



World-class scientific program draws 2,038 to Annual Meeting

ASCRS' 2009 Annual Meeting in Hollywood, FL, attracted 2,038 registrants – including nearly 1,200 physicians – to a world-class program that offered extensive analysis of evidence-based medicine, and educational symposia designed to help clinical surgeons enhance their practices.

With robust attendance by physicians, allied health professionals, media representatives, exhibitors, spouses and guests, Program Committee Chair Dr. **C. Neal Ellis**, Mobile, AL, and Vice Chair Dr. **James I. Merlino**, Cleveland, OH, pronounced the meeting a great success.

The broad scope of the 2009 scientific program included topics ranging from the latest advances in colorectal disease treatment to more practical topics such as communication, leadership, case coding, data collection and publishing.

“The meeting offered a review of current surgical techniques and cutting-edge research, which provided a comprehensive update on ways to improve colorectal surgical care,” Dr. Ellis explained. “Specific parts of the program were tailored for allied staff members and young surgeons in the early stages of their careers.”

“Emerging technologies, such as laparoscopic surgery simulation and other advances to help surgeons in the diagnosis and treatment of colorectal disease, were a key focus of the scientific program,” Dr. Merlino added. “The debut of the laparoscopic surgery simulation program marked the first time a program of this nature had been offered at any medical meeting.”

Scientific highlights of the 2009 Annual Meeting included:

Laparoscopic Colorectal Surgery: Nuts, Bolts and New Tools for Your Toolbox – Attendees gained new insights on a wide range of procedures – including methods of colon mobilization and vascular control, challenges associated with pelvic dissection, and fundamentals of reoperative intestinal surgery – demonstrated in short videos presented by faculty.

Colorectal Screening – An exploration of “knowledge gaps” in the timing and frequency of screening helped



Local Arrangements Committee Chair Dr. Dana Sands welcomes attendees to the Society's Annual Meeting in Hollywood, FL.

attendees learn more about the prevalence of colorectal cancer, available screening options, and the economic impact of colorectal cancer screening on the U.S. health-care system.

Professionalism and Communication – Physician leadership in the academic and hospital environments was the topic of this pre-meeting lunch symposium. Discussion focused on 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.”

Understanding Syndromes of Inherited Colorectal Cancer – Topics included 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.

A program on **Technological Advances in the Diagnosis and Treatment of Colorectal Diseases** addressed staple-line reinforcement technology, the results of sacral nerve stimulation for incontinence, the use of Doppler-guided hemor-

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rhoidal artery ligation, and advances in endoscopy and polypectomy.

Tuesday's symposium on **robotic-assisted surgery** provided 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."

Distinguished lecturers noted for their expertise in the field of colon and rectal surgery and ethics further enhanced the meeting's scientific program. Presentations included:

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;

Norman Nigro Research Lectureship: "Interactions Between Physician Researchers and Industry" – **Erin Reilly Lewis**, Counsel, Baker & Daniels, Indianapolis, IN;

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;

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

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's symposium on robotic-assisted surgery provided an update on robotic technology and instruments available for us in colorectal surgery."

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

How ASCRS will meet, overcome challenges in the year ahead

By Dr. James W. Fleshman, Jr.

First, I would like to thank Drs. **Tony Senagore**, **Neal Ellis**, and **James Merlino** for their extremely well done meeting in Hollywood, Florida. Also, congratulations to the Program Committee for an outstanding job of evaluating manuscripts and abstracts. Secondly, I would like to thank all of our hard-working members and fellows, who work throughout the year to make the ASCRS the best society in surgery.



Dr. James Fleshman

It is an honor for me to serve as your president this year. Your collegiality, acceptance of practice choice (regardless of academics or private), loyalty, willingness to work, independence, and thoughtfulness make this the best surgical society. Even though we are a small group, we support surgery as a whole, and our contribution is out of proportion to our numbers and resources.

I have always thought of our Annual Meeting as a gathering of friends, and the information that is delivered to us during that meeting is very relevant to the care of patients and advancement of our management of colorectal disease.

Having said this, I look forward to an exciting, productive new year. I have spoken to all of our committee chairs, and they are forging ahead with great ideas and outstanding commitment. All of their members have expressed interest in specific projects, and I feel that we will accomplish great things this year.

We do face several challenges. The ongoing recession is affecting our financial base. Government reduction of reimbursement and increased restrictions for societal funding will affect us individually and as a whole. We will be changing our relationship with our industry partners due to new AdvaMed and PhRMA rules. We are facing increasing requirements for training fellows and restrictions from the ACGME on work hours and training methods. We will also be challenged in achieving funding for our Annual Meeting. With these challenges to face, I feel that your Executive Council and our administrative group should be able to meet each of these head on and overcome.

This year, I have created four new committees. The New Technology Committee, under Dr. **Peter Marcello's** guidance, will evaluate new techniques and advances that are

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How ASCRS will meet, overcome challenges ...continued from previous page

being thrust at the surgical field. We will identify areas of our potential participation in research efforts that evaluate the use of these new techniques for patients.

The Media Relations Committee, headed by Dr. **Deb Nagle**, will be looking at ways for increasing our brand recognition. I have asked Dr. Nagle to evaluate potential for a greater visibility at the time of our Annual Meeting and throughout the year, using the media as our resource.

The Operation Competency Evaluation Committee, led by Dr. **Pat Roberts**, will begin the difficult task of defining operative skill competency for training fellows. This may potentially shorten the training needed by colorectal surgery residents and allow us to focus on areas of needed training, rather than requiring across the board operative numbers achieved.

The Research Development Committee, headed by Dr. **Walter Koltun**, will be organizing a method of steering research in our Society towards a consistent approach. Research Development Focus Groups will be held around the time of the Annual Meeting. These groups should also give us an opportunity to derive income from corporate sponsors who are interested in our discussions around the area of research and development.

The plan, as it stands, is to have multiple groups of 25 members meeting in a room for two hours over dinner, led by an ASCRS moderator, with the agenda of defining issues around specific topics, which will result in the development of research plans. The moderator will assign tasks to the committed individuals for developing protocols and deriving data, which could potentially be returned to our Annual Meeting the following year. Industry sponsors will be able to invite their marketing and/or research development personnel, who can also ask questions to help establish their agendas for research planning.

This opportunity, of course, will come at a cost to the industry sponsors, whose support should then help offset Annual Meeting costs. Hopefully, this will generate much goodwill, both between our membership and the industry and among our members, so that we can all look at the disease processes we treat as potential opportunities.

“Government reduction of reimbursement and increased restrictions for societal funding will affect us individually and as a whole.”

I wish all of you a good year. I look forward to working with each one of you, and I know our Society will thrive. Thank you again for the confidence that you have shown in me. I hope to leave at the end of this year with a strong, healthy Society, which we can enjoy for many years to come. ✨

AMA REPORT

U.S. health care reform tops agenda at AMA Annual Meeting in Chicago

By *Anthony J. Senagore, M.D., FASCRS, Delegate, and Harry T. Papaconstantinou, M.D., FASCRS, Alternate Delegate, ASCRS*

ASCRS Immediate Past President Dr. Anthony J. Senagore, Grand Rapids, MI, and Public Relations Committee Chair Dr. Harry T. Papaconstantinou, Temple, TX, represented the Society as Delegate and Alternate Delegate to the 2009 Annual meeting of the American Medical Association (AMA), held in Chicago in June. ASCRS has AMA representation through the Specialty and Service Society Caucus, which includes 101 national medical specialties and societies. This governing body provides ASCRS with a voice at the AMA to help shape American health care. Here is their report:

With the current global economic crisis, a new U.S. President, and increased media coverage of shortfalls in Medicare funding and increased cost of U.S. health care delivery, the unavoidable topic of interest at this year's annual AMA House of Delegates Meeting was U.S. health care reform, and it will be the focus of this report.

