



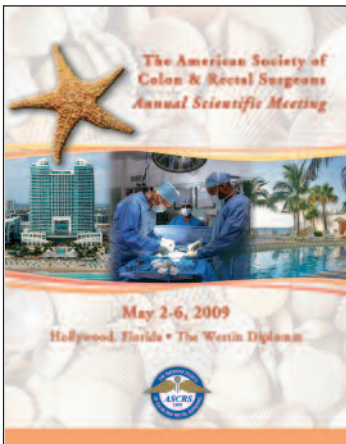
Annual Meeting offers analysis of evidence-based medicine, educational symposia to benefit member practices, May 2–6

An extensive analysis of evidence-based medicine and a far-reaching series of educational symposia designed to help clinical surgeons enhance their practices head the program for the 2009 ASCRS Annual Meeting, Saturday, May 2 – Wednesday, May 6, at The Westin Diplomat, Hollywood, FL.

The broad scope of the 2009 scientific program includes topics ranging from the latest advances in colorectal disease treatment to more practical topics such as communication, leadership, case coding, data collection and publishing, report Program Committee co-Chairs Dr. **C. Neal Ellis**, Mobile, AL, and Dr. **James I. Merlino**, Cleveland, OH.

“With an in-depth review of current surgical techniques and cutting-edge research, the 2009 program will offer attendees a comprehensive update on improving colorectal surgical care to the patients we serve,” Dr. Ellis explains. “In addition, the Program Committee has tailored specific parts of the program for allied staff members and

young surgeons in the early stages of their careers. There is something for everyone.”



“Meeting attendees will benefit from an in-depth exploration of emerging technologies, such as laparoscopic surgery simulation and other advances to help surgeons in the diagnosis and treatment of colorectal disease,” Dr. Merlino says. “The debut of the laparoscopic surgery simulation program marks the first time a program of this nature has been offered at any medical meeting.”

Pre-meeting sessions kick off Saturday, May 2, with lectures and hands-on workshops on a host of topics, including:

Laparoscopic Colectomy – Course
Director Dr. **Conor Delaney**, Cleveland, OH, leads this session that discusses the principles of laparoscopic and hand-assisted colectomy. Discussion will also focus on more complex situations, such as inflammatory disease, complications, conversion, reoperative surgery, and perioperative

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American Cancer Society elects Dr. Alan Thorson President-Elect



Dr. Alan Thorson

ASCRS member Dr. **Alan G. Thorson**, Omaha, NE, has been elected President-Elect of the American Cancer Society, the nation’s largest voluntary health organization.

Dr. Thorson previously served as secretary and chair of the ACS Heartland Division, Chief Medical Officer of the High Plains Division, and chair of the Health Promotions Advisory Group. He is currently chair of the Incidence and Mortality Ends Committee and a member of the Colorectal Cancer Advisory Group.

Dr. Thorson is a clinical associate professor at both Creighton University and the University of Nebraska. He is a past president of the American Board of Colon and Rectal Surgery.

The American Cancer Society has 13 regional divisions and local offices in 3,400 communities, involving millions of volunteers across the U.S. It is dedicated to eliminating cancer as a major health problem by saving lives, diminishing suffering, and preventing cancer through research, education, advocacy, and service. ✨

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care strategies to maximize patient recovery. Lab sessions will offer cadaver and simulator training.

Colorectal Screening – An exploration of “knowledge gaps” in the timing and frequency of screening, led by Dr. **Charles Whitlow**, New Orleans, LA, will help attendees learn more about the prevalence of colorectal cancer, available screening options, and the economic impact of colorectal cancer screening on the U.S. healthcare system.

Professionalism and Communication – Dr. **Guy Orangio**, Atlanta, GA, moderates this lunch symposium addressing physician leadership in the academic and hospital environments. Topics for discussion include best practices for fostering therapeutic relationships between patients, families and professional associates based on sound ethical practices, the effects of positive – and negative – communication skills, and knowing “when to listen and when to act.”

Transanal Endoscopic Microsurgery (TEM) – Didactic lectures and hands-on lab work comprise this session, led by Dr. **Charles Finne**, Minneapolis, MN. Program objectives include an understanding of the indications, risks and benefits of TEM; patient selection of TEM in benign and malignant disease; and TEM technique.

Symposia to Explore Technological Advances

A program on *Technological Advances in the Diagnosis and Treatment of Colorectal Diseases*, scheduled for Sunday, May 3, will address new staple-line reinforcement technology, the results of sacral nerve stimulation for incontinence, the use of Doppler-guided hemorrhoidal artery ligation, and advances in endoscopy and polypectomy. Dr. **Martin Weiser**, New York, NY, moderates.

The symposium on **robotic-assisted surgery**, held Tuesday, May 5, and moderated by Dr. **Leela M. Prasad**, Park Ridge, IL, will offer an update on robotic technology and instruments available for use in colorectal surgery.

“Currently available robotics feature three-dimensional stereoscopic vision and depth perception. Instrument controls are no longer inverse; they electronically translate natural hand and wrist motions,” Dr. Merlino says. “Robotics may be especially applicable for procedures requiring precise dissection and suturing in confined spaces, such as total mesorectal excision for rectal cancer, rectopexy for prolapse, or pelvic floor reconstruction.”

Dr. **Toyooki Sonoda**, New York, NY, will moderate a symposium entitled *Single Port Minimally Invasive Surgery/NOTES*, Wednesday, May 6. This session will discuss how natural orifice transluminal endoscopic surgery (NOTES), single port laparoscopic surgery, and endoluminal surgery may influence the future of colorectal surgery.

