to accept the patient should not report a consultation code for the evaluation.

New or established patient or office or other outpatient codes, or other codes according to site of service, should be reported as appropriate.

In the inpatient setting, the supervising physician may request an opinion and simultaneously request a transfer of the patient's complete or partial care. In this case, a consultation service may be reported.

This next definition has recently caused some controversy: When the requesting healthcare professional has requested an outpatient or office consultation "Pre-operatively" or in the "Emergency" department for services related to an impending inpatient admission, the consultant may not report the initial inpatient consultation. All subsequent E & M services in the inpatient setting related to the admission may be reported with the appropriate subsequent care codes (99231-99233 or critical care codes, when appropriate).

Nobody said this was supposed to be easy. ✨

National Media Awards to recognize Excellence in colorectal disease Reporting in Boston

ASCRS will recognize journalistic excellence in colorectal disease reporting during Boston's Tripartite Meeting, when it honors winners of the 2008 National Media Awards.

ASCRS will present \$1,000 awards honoring the best work in three major media categories:

- **Print** (newspaper or magazine),
- **Broadcast** (television or radio), and,
- **Internet** (including news reports, features, discussion programs, documentaries or multi-media presentations).

Winners will be honored during an awards ceremony during the 2008 Tripartite Meeting.

Media professionals and members of the ASCRS Public Relations Committee will judge the entries for the 2008 program. Each entry will be evaluated on the basis of writing quality, excellence in production, research, accuracy, message, impact and originality.

Information on the ASCRS' 2008 National Media Awards program is available on the ASCRS Website www.fascrs.org, or by calling ASCRS Public Relations at 847/934-5580. ✨

New ASCRS Website draws positive reviews

Comments by Society members on a stunning redesign of the ASCRS Website (www.fascrs.org) have been overwhelmingly positive, Website Committee Chair Dr. **Scott M. Browning**, Portland, OR, reports.

“Much more friendly and pleasing to the user,” said one reviewer. Others noted that the Website was “very impressive,” navigation was “easy and logical” and overall “a big benefit to patients and physicians.”

The new Website, which went online in February, was designed to provide an Internet resource that professionally represents the Society and improves its ability to provide useful information and services to members and the public.

The total redesign offers dedicated pages for Society committees, a greatly expanded online career center for members, improved search features for the public, and a range of other user benefits.

“Improved search features built into the Website will help patients and the public access educational information about colon and rectal disease,” Dr. Browning explains. “Users will also easily find office locations of surgeon specialists available to treat them.”

“Effective Internet communication is key to executing the Society’s mission of offering the public expert, up-to-date information on colorectal disease,” says Dr. **Deborah A. Nagle**, Boston, MA, who chaired the Website Redesign Subcommittee. “Our goal is to educate and help the public connect with the best physicians when they are needed.”

An essential component of the redesign project includes creation of Web pages dedicated to each ASCRS committee. Located in the “Members” section, these pages will enable committee members to upload and share documents, post upcoming event schedules, and communicate with committee members via e-mail.

The new online Career Center allows ASCRS members to post job openings or resumes, view job openings and look for other career opportunities. The ASCRS Career Center links to hundreds of other professional career sites, exposing members seeking new opportunities to employers nationwide and increasing traffic flow to the Society’s Website.

Other features of the redesigned Website include:

- **New “Industry” section** for corporate supporters and sponsorship opportunities.



Society’s new homepage at www.fascrs.org

- **One click access to *Diseases of the Colon & Rectum*** for member subscribers.
- **Online store** where members may purchase CARSEP VII, patient education brochures, and the ASCRS Textbook.
- **Online donation section** for members and the public to contribute to both the Society and Research Foundation. The section will allow for anonymous or “in honor/memory of” donations.
- **Improved Listserv** for subscribers. This e-mail discussion group provides a forum for discussion of clinical cases and other issues of general interest to the colon and rectal surgical community.
- **User-friendly membership renewal section** for dues payments.
- **Membership profiles** for the ASCRS online & print directories. Members may update their profiles through the Website.

Dr. Browning says that future Website updates will provide online educational opportunities for members, including online certification for MOC. ✨

Over 400 ASCRS members respond to Round 2 Delphi questionnaire

Over 400 ASCRS members responded to Round 2 of the Research Foundation’s Delphi questionnaire, in which they rated a list of major research questions in colorectal surgery on a nine-point scale.

In late March, the Foundation’s Delphi Task Force selected the 50 highest rated questions, and members

will have another chance to rank them. The goal of the project is to outline in detail the specialty’s top research priorities.

“We anticipate that the Delphi process will be complete by the Annual Meeting, and we will present the results to the

...continued on next page

ASCRS members respond to Delphi questionnaire ...continued from previous page

membership there. We are very excited and thank the membership for their participation,” says Dr. **Nancy N. Baxter**, Toronto, ON, Canada, who heads the Foundation’s Delphi Taskforce.



Dr. Nancy Baxter

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.

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**, San Francisco, 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 a summary will be included in *ASCRS News*.

“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 goal of the project is to generate a set of clearly defined topics that constitutes a research agenda for colorectal surgeons for benign and malignant diseases,” she says.

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

- 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.

Features of the Delphi Method

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.

- 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.” ✨

Dr. Patricia Roberts awarded ACS/ASCRS educational scholarship

Dr. Patricia L. Roberts, Burlington, MA, is the 2008 recipient of an \$8,000 scholarship to attend a weeklong educational program on health policy and management at Brandeis University, Waltham, MA.