Health care reform is so critically important to our national well being that President Barack Obama came to address

the delegation in person before the opening of the House of Delegates meeting. The atmosphere was electrified! Everyone was excited to see and hear President Obama's speech first hand, but there was significant skepticism and concern regarding the content and details of the message he was to deliver.

AMA President Dr. **Nancy H. Nielsen** introduced the President, and reaffirmed the historic opportunity we have to actively participate in health reform. She stated, "Our message to the President and the American public is that the AMA is committed to achieving reform this year, so that all Americans have affordable, high-quality health coverage."

In his opening remarks, Mr. Obama highlighted physicians' commitment to their patients and said, "You did not enter



Dr. Anthony Senagore



Dr. Harry Papaconstantinou

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this profession to be bean-counters and paper-pushers. You entered this profession to be healers – and that’s what our health care system should let you be.” The President called current health care spending levels (\$2 trillion annually) a “ticking time bomb” for the federal government and unsustainable for the nation. With this background, he stressed the urgency of instituting comprehensive health system reform and outlined his vision.

Many parts of his vision are already shared by the AMA: expanding health care coverage and access, finding ways to save money in health care delivery, and to control the cost of medical education. The proposed reform includes establishment of a government-run health plan that will compete with private insurers, establishment of an integrated national electronic medical record, and implementation of best practices and quality measures that will be tied to reimbursement. Each has theoretical cost savings in the future that were estimated at about \$800 billion dollars; however, the price tag to implement this plan is over \$1 trillion dollars.

Health care reform is necessary, and it is naïve to think that we will not have to pay for it. At least certain parts of the proposed plan will decrease cost in the long term, right?

As for freedom of choice for health plans and physicians, President Obama clearly stated that consumers who are happy with their current plans or physicians can keep them. However, we as a profession should be concerned about unintended consequences. We can be sure that any government plan will be less expensive than most commercial insurance carrier plans. That would make it logical for many employers to switch to the more economical government plan.

This will increase competition and drive down commercial health insurance product prices, but the question we should be asking is whether these plans are equivalent in coverage to current standards, or will commercial carriers decrease coverage and benefits to compete with the government plan. Furthermore, how will reimbursement rates be affected? Will the government set the standard for reimbursement fees? Would that be a conflict of interest? What will be our negotiation power with the government to ensure fair reimbursement if they hold all the cards? Details are lacking, so stay tuned.

The only negative reaction from the AMA House of Delegates (yes, the President did receive a healthy and obvious boo) came in response to Mr. Obama’s comment that he did not support caps on malpractice rewards. However, he did acknowledge that it “will be hard to make some of these [health care reform] changes if doctors feel like they are constantly looking over their shoulder for fear of lawsuits.” He also recognized that defensive medicine is a significant cost to the health care system. The AMA lead-

ership perceived this as President Obama’s openness to medical liability reform as a part of comprehensive health reform, to help doctors implement best practices in patient care, and reduce unnecessary health care costs.

We found President Obama’s speech well planned and well executed, and we were honored to be present for this historic event. To close his speech, President Obama said, “I need your help, doctors. To most Americans, you are the health care system.” He clearly stated the importance of maintaining dialogue by stating, “I will listen to you and work with you to pursue reform that works for you.” The AMA has provided a video link for the speech (<http://www.ama-assn.org/ama/pub/about-ama/our-people/house-delegates/2009-annual-meeting/speeches.shtml>). We encourage each of you to see it first hand. We are interested in your impressions.

In response to President Obama’s speech, the AMA has drafted its framework for Health System Reform. It includes broad policies, such as:

- affordable coverage for all,
- disease prevention and personal health responsibility,
- quality improvement of health care,
- health care delivery reform,
- reducing the cost of health care, and
- fiscal responsibility and sustainability of our health care system.

Essentially, the policies drafted and adopted by the AMA this year held true to these principles. Key health system reform actions taken at the 2009 Annual Meeting of the AMA House of Delegates are summarized below.

Health System Reform Principles

- Adopted policy supporting health system reform alternatives that are consistent with AMA principles of pluralism, freedom of choice, freedom of practice, and universal access for patients.

Medicare Physician Payment Reform

- Adopted a set of principles that should be upheld in the development of any Medicare physician payment reform efforts, including ensuring that reform efforts promote improved patient access to care; are designed with input by the physician community; ensure payment rates that cover the full cost of sustainable medical practice; include participation options for all physicians; and ensure an appropriate level of physician decision-making authority over any shared-savings distributions.

Patient-Centered Medical Home

- Clarified AMA support for the patient-centered medical home as a model for providing care to patients without

“Health care reform is necessary and it’s naïve to think that we do not have to pay for it.”

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restricting access to specialty care, and will urge the Centers for Medicare and Medicaid Services to work with the AMA and specialty societies to design incentives to increase care coordination among all physicians.

Right to Privately Contract

- Included among the AMA's top advocacy priorities in 2009 is the right of patients to privately contract with physicians, and the ability of physicians to collectively negotiate with health plans.

Medical Liability Reform

- Adopted policy to press for effective medical liability reforms as part of comprehensive health reform legislation.

Eliminating Restrictions on Pre-existing Conditions

- Adopted policy to support health insurance coverage of pre-existing conditions with guaranteed issue in the context of an individual mandate.

Incentives Rather Than Penalties for HIT Adoption

- Adopted policy cautioning policy makers on the high costs of adopting health information technology (HIT) and advocating for greater adoption of HIT through incentives to e-prescribe and implement and maintain electronic medical records (EMR), without penalty for non-adoption of these systems.

Physician Workforce

- Adopted policy that enhancements to bolster the physician workforce must be part of any comprehensive federal health system reform, including advocating for expanded funding for entry and continued training positions in specialties and geographic regions with documented medical workforce shortages.

Medical Student Debt Relief

- Adopted policy advocating for student debt relief through 100% tax deductibility of student loan interest.

Follow-on Biologics

- Adopted policy to make follow-on biologics more available to patients and physicians (as a lower-cost alternative), while protecting patient safety and allow-

ing a reasonable timeframe for FDA exclusivity and patent expiration.

Health Insurance Underwriting Policies

- Adopted policy that urges insurance companies to make underwriting decisions based only on the presence of conditions that are valid predictors of morbidity and mortality.

Prevention and Personal Responsibility

- Adopted policy to improve health and preventive care efforts by advocating for increased physical activity, proper diet and personal responsibility, and working with concerned organizations to achieve this goal.

Principles for Public Release of Physician Data

- Adopted a series of principles addressing the public release and accurate use of physician data, including patient privacy safeguards, data accuracy and security safeguards, transparency requirements, review and appeal requirements, physician profiling requirements, quality measurement requirements and patient satisfaction measurement requirements.

The positions, statements and policies outlined above strengthen our position with the current administration without offending or condemning the core values and ideals underlying its proposals for health care reform. It is important for each of us to understand that there will be a change in health care, and our voice will be heard only if we have a seat at the discussion table.

For those who remain steadfast in resisting change, we provide a quote from John Gardner, the founder of Common Cause, one of the original architects of Medicare, and an advisor to several U.S. Presidents: *"A society whose maturing consists simply of acquiring more firmly established ways of doing things is headed for the graveyard – even if it learns to do these things with greater and greater skill. In the ever-renewing society what matures is a system or framework within which continuous innovation, renewal and rebirth can occur."* (Gardner, J., *Self Renewal*. Harper & Row, New York, 1964).