Another symposium focusing on the application of new technologies takes place Monday, May 4. *Energy Devices in Colorectal Surgery* will help surgeons learn more about available tech-

nologies for dissection and hemostasis in colorectal surgery. A panel of presenters, moderated by Dr. **James W. Fleshman**, St. Louis, MO, will discuss the capabilities, costs, and safety of multiple applications and how to select the modality that best fulfills a particular surgical need.

Other highlights of the 2009 Annual Meeting are:



Dr. Neal Ellis



Dr. James Merlino

“Robotics may be especially applicable for procedures requiring precise dissection and suturing in confined spaces.”

Lymph Nodes: Prognostic, Therapeutic and Quality

Implications – An evaluation of data comparing lymph node harvest with survival, the difference between association and causation, and factors that may affect lymph node harvest are among topics to be presented during this

session moderated by Dr. **Nancy Baxter**, Toronto, ON, Canada. Presenters will also discuss lymph node evaluation as a quality indicator in colorectal surgery. (Monday, May 4)

Understanding Syndromes of Inherited Colorectal Cancer

– Dr. **James M. Church**, Cleveland, OH, leads an evaluation of ways to diagnose patients with hereditary colorectal cancer, optimal workup of affected patients and their relatives, techniques to prevent cancer in other organs, and the genetic basis of hereditary colorectal cancer syndrome. (Tuesday, May 5)

Post-Treatment Follow-up of Patients with Colorectal Cancer

– Dr. **Harry J. Reynolds, Jr.**, Cleveland, OH, conducts a review of the controversies currently facing clinicians when deciding the most appropriate follow-up course for colorectal cancer patients. Program presenters will also examine the recommended frequency of endoscopic follow-up, the role of biological markers, and controversies and actions required for follow-up of patients with positive post-treatment imaging. (Wednesday, May 6)

Evaluation and Management of Metastatic Colon and Rectal Cancer

– Recent advances in chemotherapeutic and liver-targeted therapies have started a renaissance of interest and investigation into the treatment of metastatic colorectal cancer. This clinical scenario, led by Dr. **Eugene Foley**, Madison, WI, will update colorectal surgeons on recent treatment breakthroughs and recognize the rapid

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rate of continued change in patient management. (Wednesday, May 6)

Enhanced Recovery Protocols – This session, led by Dr. **Philip Cole**, Shreveport, LA, will review best clinical practices that lead to improved patient satisfaction and reduced post-operative stays. Topics include prevention of ileus, adhesions, fluid management, bowel prep, and the value of enhanced recovery protocols to the patient and health system. (Monday, May 4)

Maintenance of Certification (MOC) Review

Dr. **Martin Luchtefeld**, Grand Rapids, MI, will direct a review of the current components of MOC, and the ideological framework that led to its development, Tuesday, May 5. The program will detail key components of MOC, and help surgeons prepare to participate in the process.

“The MOC symposium will feature a comparison to the Canadian system, as well as details of current requirements for the American Board of Colorectal Surgery,” Dr. Merlino says.

Allied Health Programs

The 2009 Annual Meeting marks the fourth time ASCRS has dedicated a symposium to allied health professionals. **The Critical Role of Allied Health Professionals in the Management of Patients with Colorectal Disease**, to be held Sunday, May 3, will address stoma care, pre- and post-operative concerns for the complicated stoma patient, management of difficult wounds, telephone triage, and dealing with difficult patients. Dr. **Feza Remzi**, Cleveland, OH, moderates.

A separate allied health program geared toward physicians will take place Saturday, May 2. **Key Components of a Successful Colorectal Surgery Practice**, led by Dr. **Charles Littlejohn**, Stamford, CT, will feature a slate of presenters addressing diversity in colorectal practice, creating and building partnerships, the role of non-physician health care professionals in enhancing patient care, and more.

Complete Annual Meeting program and registration information will be available in February on the ASCRS Website, www.fascrs.org. ✨

PRESIDENT'S MESSAGE

Medicine could feel delayed impact of international financial crisis

By Dr. *Anthony J. Senagore*

We have witnessed a once-in-a-lifetime (hopefully) crisis in the international money markets that has impacted a variety of industries. I fear that medicine will feel the delayed



Dr. Anthony Senagore

impact of increased unemployment and increased uninsured and underinsured, coupled with the added burden of additional putative quality programs. The final addition to the “perfect storm” is the new regulatory environment affecting the interaction between medical societies and the medical device and pharmaceutical industries.

Despite all these pressures and unique circumstances, Annual Meeting Program co-Chairs Dr. **Neal Ellis** and Dr. **James Merlino**, and the entire EAI staff are working diligently to provide an exceptional meeting for our membership in Hollywood, FL. Financial support will be a bit tighter this year; however, content quality will be unaffected. We will lead off with an important session on rectal cancer, which is a key clinical differentiator of the expertise offered by the colorectal surgeon.

Dr. **Conor Delaney** will be leading the laparoscopic colectomy course. This year, we will have the distinction of being the first surgical society to offer broad didactic train-

ing, a surgical-simulation-based training session, and cadaver-based training. The participant will be able to choose either hand-assist or standard laparoscopic colectomy for the technical portion of their course (with some space limitations).

The remainder of the planned lectures and open paper sessions will seek to provide the attendee with a broad exposure to enhanced recovery, and other means of providing high quality evidence-based care for the colorectal patient.

The Executive Council is evaluating components of our strategic plan. We face continued pressures as a profession to define and report high quality value-added care. As a

Society, we have the further burden of defining the additional benefits provided by a trained and board-certified colorectal surgeon. We are continuing the work our leadership started many years ago, which provided us a

financially stable organization, a high quality journal, and most recently, our own textbook.