Dr. Patricia Roberts

The annual scholarship is co-sponsored by the American College of Surgeons and ASCRS.

The Heller School Executive Leadership Program, to be held June 23 – 28, aims to provide senior level healthcare professionals with the skills to create innovative, sustainable solutions to improve the quality, cost-effectiveness, and efficiency of healthcare service delivery.

“Healthcare delivery systems operate under conditions of turbulence and are the most complex organizations to manage. Never before has the need for multidisciplinary approaches to problem-solving been more apparent,” Brandeis’ Website states. “In the United States, it is time for clinicians to re-emerge as influential actors in the arenas of health policy and management.”

Previous scholarship winners are Drs. **Frank G. Opelka**, New Orleans, LA (2005); **Clifford Y. Ko**, Los Angeles, CA (2006); and **James Merlino**, Cleveland, OH, (2007).

“Participation in this program offers a unique opportunity to interact with surgeons from different disciplines looking to affect change in health policy,” Dr. Merlino says.

The Heller School Executive Leadership Program... aims to provide senior level healthcare professionals with the skills to create innovative, sustainable solutions to improve the quality, cost-effectiveness, and efficiency of healthcare service delivery.

“The course offered practical teaching tools that are applicable to specific situations, along with the chance to hear how others are addressing policy and management challenges.” ✨

International Scholarship offers Opportunities for education, camaraderie

By Luis A. Borda, Lima, Peru, 2007 International Scholar

It was a great honor to be the recipient of the 2007 International Scholarship of the American Society of Colon and Rectal Surgeons and the International Council of Coloproctology. This award allowed me to attend the ASCRS Annual Meeting in St. Louis, Missouri, and visit Memorial Sloan Kettering Cancer Center in New York.



Dr. Luis Borda

During the Annual Meeting, I had the pleasure to present

research on Andean Megacolon, a very common disease in the high altitude of the Peruvian Andes. However, it is rare in other countries around the world.

The Annual Meeting was a great experience. Through its wide range of symposia, panel discussions, lectures and poster sessions, I enjoyed a comprehensive update on colorectal surgery. I firmly believe that it was the best meeting of coloproctology that I have ever been associated with during my time as colorectal surgical trainee.

A topic of considerable interest to me is laparoscopic surgery for both benign disease and colorectal cancer. This is a technique that we have just begun to develop in Peru.

The Annual Meeting offered multiple presentations on this topic and I eagerly participated in all of them. I thought the most interesting one – due to its comprehensive nature – was the “Laparoscopic Colectomy: The basics and beyond” symposium.

“The importance of endorectal ultrasound in different rectal diseases cannot be overstated.”

The importance of endorectal ultrasound in different rectal diseases cannot be overstated. I recently began practicing this technique in my country. For this reason, the “Endorectal Ultrasound Course Hands-on Lab” course was of prime interest to me. I am pleased to report that it fulfilled all my expectations.

Rectal Cancer is another of my interests. There were many presentations on this disease site and I was very pleased with them all. I found the transsphincteric approach to rectal

...continued on next page

International Scholarship offers opportunities ...continued from previous page

cancer and other neoadjuvant treatments very interesting. In addition, I developed an appreciation for new treatment methods for anorectal fissure and fistula without surgery.

The meeting's social activities were very nice. My wife and I enjoyed all of them in the beautiful city of St. Louis.

Following my time in St. Louis, I had the opportunity to visit Memorial Sloan Kettering Cancer Center in New York as an observer. For three weeks, I was immersed in learning more about advances in colorectal surgical procedures for cancer and benign disease. I was impressed with the excellent organization, structure and technology available at MSKCC, especially the hospital's operating rooms and outpatient clinic.

I observed many operations and saw the exquisite and accurate surgical technique of Dr. **Douglas Wong**, Chief of the Colorectal Service. Dr. Wong was very gracious in allowing me to observe him in action.

I was also impressed with Dr. **Martin Weiser's** laparoscopic surgery and transanal endoscopic microsurgery skills, and Dr. **Jose Guillem's** precision. It was a pleasure to meet and work with them all.

Prior to my visit, many of my colleagues suggested that I visit other colorectal surgery centers in the U.S., but I choose MSKCC because I devote 50% of my clinical practice to caring for patients with colorectal cancer. My three weeks there were short, but incredibly fulfilling. I look forward to another opportunity to visit.

In closing, I would like to express my appreciation to the American Society of Colon and Rectal Surgeons, and to Dr. **Graham Newstead**, of the International Council of Coloproctology, for granting me the scholarship. Thanks also to Ms. **Heather Heller**, who assisted me during the year prior to my travel, and Dr. Wong and his team at Memorial Sloan Kettering Cancer Center. ✨

Committee to accept nominations for 2008-09 Executive Council

The Nominating Committee invites members to submit recommendations for the following seats on the Executive Council for 2008-09:

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

Committee Chair Dr. **Bruce G. Wolff**, Rochester, MN, and Drs. **Ann C. Lowry**, St. Paul, MN, and **Lester Rosen**, Allentown, PA, will develop a candidate slate for submission at the ASCRS Annual Meeting in Boston, MA.

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

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

Nominations should be submitted in writing by **Tuesday, April 15**, to: Dr. Bruce G. Wolff
Fax: 507/284-1794
E-mail: wolff.bruce@mayo.edu ✨