Thank you for the privilege of representing you at the AMA House of Delegates. ✨

Society posts Annual Meeting Webcast at www.fascrs.org

Scientific program highlights of the 2009 Annual Meeting in Hollywood, FL are now accessible via Webcast through the ASCRS Website, www.fascrs.org.

The Webcast uses streaming video and audio to provide Society members with access to Annual Meeting scientific presentations from any computer at any time. No CME credit is available by viewing the presentations.

Webcast users are able to access 23 Annual Meeting programs, including:

- ASCRS/SAGES Symposium: *Acquiring and Assessing Skills in Endoscopic Surgery*;
- *Laparoscopic Colorectal Surgery: Nuts, Bolts and New Tools for Your Toolbox*;
- ASCRS/SSAT Symposium: *Single Port Minimally Invasive Surgery/NOTES*.

Users may also review presentations on benign disease, named lectures, the Update on Core Subjects, and more. ✨

Dr. James Fleshman elected ASCRS President

Dr. **James W. Fleshman, Jr.**, St. Louis, MO, was elected ASCRS President for 2009-10 at its Annual Meeting in Hollywood, FL. He succeeds Dr. **Anthony J. Senagore**, Grand Rapids, MI.

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

- Dr. **David E. Beck**, New Orleans, LA, President-elect.
- Dr. **John H. Pemberton**, Rochester, MN, Vice President.
- Dr. **Michael E. Abel**, San Francisco, CA, Member-at-Large.
- Dr. **Robert D. Madoff**, Minneapolis, MN, Member-at-Large.

Dr. Fleshman: President

Dr. Fleshman is Professor of Surgery and Chief, Section of Colon and Rectal Surgery, Washington University School of Medicine.

Dr. Fleshman has served on the Executive Council since 1993, including terms as Secretary and President-elect.

He also served as President of the Research Foundation and the American Board of Colon and Rectal Surgery. He chaired the Continuing Education, Program, Outcome Measures, and Maintenance of Certification Committees. He has served on many other ASCRS committees, including the Quality Assessment and Safety, and CPT Advisory Committees.

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

Dr. Beck: President-elect

Dr. Beck is Chairman, Department of Colon and Rectal Surgery at Ochsner Clinic Foundation, New Orleans, and Clinical Associate Professor of Surgery, Louisiana State University Health Sciences Center.

An ASCRS member since 1990, Dr. Beck serves on the Board of Directors of the Research Foundation. He previously served a three-year term on the Executive Council, and chaired the Program Committee for the Society's Tripartite Meeting in Washington, D.C.

He chaired the Public Relations Committee and has served

on many other committees, including the Continuing Education, Quality Assessment and Safety, Web Site and Professional Outreach Committees.



Dr. James Fleshman addresses Society members following his installation as 2009-10 ASCRS President.

Dr. Pemberton: Vice-President

Dr. Pemberton is Professor of Surgery at the Mayo Clinic College of Medicine, where he is also Consultant in the Division of Colon and Rectal Surgery.

Dr. Pemberton previously served on the editorial board of *Diseases of the Colon & Rectum (DC&R)*, the Society's official journal.

Dr. Abel: Member-at-Large

Dr. Abel is Associate Clinical Professor of Surgery at the University of California, San Francisco.

Prior to his election to the Executive Council, Dr. Abel served on the Abstract Review Board of *DC&R*. He also served on the Awards, Program, Socioeconomic and Self Assessment Committees. In

addition, Dr. Abel co-chaired the Outcomes Assessment and Standards Committees.



Dr. David Beck



Dr. John Pemberton

Dr. Madoff: Member-at-Large

Dr. Madoff is Professor of Surgery and Chief, Division of Colon and Rectal Surgery at the University of Minnesota, where he holds the Stanley M. Goldberg M.D. Chair in Colon and Rectal Surgery.

He is Editor-in-Chief of *Diseases of the Colon & Rectum*, and served as the journal's Co-Editor for six years. Dr. Madoff chaired the Program Committee for the 2001 Annual Meeting, and has also served on many committees, including the Continuing Medical Education, and Quality Assessment and Safety Committees. In addition, Dr. Madoff serves on the American Board of Colon and Rectal Surgery.



Dr. Michael Abel



Dr. Robert Madoff

Society members continuing their terms on the Executive Council are Drs. Senagore, (Past President); **Steven D. Wexner**, Weston, FL, (Secretary); **Alan G. Thorson**, Omaha, NE, (Treasurer); **José G. Guillem**, New York, NY, (Research Foundation President); and Council members **Janice F. Rafferty**, Cincinnati, OH; **Mark L. Welton**, Stanford, CA; **Neil H. Hyman**, Burlington, VT; and **Susan Galandiuk**, Louisville, KY. ✨

ASCRS honors Dr. Rudolph Rustin with 2009 Community Impact Award

Dr. **Rudolph B. Rustin, III**, Mount Pleasant, SC, was honored as recipient of the 2009 Community Impact Award at the Annual Meeting in Hollywood, FL.

Dr. Rustin was recognized for his work with Welvista (formerly CommuniCare), a nonprofit organization that provides free medical care and prescription drugs to South Carolina's uninsured. Welvista partners with 12 pharmaceutical companies and a network of 3,000 healthcare providers to fulfill its mission of offering "hope and wellness to the uninsured."

The largest in-house charitable pharmacy in the United States, Welvista in 2008 provided uninsured patients with 108,872 prescription medications worth \$34.5 million.

Dr. Rustin has served as Chairman of the Welvista Board of Directors since 2003, and has been a member of the Board since 1998. His stepfather, Dr. Bart Barone, founded Welvista in 1993.

Fellow ASCRS member Dr. **Brendan B. Murphy**,

Charleston, SC, nominated Dr. Rustin for the Community Impact Award. Members of the ASCRS Public Relations Committee made the final selection.

"Dr. Rustin has demonstrated his dedication to the cause of medicine in the belief of its betterment for all. He realized early on the power to help not only those who can afford medical treatment, but also those for whom a doctor visit is an unthinkable luxury," Dr. Murphy explained in his nomination letter. "He is caring, helpful, and ready to serve whenever called upon."

The award, established in 2006, recognizes ASCRS members for outstanding humanitarian achievement and citizenship.

"We know many Society members are doing important volunteer work

in their communities. The Community Impact Award serves as a way for us to recognize and promote their outstanding contributions," says Public Relations Committee Chair Dr. **Harry T. Papaconstantinou**, Temple, TX. ✨



Dr. Rudolph Rustin (left) accepts the 2009 Community Impact Award from ASCRS President Dr. James Flesbman, Public Relations Committee Chair Dr. Harry Papaconstantinou, and Public Relations Committee Member Dr. Steven Waxenbaum.

Society leaders urge Florida legislators, President Obama to support colorectal cancer screening

After identifying Florida as one of 22 states that received failing grades from the National Colorectal Cancer Research Alliance (NCCRA) for not requiring insurers to offer full coverage of preventive colon cancer screening, the Society's leadership contacted the state's legislative leadership to increase awareness of the issue during the 2009 Annual Meeting in Hollywood, FL.

No legislation governing colon cancer screening is pending in the Florida legislature this year, and legislative leaders did not meet with Society representatives. However, Society leaders sent strong advocacy letters to Governor Charlie Crist, House Speaker Larry Cretul, and Senate President Jeff Atwater.

"We write today to express our regrets that Florida is not" among the 28 states that have enacted "lifesaving legislation requiring insurance companies to provide coverage for colorectal cancer screening for people ages 50 and up," they said in a letter signed by outgoing President Dr. **Anthony**

J. Senagore, Public Relations Committee Chair Dr. **Harry T. Papaconstantinou**, and Socioeconomic Committee Chair Dr. **Guy R. Orangio**.