The ASCRS Research Foundation continues to work to expand grant opportunities and soon may be participating

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President's Message ...continued from previous page

in K-08 grants via the National Institute of Health. Our residency programs are among the training programs most preferred by graduating general surgery residents. We continue to be able to recruit the cream of the crop. These resources provide us a unique opportunity to continue our journey to become THE recognized leaders in value-added care of colorectal pathology.

Despite all the challenges we face, the ASCRS remains a strong, diverse, and vibrant society poised for continued leadership in the care of our patients. On behalf of the Program Chairs, the entire Program Committee, and our outstanding administrative staff, I want to wish all of you a Happy New Year. We look forward to seeing you in Hollywood, FL, in May. ✨

Distinguished lecturers to highlight Annual Meeting

Distinguished lecturers noted for their expertise in the field of colon and rectal surgery and ethics will highlight a world-class scientific program at the 2009 ASCRS Annual Meeting in Hollywood. This year's slate of presentations includes:

ASCRS Presidential Address:

"It is the Unknown Unknowns that Really Matter" – Dr. **Anthony J. Senagore**, Vice President,

Research & Medical Education, Spectrum Health, Professor of Surgery, Michigan State University College of Human Medicine, Grand Rapids, MI (Sunday, May 3, 2:30 – 3:30 p.m.);

Norman Nigro Research Lectureship: "Interactions Between Physician Researchers and Industry" – **Erin Reilly Lewis**, Counsel, Baker & Daniels, Indianapolis, IN (Monday, May 4, 1 – 1:45 p.m.);



Dr. Thomas Nasca



Dr. Angelita Habr-Gama



Dr. Chris Feudtner

Harry E. Bacon Lectureship: "Challenges and Opportunities Facing American Graduate Medical Education in 2009" –

Dr. **Thomas J. Nasca**, Chief Executive Officer, Accreditation Council for Graduate Medical Education (Monday, May 4, 1:45 – 2:30 p.m.);

Ernestine Hambrick Lectureship: "Innovative Management of Rectal Cancer" – Dr. **Angelita Habr-Gama**, Professor of Surgery, University of Sao Paulo

School of Medicine, Sao Paulo, Brazil (Tuesday, May 5, 10:30 – 11:15 a.m.);

Parviz Kamangar Humanities in Surgery Lectureship:

"Emotional Management & the Ethics of Medical Decision-Making" – Dr. **Chris Feudtner**, Director, Department of Medical Ethics, Steven D. Handler Endowed Chair in Medical Ethics, Children's Hospital, Philadelphia, PA (Tuesday, May 5, 11:15 a.m. – 12 p.m.). ✨

Core Subject Update to address critical areas of colorectal care

The latest developments in critical areas of colorectal care will be the focus of the 2009 Update on Core Subjects, Sunday, May 3, at the ASCRS Annual Meeting in Hollywood, FL.

The Update on Core Subjects helps busy colorectal surgeons remain at the forefront of important treatment advances, explains course director Dr.

W. Donald Buie, Calgary, AB, Canada.

"Each presenter conducts an exhaustive review in a specific practice area and reports on developments in research and new treatment modalities," he says.

The 2009 Core Subjects and their presenters are:

- *Fistulas/Abscess* – Dr. **Bradley Champagne**, Cleveland, OH;
- *Fecal Incontinence* – Dr. **Andreas Kaiser**, Los Angeles, CA;
- *Other Colitides* – Dr. **Farshid Araghizadeh**, Dallas, TX;
- *Diverticulitis* – Dr. **M. Shane McNevin**, Spokane, WA;

- *Colon Cancer (Controversies in Surgical/Medical Therapy)* – Dr. **Howard Ross**, Red Bank, NJ;

Each speaker gives a 20-minute evidence-based review that focuses on current concepts and controversies. A five-minute question period follows each presentation. A written summary of each presentation will be available on the ASCRS Website,

www.fascrs.org, prior to the meeting.

"The Update on Core Subjects helps busy colorectal surgeons remain at the forefront of important treatment advances."

An Annual Meeting staple, ASCRS developed the Core Subject Update with the American Board of Colon and Rectal Surgery (ABCRS) in 1988 to foster continuing education and assist in the Maintenance of Certification (MOC) process. Questions developed from Core Subject Update presentations are included in the ABCRS recertification question bank.

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

National Media Awards program to recognize excellence

ASCRS will recognize journalistic excellence in colorectal disease reporting at the 2009 Annual Meeting, when it honors winners of this year's National Media Awards competition.

Society members who know of journalists contributing to a greater understanding of colon and rectal disease may encourage them to submit an entry for the 2009 awards program or submit one on their behalf. The deadline for entries is February 28.

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 multimedia presentations).

Winners will be honored during an awards ceremony during the Annual Meeting, May 2 – 6, in Hollywood, FL.

Media professionals and members of the ASCRS Public Relations Committee will judge the entries for the 2009 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' 2009 National Media Awards program is available on the ASCRS Website www.fascrs.org, or by calling ASCRS Public Relations at 847/934-5580. ✨

Think of Colorectal Cancer Awareness Month as an opportunity to enhance practice value

National Colorectal Cancer Awareness Month, observed each year in March, affords an excellent opportunity for Society members to enhance the community's perception of their practice's value in colorectal cancer prevention and management, says Dr. **Nicole J. Kafka**, New York, NY, Vice Chair of the Public Relations Committee.

Members may think first of the altruistic, public health mission of the National Colorectal Cancer Awareness promotion, and that is important, but Dr. Kafka hopes members will seize the opportunity to position colorectal disease specialists as experts in treating colorectal cancer.