"ASCRS respectfully asks that you help protect the health and well-being of your constituents—and take a proactive position on this critical issue—by supporting legislation that requires insurance companies operating in Florida to cover the cost of all colorectal cancer screening tests recommended by the joint guidelines from the American Cancer Society, the US Multi-Society Task Force on Colorectal Cancer, and the American College of Radiology. With your leadership and commitment, colorectal cancer can be removed from the list of our nation's leading cancer killers," the ASCRS leaders said.

Governor Crist's Policy Coordinator, **Bob Brown-Barrios**, replied to Dr. Senagore, thanking him for writing and say-

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Support colorectal cancer screening ...continued from previous page

ing, “The Governor appreciates that promoting preventive health care such as routine physicals and screenings is sound public policy.” He said Governor Crist included colorectal screening among benefits insurers had to offer in his *Cover Florida* Health Care program for the state’s uninsured.

However, Mr. Brown-Barrios qualified Governor Crist’s support for colorectal cancer screening by noting that Florida faces “an unprecedented and difficult economic situation due to declining state revenues.” If legislation were to require insurance carriers to provide colorectal

screening, “the Governor will consult with the Office of Insurance Regulation to weigh the effects on consumers,” he added.

Society leaders also wrote to President Barack Obama, requesting his support for colorectal cancer screening. “Colon cancer—the second leading cause of cancer deaths in the United States—is expected to kill nearly 50,000 Americans this year,” they told the President. “What many people do not realize is that this disease is highly preventable, and curable if identified early.” ✱

CBS Evening News, Florida Today, Patient Power, LLC winners of 2009 National Media Awards Competition

Outstanding achievements in reporting on colorectal disease by CBS Evening News, New York, NY, Melbourne, FL-based *Florida Today*, and Patient Power, LLC, Mercer Island, WA, were selected as winners of the Society’s 2009 National Media Awards competition.

Members may view the winning entries online at the ASCRS Website, www.fascrs.org.

CBS Evening News Medical Correspondent Jonathan LaPook, M.D., was honored in the competition’s broadcast category for two reports: “The Dangers of Flat Polyps” and “Left Side/Right Side Polyps.”

Judges praised the reports for drawing attention to “polyps that are harder to detect – such as those that are flat or form on the right side of the colon. CBS took a bold, proactive approach to providing new information that could potentially save lives.”

Florida Today reporter Susan Jenks won the print category award for “Caveat with colonoscopies,” which “does a tremendous public service in addressing a recent public study that found colonoscopies miss a number of cancers developing in harder to reach areas of the colon,” judges said.

The report “plainly tells readers that, despite possible limitations, colonoscopy remains an essential screening test for persons over 50 or at high risk” for colorectal cancer.

Patient Power, LLC won the Internet category for “Colon

Cancer Education On-Demand,” a series of podcasts available at www.patientpower.info.

“In wide ranging interviews with patients and their doctors at top medical centers, producers give people important and useful information about screening and treatment for colorectal cancer,” judges said. “The podcasts also give patients hope by letting them hear detailed, straightforward but essentially optimistic, stories.”

The winners were chosen from entries submitted by newspapers, magazines, television and radio stations, and Websites from around the world. Winners received a \$1,000 cash prize, a plaque, and an expense-paid trip to Hollywood, FL, site of the ASCRS 2009 Annual Meeting.

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

by members of the ASCRS Public Relations Committee. The journalistic merit of each submission was evaluated based on writing quality, amount of research, production excellence, impact of message and originality.

ASCRS began the National Media Awards in 1995 to acknowledge achievement in communication to promote a greater public understanding of colon and rectal disease, such as colon cancer, hemorrhoids, diverticulitis and Crohn’s Disease. ✱



Dr. Harry Papaconstantinou congratulates Media Award winners Susan Jenks (left) and Patient Power LLC’s Blake Shewey.

Future Meetings

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

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

San Antonio, Texas
June 2–6, 2012
Harry B. Gonzalez Center
& Grand Hotel

Embrace specialty's "black swans," be positive and look forward, Dr. Senagore urges members

Outgoing ASCRS President Dr. **Anthony J. Senagore**, Grand Rapids, MI, urged his colleagues to take a positive attitude and look forward, not backward, in facing the challenges confronting medicine and the colon and rectal surgery specialty, in his Presidential Address at the Annual Meeting in Florida.



Dr. Anthony Senagore

Dr. Senagore's address was entitled, "It is the Unknown Unknowns That Really Matter." The title was drawn from a best-selling book, *The Black Swan* by Nassim Nicholas Taleb. The

basic idea is that swans are white. When a black one turns up, as it did in Australia, people don't know how to react.

"We will only avoid pervasive negativism by embracing our black swan, avoiding pitfalls, and turning it into a positive," Dr. Senagore said. "Whining has clearly been an ineffective strategy."

He spoke of a perceived health care "value gap," citing a study that concluded, "Spending more would not be a problem if our health scores were proportionately higher. But what this study shows is that the U.S. is not getting

higher levels of health and quality of care."

A chart showing exceptional growth in CT scans and MRIs prompted Dr. Senagore to quip, "Nothing is more expensive than an ink pen in a physician's hand." The future, he said, is to find ways to deliver better care with lower costs. An important element of achieving this will be to reform medical education with "an entirely new curriculum-based process of training," he said.

Dr. Senagore said laparoscopic colectomy "has languished in adoption compared to all other laparoscopic procedures," but he believes we have reached a "tipping point," where its benefits will become more widely recognized. "We are the best group to develop, assess, evaluate, and implement all the components that will deliver quality, high-value care for our patients," he said.

"Blame and retrospective analysis is how we got here," he said, asking the Society's members to look forward and make a positive contribution. "We can construct and transmit a meaningful care plan for treatment of our patients and appropriately apply technology, skill, and caring, while we carefully balance the cost. Value is the most successful component of any business model," he concluded. ✨

DC&R boosts financial standing with transition to new publisher

Last year's successful transition to a new publisher for *Diseases of the Colon & Rectum* secures the financial stability of the Journal despite a severe economic downturn that has affected advertising revenues, Editor-in-Chief Dr. **Robert Madoff**, Minneapolis, MN, reported during the ASCRS annual business meeting in Hollywood, FL.

The new four-year publishing contract with Philadelphia-based Lippincott Williams and Wilkins was finalized after terminating an agreement with the Journal's former publisher, Springer.

"Despite current economic conditions, Journal finances are secure due to the completed publishing contract with Lippincott Williams & Wilkins, which provides a guaranteed royalty through 2013," Dr. Madoff explained.

While *DC&R* still faces longer-term challenges related to healthcare economics and the overall global economy, "we believe our safest strategy is to maintain our focus on excellence, which drives Impact Factor, subscriptions and advertising revenue," he added.

Dr. Madoff reported that the Journal achieved a record-high Impact Factor rating of 2.621, up from 2.442 the prior year. *DC&R* now ranks 19 of 139 surgical journals, and 19 of 50 gastroenterology and hepatology publications. A journal's Impact Factor is a measure of quality based on total number of citations and articles published.

"The Journal continues to pursue a strategy of select publication, aiming for the highest article quality," he explained, adding that acceptance rates remained stable at 25% 2008.

During his presentation, Dr. Madoff also announced:

- The launch of a new *DC&R* Web site with enhanced capabilities, available at www.dcrjournal.com. "We are working to enhance our Web presence, which we see as a critical part of maximizing the Journal's relevance in the digital age," he explained.
- The successful redesign of the Journal's print edition.
- The retirement of Dr. **John Rombeau**, Philadelphia, PA, as Co-Editor, and Drs. **Peter Cataldo**, Burlington, VT, and **Alan Timmcke**, New Orleans, LA, as Associate Editors.
- The appointment of Drs. **Bard Cosman**, San Diego, CA, **Emily Finlayson**, Ann Arbor, MI, and **Scott Steele**, Fort Lewis, WA, as new Associate Editors. Dr. Steele was also named recipient of the third Victor W. Fazio MB, MS Award for Editorial Excellence.
- Dr. **Joe J. Tjandra** as posthumous winner of the Robert W. Beart, Jr., MD Impact Paper of the Year Award for, "Sacral Nerve Stimulation is More Effective than Optimal Medical Therapy for Severe Fecal Incontinence: A Randomized, Controlled Study." ✨

Dr Patricia Roberts reports benefits of Brandeis educational program

Dr. **Patricia L. Roberts** Burlington, MA, last year's winner of a health policy scholarship co-sponsored by the American College of Surgeons and the ASCRS, reports that



Dr. Patricia Roberts

her experience attending a weeklong educational program at Brandeis University, Waltham, MA, has contributed significantly to her work as chair of the Department of Colon and Rectal Surgery at the Lahey Clinic.

The scholarship supported Dr. Roberts' participation in the Heller School Executive Leadership

Program. It 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. It is intended to help "clinicians to re-emerge as influential actors in the arenas of health policy and management," Brandeis says.

Here is Dr. Roberts' report:

"Overall, the Leadership and Health Policy Management Program at the Heller School was well run, comprehensive, and very stimulating. Since the conclusion of the program, I have used the lessons learned to further develop programs and initiatives in the Department of Colon and Rectal Surgery and at the Lahey Clinic. I have had greater understanding of the current health care system and have participated in the American College of Surgeons Joint Advocacy Conference.

"Utilizing the information from the sessions on individual and group decision making, the discipline of strategic thinking, effective leadership styles, negotiation and managing change in complex systems has assisted me in leading the Department of Colon and Rectal Surgery at the Lahey Clinic in these challenging economic times over the last year.

"Some department initiatives have included:

- Recruitment of three new surgeons (2007-2008);
- Recruitment and hiring of a clinical research nurse and further development of the research program;
- Redesign of the office workflow, including improvements in patient access and change in midlevel functions and utilization;
- Redesign of surgeon workflow-doctor of the day concept;
- Operating room process flow;
- Developing a multidisciplinary rectal cancer team (radiation oncologist, oncologists, and surgeons).

"The program gave me great insight into...the need to develop the next generation of leaders."

"On a personal level, the program gave me greater insight into my leadership style and the need to identify and develop the next generation of leaders in the department. The course has assisted me in

my leadership role in the American Society of Colon and Rectal Surgeons, and as Vice President of the American Board of Colon and Rectal Surgery.

"The links to the Health Industry Forum were helpful, and the webinar of Dr. Stuart Altman on "The Obama Administration and Health Care Reform" was excellent.

"Participation in the Joint Surgical Advocacy Conference and the Congressional visits which followed were a unique opportunity to participate in the current health care reform efforts.

"Overall, I greatly appreciate the opportunity to attend the Heller School as a health policy scholar and would recommend the program to others," Dr. Roberts concluded.

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). ✨

Brandeis leadership program a boon to participating physicians

By Dr. Stephen M. Sentovich, 2009 ACS/ASCRS Health Policy Scholar

As a participant in the 2009 Leadership Program in Health Policy and Management at Brandeis University, Dr. **Stephen M. Sentovich**, Boston, MA, found the course to be "thorough, intensive, useful, thought-provoking, and intellectually invigorating." In the following report, he provides a critical review of course content and his overall impressions.

This weeklong course was divided into five half-day health policy sessions and seven half-day leadership/management/negotiation sessions. Nearly all of these half-day sessions were excellent and very instructive for the participant. The

readings that accompanied each session were timely and informative. The lectures on each topic provided more in-depth understanding and allowed for full discussion of health policy issues and the possibilities for reform. Classroom participation was, as expected, a boon to the participants and made for lively sessions.

With respect to the health policy sessions and discussions, the course jumped right into what's currently happening in the U.S. This made for a very exciting course, given the

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Brandeis leadership program a boon ...continued from previous page

current push for health care reform. For future courses, I would recommend a brief introduction to health policy, so that all participants would have the same basic health policy understanding prior to analyzing and discussing current controversies.



Dr. Stephen Sentovich

The health policy portion of the course was dominated by “macro” policy decisions now being entertained by our political leaders in Washington, D.C. I think that adding local policy sessions would significantly add to the program content and may be more practical for the participants. One example might be an analysis of a particular hospital’s payer mix and possible business strategies related to other hospitals in its area. Even more “local” would be a geographic analysis of surgical practice patterns: procedures and how they are coded, RVU’s assigned and reimbursement obtained.

The leadership portion of the course included timely readings and excellent lectures on leadership, decision-making, managerial accounting and conflict resolution. To complete the participants’ understanding of these topics, the program offered detailed examples, classroom and group exercises, and simulations. The leadership portion of the course was

very informative and useful to the participants because it distilled a number of complex topics to their key elements, and provided a basis and references for further study.

With respect to the course balance between health policy sessions and leadership sessions, I would recommend an even balance or favoring the health policy sessions (in 2009: five health policy sessions, seven leadership sessions). Additional discussion of health policy is warranted due to its complexity and the fact that health policy is not a goal but a process of searching for solutions that best suit, and are acceptable to, the U.S. citizenry.

In conclusion, the health policy sessions, leadership/management sessions and associated simulations were all useful, thorough and thought provoking. In combination, these sessions made for an excellent leadership program in health policy and management.

I greatly enjoyed the program, and would like to thank the ACS and ASCRS for sponsoring my participation. The course has stimulated me to pursue further reading and knowledge regarding both health policy and leadership/management skills. In addition, the course led me to participate to a greater degree in policy and management both in my university/practice setting and my surgical society. ✨

Regional Awards honor outstanding research

Seven Regional Awards, presented during the 2009 Annual Meeting in Hollywood, FL, honored outstanding papers, posters and videos submitted by researchers, Awards Committee Chair Dr. **Robin P. Boushey**, Ottawa, ON, Canada, reports.

The Awards Committee selected the following 2009 honorees:

Basic Science – Podium

The Harry E. Bacon Foundation Award, Drs. Craig Messick, J. Church, X. Liu and M. Kalady, Cleveland, OH, *The Truth About Advanced Stage Colorectal Cancer: What the Primary Lesions Don’t Tell You.*

Clinical – Podium

The Michigan Society of Colon and Rectal Surgeons Award, Drs. Therese Kerwel, J. Spatz, K. Wönsch, H. Arnholdt, B. Märkl and M. Anthuber, Augsburg, Germany, *Injecting Methylene Blue into the Inferior Mesenteric Artery Assures an Adequate Nodal Harvest and Eliminates Pathologist Variability in Rectal Cancer Nodal Staging.*

The New York Society of Colon and Rectal Surgeons Award, Drs. Madhulika Varma, J. Wang, J. Lee, A. DelRosario, K. DelRosario and S. Hart, San Francisco, CA, *Gender-Specific Differences in Pelvic Organ Function After Proctectomy for Inflammatory Bowel Disease.*

The Northwest Society of Colon and Rectal Surgeons Award, Drs. Alexander Liberman, C. Richard, K. Waschke, G. Artho, J. Parent, G. Bourdon, B. Stein, P. Charlebois, F. Letellier, D. Anderson, S. Devic and T. Vuong, Montreal, QC, Canada, *Neoadjuvant High Dose Rate Endorectal Brachytherapy in the Era of Total Mesorectal Excision for Patients with Rectal Cancer: Ten Year Follow-Up.*