"In many communities, the public may identify gastroenterologists or general surgeons with colorectal cancer treatment, even though studies have shown repeatedly that management by colorectal surgeons improves outcomes – particularly in complex cases," Dr. Kafka says. "We are also best positioned to assess the roles of local therapy and neoadjuvant treatment. National Colorectal Cancer Awareness Month provides an excellent opportunity to communicate this message."

She adds: "Some ASCRS members express concern that they are often thought of as hemorrhoid doctors. The public needs good hemorrhoid doctors, but we have to get the word out that we treat colorectal cancer, too."

Dr. Kafka suggests that members start early in planning their Colorectal Cancer Month activities and work with their hospitals, if possible. Hospital marketing and public relations staffs often have strong media contacts. They will appreciate the opportunity to work with colorectal surgeons to promote their ambulatory care facilities and endoscopy units, and to attract colorectal cancer patients.

"An effective Colorectal Cancer Month promotion will increase recognition of colorectal cancer as the purview of the colorectal surgeon. It will benefit individual members by improving their practices. As a side benefit, colorectal surgeons will be viewed as caring educators. There's plenty of room for improvement in the public's perception of surgeons. Even though most people say they trust their own doctors, they don't trust doctors as a group," she says.

"Colorectal cancer is a preventable disease. If we can be truly effective in conveying that message, we can improve the overall health of our community and let people know we'd like to come close to putting ourselves out of the business of treating advanced colorectal neoplasia," says Dr. Kafka.

The Society's Website offers a complete package of materials especially created to help members plan and execute awareness programs. Visit the ASCRS Website, www.fascrs.org, to find:

- A customizable news release and cover letter to send to local media professionals,
- Colorectal cancer fact sheet,
- Patient success stories,
- Camera-ready articles for distribution to local newspapers,
- A sample "op-ed" piece, and other promotion materials.

Members may also download a colorectal cancer screening brochure for patients and colorectal cancer awareness posters for display in their offices. The Website



Dr. Nicole Kafka

"An effective Colorectal Cancer Month promotion will increase recognition of colorectal cancer as the purview of the colorectal surgeon."

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Colorectal Cancer Awareness Month ...continued from previous page

also features instructions on how to hold patient education seminars and strategies for conducting media relations efforts.

To complement individual member activities, the Society conducts a continuing national media relations effort. However, experience shows that the old saw about politics applies also to media: all media are local. Ultimately, the

media in each community prefer to rely on local information sources.

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

Community Impact Award nominations due March 2

ASCRS is accepting nominations for its annual Community Impact Award, which recognizes important volunteer work by Society members in their communities, ASCRS President Dr. **Anthony J. Senagore**, Grand Rapids, MI, announced. Nominations must be submitted by March 2.

Instructions for submitting nominations, and additional information on the award, are available on the ASCRS Website, www.fascrs.org.

The Society welcomes nominations from the general membership, ASCRS regional societies and affiliated International Societies. Nominees must be an ASCRS member or fellow in good standing.

The Public Relations Committee will review all submitted nominations and select one nominee as recipient of the Community Impact Award. Nominations will be graded on the following criteria:

- Community impact;
- Number of people served;
- Humanitarianism;
- Length of service;
- Long-term effect;
- Organizational leadership;
- Frequency of service.

Submit nominations electronically to ascrs@fascrs.org by March 2. Nominations should include the nominee's name

and address, the name of the person or organization submitting the nomination, and a one-page summary of the nominee's community service activity.

The winner will be announced at the Annual Meeting in Hollywood, FL. The award recipient will receive a commemorative plaque and a \$1,000 donation by the Society for the physician's charity of choice. The Society will develop a news release announcing the award winner and distribute it to media professionals in the winner's local market.

Last year, the Society honored Dr. **Gordon Klatt**, Tacoma, WA, founder of the American Cancer Society's "Relay for Life." A second Community Impact Award, for achievement outside North America, was presented to Dr. **Michael 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. **Peter A. Cataldo**, Burlington, VT, won the 2007 award for his leadership in establishing a free surgery clinic that serves many of Burlington's most impoverished residents.

Dr. **Dennis A. Fried**, Charleston, SC, won the Society's first Community Impact Award in 2006 for his role in establishing a colorectal surgery clinic in Belize, and for performing colorectal surgery on patients from Belize in Charleston. ✨

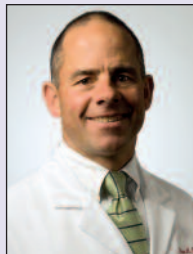
Past Award Recipients



Dr. Gordon Klatt



Dr. Michael Keighley



Dr. Peter Cataldo



Dr. Dennis Fried

Dr. Paul Kovalcik to retire; seeks surgeon to continue practice

After practicing colon and rectal surgery since 1975, Dr. **Paul J. Kovalcik** plans to retire this year and would like to find a colon and rectal surgeon to continue his practice in Chesapeake, VA.

Dr. Kovalcik is former chair of the ASCRS Self Assessment

Committee and a former member of the Executive Council.

Dr. Kovalcik has operated a solo practice since 1989 limited to colon and rectal surgery.

Dr. Kovalcik can be contacted at his office (757-686-2687), home (757-483-2715) or by email (pkovalcik@cox.net). ✨

Fourth Society-sponsored 'Undy 5000' 5k-race set for March 28

ASCRS sponsorship of the Undy 5000, a high-profile series of 5K races organized by the Colon Cancer Alliance (CCA) to raise awareness of colorectal cancer, continues Saturday, March 28, in St. Louis, when CCA hosts the fourth of five planned events, Public Relations Committee Chair Dr. **Harry Papaconstantinou**, Temple, TX, reports.

"ASCRS has partnered with CCA to sponsor this unique series of events that promote colorectal cancer research and awareness," he explains. "Society members in the St. Louis area are encouraged to get involved by raising funds on behalf of the Undy 5000 or participating in the race."



CCA organized three successful races in 2008 in the cities of Philadelphia, Dallas and Phoenix. Planning for a fifth event, to be held later this year, is underway.

For those not familiar with the Undy 5000, a *brief* explanation 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 the 154,000 people who will be diagnosed in 2009, and serve as an effective fundraising tool to support colorectal cancer research.

"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, bloomers and briefs 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."

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



Public Relations Committee Chair Dr. Harry Papaconstantinou (second from right) thanks participants of the Dallas race for their support.

Committee to accept nominations for 2009–10 Executive Council slate

The Nominating Committee invites members to submit recommendations for the following positions on the Executive Council for 2009-10: President-elect; Vice President; Secretary; Treasurer; and Members-at-Large.

Committee Chair Dr. **Ann C. Lowry**, St. Paul, MN, and Drs. **Lester Rosen**, West Palm Beach, FL, and **W. Douglas Wong**, New York, NY, will develop a candidate slate for submission at the ASCRS Annual Meeting in Hollywood, FL.

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 March 15, to:

Dr. Ann C. Lowry

Fax: 651-312-1595

E-mail: alowry2@ix.netcom.com ✨

American Cancer Society honors Relay founder Gordon Klatt

After receiving the Society's 2008 Community Impact Award to honor his work as the founder of the American Cancer Society's Relay for Life® fundraising event, ASCRS member Dr. **Gordon Klatt**, Tacoma, WA, was called to the podium again at the American Cancer Society's November annual meeting to receive a proclamation to celebrate the Relay's 25th year.

Dr. Klatt started what has become the Cancer Society's signature event 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. His effort raised \$27,000. Relay for Life has since raised more than \$3 billion, including \$409 million in 2008.

"Dr. Gordy Klatt is celebrated as the founder of the American Cancer Society Relay for Life around the world and the icon of an event that inspires millions to celebrate cancer survivors, remember loved ones lost, and fight back against a disease that takes too much," the Cancer Society's proclamation says. ✨

Covidien names Dr. Heidi Nelson to Women in Surgery Advisory Council



Dr. Heidi Nelson

The Society's Dr. **Heidi Nelson**, Rochester, MN, has been named to the Covidien Women in Surgery Advisory Council, which will advise the healthcare products company on ways to help women achieve their full potential in the operating room and in their local communities.

Formation of the Women in Surgery Advisory Council is one of the elements in Covidien's Women in Surgery program. It will champion and support current and future female surgeons at all stages of their careers to help address the growing need for surgeons in the U.S.

At the current rate of medical school admissions, the U.S. will experience a shortage of approximately 100,000 surgeons by 2020, Covidien said in announcing the initiative. Even as patient demand for female surgeons rises, the per-

centage of women surgeons remains disproportionately low at 13%, despite women representing nearly half of all medical school applicants, the company said.

Other elements of Covidien Women in Surgery program include:

- Publication of a special General Surgery News Report, which highlights contemporary issues and emerging trends facing medical students and female surgeons, and the challenges women face in their pursuit of a surgical career.
- A partnership with the Association of Women Surgeons to conduct a study of female surgeons across the U.S. to identify the needs of women who are either practicing surgeons or considering becoming practicing surgeons.
- Sponsorship of Covidien Women in Surgery Career Development Conferences in Boston, Chicago, Houston, Philadelphia, and San Francisco during 2009. ✨

TRAVELING FELLOW REPORT

Traveling Fellowship an amazing educational, cultural experience

By Dr. Mark Whiteford, 2008 ASCRS Traveling Fellow

It was my distinct honor to represent the American Society of Colon and Rectal Surgeons as the Traveling Fellow to the United Kingdom for 2008. This was a surprise and honor beyond compare – not only as my first visit to the United Kingdom, but also as an opportunity to visit the country where colon and rectal surgery had its origins as a distinct specialty.

Home to such an extensive list of outstanding surgeons and medical centers, the hardest part of my trip was to choose just two institutions to visit. I finally narrowed my choices to St. Mark's Hospital outside of London, and John Radcliffe Hospital in Oxford.

The ASCRS Tripartite Meeting in Boston was a great lead-in to the Traveling Fellowship. My upcoming hosts at St. Mark's, Professor **John Northover**, the president of the Association of Coloproctology of Great Britain and Ireland (ACPGBI), Mr. **Robin Kennedy**, Professor **Robin Phillips**, and Ms. **Susan Clark** were all in attendance and I had a chance to meet them all. They greeted me eagerly and only fed my enthusiasm. A month later, I was off to London.

My 10-day visit was short but intense. England was teeming with energy. My trip corresponded with the 60th anniversary of the National Health Service, Wimbledon, The Euro 2008 soccer finals, the Glastonbury Music Festival, and the Queen hosting a 90th birthday party for Nelson Mandela at Buckingham Palace.



Visiting St. Mark's Hospital: Dr. Whiteford (right) meets with Mr. Malcolm McFall (left) and Mr. Robin Kennedy.