The Piedmont Society of Colon and Rectal Surgeons Award, Drs. Geerard Beets, S. Engelen, M. Lahaye, G. Lammering, R. Jansen, R. van Dam, J. Leijtens, J. Konsten, C. van de Velde and R. Beets-Tan, Maastricht, Netherlands, *Can MRI After Chemoradiation for Rectal Cancer Select Patients with a Good Response for Local Excision?*

Basic Science – Poster

The New Jersey Society of Colon and Rectal Surgeons Award, Drs. Amosy M’Koma, P. Wise, E. Seeley, M. Washington, D. Schwartz, A. Herline, R. Muldoon and R. Caprioli, Nashville, TN, *Proteomic Patterns of Colonic Submucosa Discriminates Inflammatory Colitides.*

Clinical – Poster

The Southern California Society of Colon and Rectal Surgeons Award, Drs. Andrea Vignali, S. Di Palo, E. Orsenigo, L. Ghirardelli and C. Staudacher, Milan Italy, *Laparoscopic Colectomy in the Obese Patient: Result of a Randomized Trial.* ✨

2009 ASCRS Annual Meeting



▲ Dr. Thomas Nasca outlines challenges and opportunities for graduate medical education during the Harry E. Bacon Lecture.



▲ Outgoing Society President Dr. Anthony J. Senagore (right) congratulates Program Co-Chairs Drs. Neal Ellis and James Merlino on a very successful Annual Meeting.



▲ “Innovative Management of Rectal Cancer” was the topic of the Ernestine Hambrick Lectureship, presented by Dr. Angelita Habr-Gama.



▲ Dr. Chris Feudtner, Parviz Kamangar Humanities in Surgery Lecturer, offers insights into the emotional management and ethics of medical decision-making.



▲ International Council of Coloproctology Chair Dr. Graham Newstead addresses the Annual Meeting audience.



▲ A new publisher and record-high Impact Factor rating were among highlights of DC&R Editor-in-Chief Dr. Robert Madoff's update during the annual business meeting.



▲ Covidien's Philip Modesti (from left), Ken Sumner, Ethicon Endo-Surgery; Research Foundation President Dr. José Guillem and Jim Traa, Genzyme Biosurgery, celebrate another successful “Challenge” that raised more than \$108,000 for colorectal cancer research.

Highlights from Hollywood, Florida



▲ Research Foundation President Dr. José Guillem presents an award of appreciation to Norman Nigro Research Lecturer Erin Reilly Lewis.



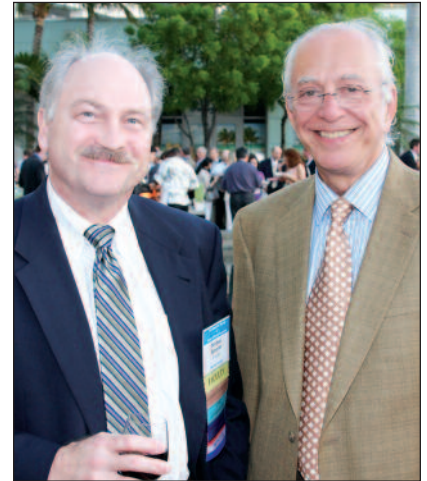
▲ A bustling exhibit hall offered attendees an up close glimpse of hundreds of new treatment products and services.



▲ Past Presidents Drs. David Schoetz (left) and Herand Abcarian take time to catch up at the Welcome Reception.



▲ Enjoying a break from the meeting's scientific sessions, Dr. James Gianfrancisco (left) and Dr. Clifford Simmang share a laugh over drinks and hors d'oeuvres.



▲ Dr. Michael Spencer (left) makes the "rounds" during the Welcome Reception/Research Foundation fundraiser.



▲ An important point receives emphasis during the Welcome Reception.



▲ Drs. Eric Weiss, David Rivadeneira and Glenn Ault epitomize the meeting's spirit of camaraderie in this Welcome Reception photo.

Society's CREST Committee to create online learning modules

The Society's CREST Committee is making excellent progress toward its objective of creating a flexible online learning system that will give members a single place to go to meet their learning needs.



Dr. Elisa Birnbaum

Committee Chair Dr. **Elisa H. Birnbaum**, St. Louis, MO, says the Committee hopes to prepare most of more than 90 educational modules planned before the American College of Surgeons annual meeting in October. CREST is an acronym for Colorectal Education System Template.

The Committee's backbone for educational content is the ASCRS textbook. It is also drawing on the Colon and Rectal Surgery Educational Program (CARSEP), the core subjects presentations made during each ASCRS Annual Meeting, articles published in the Society's journal, *Diseases of the Colon & Rectum*, various technique videos to be included with course modules, and other sources.

"The aim is to centralize," Dr. Birnbaum says, "and bring these educational resources together in one place, where members can readily access them, picking and choosing what they need."

Course modules will run about 20 minutes. One module might take a chapter from the textbook—on anal abscess, for example—and break it down into a smaller session. Another might address laparoscopy, with links to technique videos. "Modules will be updated periodically. It will not be a static thing, like a book," Dr. Birnbaum explains.

The Committee includes representatives whose role is to coordinate with various educational resources (the textbook, Website, Journal, ABCRS, CARSEP, Core Subjects, the Image Library). Committee members also serve as an advisory board for development of modules. Drs. **W. Donald Buie**, Calgary, AB, Canada, and **Neil H. Hyman**, Burlington, VT, are working with Dr. Birnbaum as co-editors.

CREST modules will be offered for CME credit and members may use them to satisfy Maintenance of Certification (MOC) requirements. They will also be available for residents to use as they complete their colon and rectal surgery fellowships. Program directors will be able to access the system to track how much time their fellows have devoted to each educational module.

"The aim is to centralize, and bring these educational resources together in one place, where members can readily access them..."

"The volume of information residents have to learn continues to increase. I believe we need to change the way we educate our medical students and residents, using more of the technologies

now available to keep current with change. CREST will enable colon and rectal surgeons to pick and choose and focus their education or review in the specific areas where they see gaps in knowledge or experience," Dr. Birnbaum says.

"Surgery is very technique oriented. These modules will make it easier to receive education and training in specific disease areas and surgical techniques, selected to meet each surgeon's unique needs," she adds. ✨

Dr. Najjia Mahmoud appointed to second term on ACS Advisory Council

Dr. **Najjia N. Mahmoud**, Philadelphia, PA, has been appointed to a second term as a Young Surgeon Representative on the American College of Surgeons Advisory Council for Colon and Rectal Surgery.



Dr. Najjia Mahmoud

Dr. Mahmoud's three-year appointment is designed to ensure that the Advisory Council considers the interests of colorectal surgeons who have completed their fellowship training within the last 10 years.

"The Advisory Council for Colon and Rectal Surgery assures that ASCRS maintains a strong

voice in representing the needs of its membership at the ACS level," Dr. Mahmoud explains. "Besides providing input into ACS programming, it helps ASCRS set the agenda for the College's Annual Meeting in October."

Dr. Mahmoud is leading the Advisory Council's efforts to develop components of the 2010 ACS scientific program, which she says will appeal to colorectal surgeons and general surgeons interested in colon and rectal disease.

"Our goal is to create a program that focuses on different aspects of colorectal surgery, and provides broad educational opportunities that will meet the interests of our members," she says. ✨

Members again exceed “challenge,” as Research Foundation raises \$108,668

ASCRS members again stepped up and saw to it that the Research Foundation exceeded the fundraising goal for its 5th annual “Meet the Challenge” program during the Florida Annual Meeting, raising \$96,280.

“We are delighted by the response during these difficult economic times,” says Research Foundation President **Dr. José G. Guillem**, New York, NY. The Foundation received pledges totaling \$45,000 from Ethicon Endo-Surgery, Covidien, and Genzyme Biosurgery. “Our hope was to match this amount and raise \$45,000 from our members during the meeting to reach our goal of \$90,000 for the Foundation,” Dr. Guillem says.



The bell rings for Dr. Carlos Andarsio following his donation to the Research Foundation’s “Meet the Challenge” fundraiser.

In addition, members supported a silent auction during the festive Welcome Reception, held outside on the beautiful Diplomat Landing, on the causeway across the street from the Westin Diplomat Resort and Spa. Regional Societies contributed prizes, valued from \$650 to \$2,550 that raised \$12,388.90.

The grand total for Research Foundation fundraising during the Annual Meeting topped \$108,668. These funds will be used to support Limited Project Grants, Career Development Awards, Medical Student and General Surgery Resident Research Initiation Grants, the International Fellowship, the Norman Nigro Research lecture, and the Request for Proposal for Clinical Studies on Benign Colorectal Disorders. ✨

ASCRS thanks corporate supporters

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

Adolor Corporation and GlaxoSmithKline – Co-supporter of Sunday’s luncheon symposium, “Perioperative Considerations” and the Monday symposium, “Enhanced Recovery Protocols;” sponsor of the Meeting Schedule Board and the Advance Registration Brochure.

American Medical Systems – Partial supporter of Sunday’s breakfast symposium, “Prosthetics in Colorectal Surgery.”

Applied Medical – Co-supporter of the Saturday Hand Assist Laparoscopic Intestinal Surgery Workshop, the Sunday symposium, “Laparoscopic Colorectal Surgery: Nuts, Bolts & New Tools for Your Toolbox;” and partial supporter of the Monday symposium on Rectal Cancer.

Boston Scientific Endoscopy – Supporter of the Tuesday breakfast symposium, “Developments in Colonic Stenting.”

Centocor-Ortho Biotech Services, LLC – Partial supporter of Tuesday’s scientific session on Inflammatory Bowel Disease.

ConvaTec Inc. – Partial supporter of the Sunday Allied Health Program, “The Critical Role of Allied Health Professionals in the Management of Patients with Colorectal Disease.”

Cook Medical – Partial supporter of Sunday’s breakfast symposium, “Prosthetics in Colorectal Surgery.”

Covidien – Co-supporter of Saturday’s Hand Assist Laparoscopic Intestinal Surgery Workshop and Laparoscopic Colectomy Workshop; the Sunday symposium, “Laparoscopic Colorectal Surgery: Nuts, Bolts & New Tools for Your Toolbox;” Monday’s symposium, “Energy Devices in Colon & Rectal Surgery;” sponsor of the Lead Retrieval, Internet Café and the October Executive Council Dinner; and an unrestricted grant in support of the Research Foundation’s “Meet the Challenge” program.

DiagnoCure Oncology Laboratories –

Co-supporter of the Monday breakfast symposium, “Lymph Nodes: Prognostic, Therapeutic and Quality Implications.”



Society President Dr. James Flesbman presents Ethicon Endosurgery’s Dawn Lane with an award of appreciation for Ethicon’s support of the 2009 Annual Meeting.

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ASCRS thanks corporate supporters *...continued from previous page*

Ethicon Endo-Surgery, Inc., a Johnson & Johnson Company – Supporter of Sunday’s Simulation Colectomy Workshop; co-supporter of Saturday’s Laparoscopic Colectomy Workshop and Hand Assist Laparoscopic Intestinal Surgery Workshop; the Sunday symposium, “Laparoscopic Colorectal Surgery: Nuts, Bolts & New Tools for Your Toolbox;” Sunday’s symposium, “Technological Advances in the Diagnosis and Treatment of Colorectal Diseases;” Monday’s symposium, “Energy Devices in Colon & Rectal Surgery;” Wednesday’s ASCRS/SAGES Joint Symposium on NOTES; sponsor of the Abstracts on Disk, “Save the Date” flyer, Executive Council Dinner, Hotel Key Card, Pocket Program Guide, Exhibit Aisle Markers, Convention Center Banners, Janus Boards and the 2009 – 2010 Membership Directory; the Innovative Surgical Technologies Research Grant in support of the ASCRS Research Foundation; and an unrestricted grant in support of the Research Foundation’s “Meet the Challenge” program.

Ethicon, Inc. – Co-supporter of Sunday’s breakfast symposium, “Prosthetics in Colorectal Surgery.”

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

Genentech BioOncology – Partial supporter of the Wednesday symposium, “Evaluation and Management of Metastatic Colon and Rectal Cancer.”

Genzyme Biosurgery – Supporter of Saturday’s Hand Assist Laparoscopic Intestinal Surgery Workshop; Monday’s symposium on Enhanced Recovery Protocols; and an unrestricted grant in support of the Research Foundation’s “Meet the Challenge” program.

Genzyme Corporation – Partial supporter of the Tuesday dinner symposium, “Understanding Syndromes of Inherited Colorectal Cancer.”

Intuitive Surgical, Inc. – Co-supporter of Tuesday’s symposium on Robotics.

Konsyl Pharmaceuticals, Inc. – Supporter of Monday’s Residents’ Breakfast.

Mederi Therapeutics, Inc. – Co-supporter of the Sunday symposium, “Technological Advances in the Diagnosis and Treatment of Colorectal Diseases.”

Medtronic, Inc. – Supporter of Tuesday’s symposium on Fecal Incontinence and co-supporter of Sunday’s symposium, “Technological Advances in the Diagnosis and Treatment of Colorectal Diseases.”

Merck & Co., Inc. – Co-supporter of Sunday’s luncheon symposium on Perioperative Considerations.

Microline – Co-supporter of Saturday’s Laparoscopic Colectomy Workshop.

Myriad Genetic Laboratories, Inc. – Supporter of the Tuesday dinner symposium, “Understanding Syndromes of Inherited Colorectal Cancer.”

Olympus America Inc. – Co-supporter of Saturday’s Laparoscopic Colectomy Workshop; the Sunday symposium, “Laparoscopic Colorectal Surgery: Nuts, Bolts & New Tools for Your Toolbox;” and Wednesday’s ASCRS/SAGES Joint Symposium on NOTES.

Power Medical Interventions, Inc. – Co-supporter of Tuesday’s symposium on Robotics.

Richard Wolf Medical Instruments Corporation – Supporter of Saturday’s morning and afternoon Transanal Endoscopic Microsurgery Courses (TEM) sessions.

sanofi-aventis U.S. – Co-supporter of Sunday’s luncheon symposium on Perioperative Considerations; and Monday’s breakfast symposium, “Lymph Nodes: Prognostic, Therapeutic and Quality Implications.”