I spent my first three days at St. Mark's working closely with Mr. Kennedy and Ms. Clark, focusing on advanced laparoscopic colorectal procedures and polyposis surgery. The red-eye arrived early Monday morning into Heathrow. Following a short taxi ride out to St. Mark's Hospital in Harrow, Mr. Kennedy and his fellow, Mr. **Malcolm McFall**, greeted me and we went right to work in his new state-of-the-art, digital, minimally invasive operating theater. Mr. Kennedy is a master laparoscopic surgeon. His technique is elegant and meticulous. His knowledge and understanding of anatomy and anatomic variability, along with his depth of experience, made each case appear effortless and composed.

An afternoon spent in Ms. Clark's clinic illustrated the challenging cases that are routinely seen

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Traveling Fellow Report ...continued from previous page

at St. Mark's. Despite the label of a "polyposis" clinic, on this typical day, Ms. Clark consulted not only on FAP patients, but an assortment of complex patients afflicted with conditions such as pouch perineal fistulas, pouch-vaginal fistulas from Crohn's disease, extensive mesenteric desmoids, short bowel syndrome, and enterocutaneous fistulas.

In the operating room, Ms. Clark shared surgical pearls learned from hundreds of restorative proctectomies, such as rectal dissection techniques and mesenteric lengthening techniques to ensure a tension free J pouch anastomosis. In the evenings, I took advantage of the long summer days by taking a short Tube ride down into London to catch a glimpse of this bustling center of culture and history.

On Thursday, I was up before dawn for a short train ride to Oxford and the John Radcliffe Hospital, the second stop on my visit. Here, I participated in M&M conference and observed advanced endoscopy and laparoscopic surgery.

Professor **Neil Mortensen** runs an inspiring unit full of energy, excitement and optimism. It is a forward thinking, ambitious and highly amicable group that, like St. Mark's, cares for high acuity, tertiary colon and rectal surgery patients. I was even given the honor to present some of my own group's latest research in extended indications of TEM and NOTES surgery, and wholly benefited from the insightful comments and encouragement from a master in the field.

Although my visit in Oxford was limited to two days, Professor Mortensen went out of his way to include a personal tour of the Oxford colleges, and invite me to the annual departmental social at his countryside farmhouse.

With a busy week behind me, I enjoyed my one free day before the start of the ACPGBI annual meeting in Birmingham with a stopover in nearby Stratford-Upon-

Avon, the home of William Shakespeare. The experience of walking in the footsteps of the bard and seeing *Taming of the Shrew* performed by the Royal Shakespeare Company exceeded all my expectations and is beyond words.

Jet lag fading, full of culture, history, and my first full night's sleep, I awoke Sunday and headed to Birmingham and the ACPGBI Annual Meeting. There, I would experience the current and future state of the art in colon and rectal surgery. As one would expect, there were timely presentations on topics such as obstructed defecation, anal fistula plug, rectal cancer trials, laparoscopy, and rectal prolapse.

Each session was followed by a most enjoyable question-and-answer session exemplifying the candid, frank and spirited exchanges for which the British are known. I was fascinated to see how some treatment algorithms have

evolved differently in the British socialized medical system compared to our fee-for-service model, with each having their relative merits and detractors.

"The trip was unparalleled in terms of the experiences I gained and the friends I have met."

In the end, it all flew by too quickly. This trip was unparalleled in terms of the experiences I gained and the friends I have met. I had a brief glimpse into colorectal and British history and culture, socialized medicine, as well as the thoroughness and rigor of British surgical training. I met dozens of new surgeons, with whom I wished I could have spent more time learning and picking their brains on mutual interests. My list of places to visit in the UK has grown much longer.

I wish to thank my hosts and both the Association of Coloproctology of Great Britain and Ireland and American Society of Colon and Rectal Surgeons for this kind and generous opportunity. I look forward to returning as soon as possible. ✨

WASHINGTON UPDATE

ACS releases health care reform policy statement

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

Looking forward to the 111th Congress and the incoming Obama Administration's focus on achieving health care reform, the American College of Surgeons (ACS) released a comprehensive policy statement to help frame the debate. ACS calls on policymakers to support a reform approach that improves access to safe, high-quality, and affordable surgical care.

The College takes a "shared responsibility" approach in its policy statement and recommends that all stakeholders

work together to build a better health care delivery system, embracing policy initiatives that:

- Help eliminate disparities in surgical care by expanding the National Health Service Corps to include surgeons. The College believes that doing so will help increase public service and also assist surgeons with medical school debt.
- Support and help fund a national health workforce database to identify areas with little or no access to surgical care.

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- Explore alternative methods for paying for health care to ensure the presence of an adequate and robust surgical workforce over time by working with the ACS to develop a demonstration program.
- Reduce medical errors, improve safety, provide patients with higher quality care, and potentially reduce the incidence of medical liability cases by partnering with the College and the surgical community to test surgical and patient safety initiatives.

The ACS statement outlines related activities it is committed to undertaking to meet its policy objectives. These commitments include providing better educational and quality measurement resources and opportunities, promoting health information technology (HIT) among the surgical community, and developing better patient safety standards to help reduce medical errors.

In addition to overall system reform, the ACS and many surgical specialties have compiled a united agenda regarding long-term Medicare payment reform. This agenda includes:

- **Repealing** the current sustainable growth rate (SGR) and establishing a new baseline for the physician payment system.
- **Replacing** the current SGR with a system of multiple conversion factors based on category of service, similar to the approach that was included in the CHAMP Act.
- **Ensuring** that any additional payments that are made to primary care physicians are not taken from payments made to surgeons.

In addition to the FY 2009 funding legislation expiring in March, the State Children's Health Insurance Program (SCHIP) will again be due for reauthorization. This legislation was extended without expansions in the 110th Congress, but with a Democratic administration and a Democratically led Congress, the expansion of this program is much more likely. Additionally, because of the support for expansions of this federal initiative, it is possible that other major health reform initiatives will be included in this legislation.

2008 Activity: Medicare Improvements for Patients and Providers

Last summer, the U.S. Senate and House of Representatives voted to override President George W. Bush's veto of the "Medicare Improvements for Patients and Providers Act" (MIPAA), which included the physician payment "fix." Without Congressional intervention, physicians faced a 10.6 percent reduction in Medicare payments retroactive to July 1, 2008, and additional projected cuts of 5.4 percent cut in 2009.

Under MIPPA, the 0.5 percent conversion factor update that expired June 30 was extended through December 31,

2008. MIPPA also averted the 2009 cut by establishing a 1.1 percent update for the entire year. Additionally, it extended the Physician Quality Reporting Initiative (PQRI) and increased the incentive payments for participating physicians to 2 percent through 2010. The legislation required the Health and Human Services (HHS) Secretary to establish a process for group practices to submit quality data. MIPPA also establishes a Physician Feedback Program in 2009 to provide physicians confidential information about their resource use in caring for Medicare patients.

The legislation establishes that, beginning in 2009, Medicare's budget neutrality requirement will be applied to work values assigned to physician services, meaning additional payment increases for some surgical services. In addition, MIPPA extended the 1.0 floor for the work geographic practice cost index (GPCI) through 2009. The Physician Scarcity Area (PSA) bonus, which expired on June 30, was not extended.

Electronic prescription initiative

The bill mandated an electronic prescribing initiative, applicable to most physicians by 2011. To promote e-prescribing, MIPPA outlined bonuses of 2 percent for e-prescribing in 2009 and 2010, with bonuses gradually phasing out by 2014.

For those not compliant by 2011, a penalty would be assessed on Medicare charges in the following year. The penalty starts at 1% in 2012 and phases up to 2% in 2014 and future years. The provisions do not apply to those who do not meet a threshold under the Medicare prescription drug benefit.

MIPPA also established, beginning in 2012, that Medicare payments for the technical component of advanced imaging services, excluding X-ray, ultrasound, and fluoroscopy, will be limited to physicians and others who have been accredited by an organization designated by the HHS Secretary.

To partially offset the costs of enacting the physician payment provisions, the new law requires the Centers for Medicare and Medicaid Services to calculate conversion factor updates in CY 2010 and beyond as though the CY 2008 and CY 2009 cuts occurred.

The legislation also partially offset the cost of its physician provisions by phasing out the indirect medical education (IME) adjustment paid to Medicare Advantage plans. This does not affect the funds paid directly to teaching institutions.

Funding for FY 2009

Late in 2008, the White House and congressional Democrats came to agreement on the continuing resolution funding measure for FY 2009, avoiding a shutdown of the federal gov-



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ernment at the start of the federal fiscal year on October 1. This legislation provides funding for many federal programs, including the National Institutes of Health and Title VII health professions education, through March 6, 2009.

This strategy was necessary because Congress failed to pass any of the 12 regular appropriations bills, which make up about 40 percent of the federal budget. In an attempt to avoid a previously unsuccessful attempt to surpass the Administration's cap on discretionary funds, Democrats decided to allow the final months of the Bush presidency to

pass with his budgetary constraints, and wait for a more sympathetic administration to extend many of their high priority areas.

It is estimated that the FY 2009 deficit may well exceed \$1 trillion, compared with \$407 billion in 2008 and \$162 billion in 2007. The new Administration and Congress also will have to deal with the continuing cost of the war and the expiration of the 2001 and 2003 tax cuts, possibly limiting the ability to move forward rapidly on health system reform. ✨

INTERNATIONAL SCHOLAR REPORT

Tripartite Meeting, site visits provide opportunities for productive interaction, shared knowledge

By Dr. Rodrigo O. Perez, Sao Paulo, Brazil – 2008 International Scholar

Being awarded the 2008 ASCRS International Fellowship Award was one of the great experiences of my life.

My journey began in advance of the Tripartite Meeting in Boston. I arrived in the Big Apple and rented a room uptown that was just blocks away from the Memorial Sloan-Kettering Cancer Center. I feel fortunate to have started my travels at the 2008 ASCRS President's institution, and also because Memorial Sloan-Kettering has served as a top destination for many previous international scholars.

Dr. **Douglas Wong** and his team were all extremely kind. I interacted with everyone in the multidisciplinary cancer complex and discussed specific aspects of their clinical and academic practice on a one-on-one basis.

Thanks to Dr. **Jose Guillem**, I met everyone – pathologists, radiation oncologists and radiologists – involved in colorectal cancer management. Dr. Guillem was kind enough to ask me to present a short lecture on our current studies in rectal cancer at their weekly multidisciplinary meeting. It was a great honor but also a huge responsibility!

I also had the opportunity to see Drs. **Martin Weiser**, **Phillip Paty** and **Larissa Temple** in action. Besides learning a lot, it was great fun.

From there, I went to Boston. I was a little anxious about my presentation at the meeting. However, attending the International Council of Coloproctology (ICCP) meeting – presided over by Dr. **Graham Newstead** – was a good ice-breaker. The warm reception extended by Dr. Newstead and other members of the Council was very reassuring.

I felt particularly lucky to be able to present my work at a Tripartite Meeting with a record number of participants. We all consider the ASCRS Annual Meeting the authoritative gathering of colorectal surgeons, but I now know that the Tripartite is even more special.

Immediately after the meeting, I boarded a flight to Cleveland and headed to the Cleveland Clinic Foundation (CCF). I figured I would see some “world famous” colorectal surgeons on the airplane. Amazingly, my seat was between Dr. **Ian Lavery** and his lovely wife, Karen. They had the misfortune of having me squeeze them in their seats for the entire flight. What a way to start my visit at the CCF! The Laverys were extremely kind. They gave me a ride from the airport to the hotel, and welcomed me to their lovely home for a true Australian-American barbecue.

The next day, I officially started my visit at the CCF. I had the opportunity to witness the most amazing colorectal surgery center. Several procedures and clinics took place simultaneously at this extremely large hospital complex. The number of research and clinical fellows supported by the group was quite impressive. Even more impressive was how busy they all were.

When not accompanying Drs. **Feza Remzi**, **Jon Vogel** and Lavery on their rounds, I was able to attend a transanal endoscopic microsurgery (TEM) training course organized by Dr. **Daniel Geisler**. I also had the great honor of meeting Dr. **Victor Fazio**. I was so excited and nervous to meet him, and he treated me as if he had known me forever.

My last day in Cleveland was at Case Western University, where Dr. **Conor Delaney** hosted me for his Laparoscopic Colorectal mini-fellowship program. There, I learned a lot about laparoscopic technical tips and fast-track recovery programs. I also enjoyed a sampling of local customs when I joined Dr. Harry Reynolds and his staff for a cold beer at a cozy restaurant in Cleveland Heights.

I returned home for a few weeks to celebrate my wife's and daughter's birthdays, then headed to the University of Minnesota, where I was welcomed by Prof. **Stanley**

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International Scholar Report ...continued from previous page

Goldberg. I spent several days with Prof. Goldberg, observing him in the OR, and accompanying him during clinical rounds.

Dr. **Anders Mellgren** showed me the Pelvic Floor Center, where anorectal physiology studies are performed together with endorectal ultrasonography. In addition, I was able to see patients enrolled in some of their ongoing trials for fecal incontinence.

Dr. **Charles Finne** was kind enough to allow me in the OR during several TEM procedures for early rectal cancers and adenomas. I was able to witness his technique and how he tutored some of the fellows. In fact, it was in Minnesota that I had the strongest contact with the clinical fellows.

While there, I met Drs. **Robert Madoff** and **David Rothenberger**, and got a glimpse of their clinical and academic activities. I was very impressed with the way they dealt with most complex and severely ill patients with little stress and lots of patience.

I ended my journey at Minnesota on a rainy Friday morning, but not before Drs. Mellgren, Goldberg and **Ann Lowry** asked me to give a talk at their weekly meeting. Our discussion focused on controversial issues in rectal cancer management. I was honored that they asked me to participate. ✨

Editor's Note: To read the complete report that chronicles Dr. Perez's experiences as the 2008 International Scholar, visit the Society's Website, www.fascrs.org.

IN MEMORIAM

Philip Richard Douglas remembered for professional achievements, devotion to family November 30, 1955 – January 3, 2009

By Dr. Graham L. Newstead

Among numerous achievements, Phil Douglas will be particularly remembered for his outstanding role in overseeing the modern development of the Colorectal Training Program of the Colorectal Surgical Society of Australia and New Zealand, nurturing it as his legacy to future Fellows in training. Under his administration, the program was accorded the status of a Board within the Royal Australasian College of Surgeons.

He supervised the development of a monthly Journal Club meeting for Fellows in each state of Australia and in New Zealand. In addition, as Chairman of the Training Board, he initiated an independent annual meeting of Fellows and members of the Training Board. These meetings were always held in venues amenable to "bonding", thus ensuring a continuity of fraternity and collegiality amongst established and emerging colorectal surgeons.

Fellows present very well prepared topics which are then collated, bound and distributed to all members of the Society; such volumes, together with recent prescribed issues of *Diseases of the Colon & Rectum* and the *Australian Guidelines on Colon Cancer*, form the basis of the annual written examination for Fellows.

In his memory, the Board had established the Philip Douglas Prize. This will be awarded annually for the best paper, which will be accorded a podium presentation at the subsequent meeting of the College and Society.

Dr. Douglas had recently completed a most distinguished two-year Presidency of the Colorectal Surgical Society of Australia and New Zealand. He fostered the introduction

of the category of Fellow of the CSSA & NZ – attainment of which involved a written examination and participation in a national audit process.

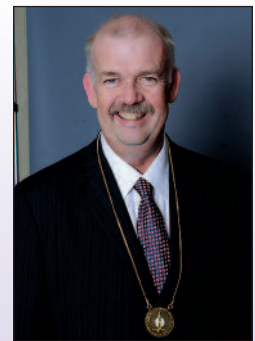
He actively sought extensive international affiliations and exchanges, particularly in the UK and US. He was a productive participant in the Tripartite arrangements and ASCRS meeting in Boston in 2008, despite only very recently having completed intensive oncological treatment.

In November 2008 (late in his illness), he made the difficult journey to Cleveland, OH, to deliver the David Jagelman Lecture at the Cleveland Clinic (on Colorectal Training), which he did with distinction.

His personal qualities were outstanding; he was a superb clinician, most particular about detail, compassionate, and was a man of great integrity. He displayed untiring energy for a multitude of responsibilities and activities, medical, paramedical, family and social.

Phil displayed great strength of purpose throughout this past difficult year, supported with love, compassion and dignity by his devoted wife, Judy. He was justly proud of their daughter, Katherine, and son, Cameron, and had an extensive circle of close family and friends.

He was one of the first two graduate Fellows of the (then) Australian Colorectal Training Program and will be greatly missed by his colleagues and, in particular, Graham Newstead, his colorectal partner for more than 18 years. ✨



Dr. Philip Douglas