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

Committee Chairs 2009-10

Awards	Sang Lee, MD	Operative Competency Evaluation .	Patricia Roberts, MD
Bylaws	Michael Snyder, MD	Professional Outreach	Thomas Cataldo, MD
Centers of Excellence	David Rothenberger, MD	Program	Matthew Mutch, MD
Continuing Education	Elisa Birnbaum, MD	Public Relations	Harry Papaconstantinou, MD
CREST	Elisa Birnbaum, MD	Quality Assessment and Safety	Nancy Baxter, MD
Finance and Management	Alan Thorson, MD	Regional Society	John Marks, MD
History of ASCRS	J. Byron Gathright, Jr., MD	Research Development	Walter Koltun, MD
Hospitality	Patricia Senagore, MD	Residents	Eugene Foley, MD
International Council of		Self Assessment	José Cintron, MD
Coloproctology	Graham Newstead, MB, BS	Socioeconomic	Guy Orangio, MD
Local Arrangements	Michael Spencer, MD	Standards	W. Donald Buie, MD
Media Relations	Deborah Nagle, MD	Website	David Margolin, MD
Membership	Andreas Kaiser, MD	Young Surgeons	Bradley Champagne, MD
New Technologies	Peter Marcello, MD		

Observing surgical techniques, treatments to benefit patient care back home

By Dr. Benjamin Perakath, Vellore, India – 2009 International Scholar

I was fortunate to be named one of the ASCRS' 2009 International Scholars. The award enabled me to attend the Society's Annual Meeting in Hollywood, FL, and visit four internationally recognized institutions.



Dr. Benjamin Perakath

Following my arrival in Florida, I started my visit by attending Saturday's TEM (Transanal Endoscopic Microsurgery) workshop. Since TEM is not available at our institution, I wanted to see if the technique would be applicable in our setting. The course was well conducted, featured excellent faculty and was quite an eye opener. I learned that excisions using this technique had better surgical clearance than ordinary transanal excisions.

I feel it is possible to learn the technique fairly quickly. Since we do a fair bit of transanal excision of rectal lesions, I feel this was a useful experience. Once my institution purchases the equipment, I can offer TEM to my patients back home.

The topics covered in the rest of the meeting were wide-ranging and informative. I found the sessions on robotic surgery and other rarely discussed topics, such as "end of life issues," particularly helpful. I greatly appreciated the fact that a robot was available for hands-on experience. Videos on new surgical procedures, including SILS (single incision laparoscopic surgery), were also extremely useful.

Following the ASCRS meeting, I spent two days at the Cleveland Clinic at Florida, with Dr. **Steven Wexner**.

The first day helped me experience how outpatient clinics are conducted in United States. I also saw how anal manometry was performed in that institution.

What struck me most were the types of problems patients faced and their extremely complex nature. In fact, many of them had already been operated on several times.

The following day was spent in theatre with Dr. Wexner. It was interesting to watch anal operations being done in the prone position. However, the perineal part of an APE was done in lithotomy. Dr. Wexner took pains to ensure all visitors could observe by using a headlight-mounted camera.

I next traveled to Minneapolis to learn from the University of Minnesota colorectal program. Thanks to **Lisa Newstrom**, I had a tentative program chalked out even before I arrived, so people were expecting me.

I spent the first day with Dr. **Anders Mellgren** in clinic and in the operation theatre. I spent the morning at the Center for Pelvic Floor Disorders, which is a comprehensive "one stop shop" for people with incontinence, prolapse, constipation and other difficulties. I was impressed by the way it was organized, with manometry, ultrasound and defaecography available immediately and on site. The dedicated services of a urogynecologist were also available.

The afternoon was spent in the operating room, where I watched Dr. Mellgren perform a rectocele repair. This was interesting, in that the approach he uses is different from what I use. The subtle nuances in technique were a treat to watch.

In the evening, I was extremely fortunate to watch robotic surgery performed by Drs. Mellgren and **Mike Spencer**. While expensive, robotic colorectal surgery is easy to learn, intuitive and probably better for the patient in the long run.

“What struck me most were the types of problems patients faced and their extremely complex nature. In fact, many of them had already been operated on several times.”

I spent the following day with Dr. **Robert Madoff** and Dr. **Genevieve Melton-Meaux** in the OR, where I watched a variety of colorectal operations – both laparoscopic and open. The day ended over dinner with Dr. **Brett Gemlo**.

The next day I 'rounded' with Dr. **Christian Corwin**, one of the fellows, and watched an open anterior resection. The afternoon was spent in clinic with Dr. **James Williams**.

A day in clinic with Dr. **Stanley Goldberg** followed. I also watched Dr. **Ann Lowry** perform a rectovaginal fistula repair in the prone position, and again, nuances in technique were interesting to watch and discuss. There were points here I took home with regard to technique. I realized that I was very fortunate to be able to watch these experts operate.

Since I had expressed a desire to see something related to the pelvic floor, I was allowed to sit in with a patient while she was undergoing pelvic floor retraining with **Susan Ness**, the biofeedback therapist. This was extremely useful, as I got a feel for biofeedback and some information on equipment and therapist training. I hope to be able to initiate biofeedback in Vellore.

As I had no fixed agenda for the following day, I attended a symposium arranged by Covidien on "Excellence in

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International scholar report ...continued from previous page

Energy.” The program also featured opportunities for hands-on practice in single port laparoscopy and the use of the LigaSure device. While we use the Harmonic Scalpel at home, the advantages of the LigaSure were obvious. My institution will have to look into the feasibility of acquiring a LigaSure device.

For the next phase of the international scholarship, I went to the Ferguson Clinic in Grand Rapids, Michigan.

Here, Dr. **Don Kim** took personal interest in showing me around and introduced me to the group. I met Drs. **Nadav Dujovny**, **Martin Luchtefeld** and **Anthony Senagore**. I observed an interesting range of operations, particularly hand-assisted laparoscopic surgery. I also noted the use of instruments we do not use at home for anal/rectal surgery. The one free day I had here gave me an opportunity to catch up on academic work and emails from home.

I then flew to the Cleveland Clinic, Ohio, where I was

assigned to Dr. **Tracy Hull**. Again, at the Cleveland Clinic, I was able to observe complicated operations performed by leading surgeons in the field. I also met Drs. **Victor Fazio**, **James Church**, **Ian Lavery**, **Pokala Kiran**, **Brooke Gurland** and **Massarat Zutshi**.

What I found most useful were the sessions I had in clinic with Drs. Gurland and Zutshi. Again, it was enormously beneficial to see the approach to patients with constipation and incontinence, and the way in which they were investigated. I watched manometry being performed by Dr. **Tom Schroeder** and learned about defecometry and new drugs for constipation. I took the knowledge of many of these approaches back home, in order to upgrade our pelvic floor services.

In summary, I would say I enjoyed many meaningful, educational experiences during my time in the U.S. I am grateful to the ICCP under Dr. **Graham Newstead**'s leadership, and the ASCRS for this opportunity. ✨

INTERNATIONAL SCHOLAR REPORT

Annual meeting, hospital visits promote knowledge sharing, cultural exchange

By Dr. *Wan-Jin Shao*, Nanjing, China – 2009 International Scholar

I enjoyed a unique educational opportunity as a recipient of the ASCRS' 2009 International Fellowship. It was one of the great experiences of my life, and I thank the ASCRS for the award.

My journey began on May 1, when I boarded a flight from Shanghai, China, to O'Hare International Airport in Chicago. The following day, I flew to Ft. Lauderdale/Hollywood International Airport to attend the ASCRS Annual Meeting.

I was one of 1,190 physicians attending this year's meeting, and felt privileged to experience a scientific program featuring world-class colorectal surgery specialists. The meeting offered opportunities for mutual communication and interactive discussion on the latest issues in the diagnosis and treatment of colorectal diseases.

I presented my work, "Systemic Review and Meta-Analysis of Randomized Controlled Trials Comparing Stapled Hemorrhoidectomy with Conventional Hemorrhoidectomy," on May 4. Being able to participate in the sharing of knowledge on new colorectal surgical technologies enabled me to appreciate the Annual Meeting's spirit of professional camaraderie, learning from each other for the benefit of our patients.

I also gave a presentation at the meeting of the International Council of Coloproctology (ICCP) – presided over by Dr. **Graham Newstead**. The warm reception extended by Dr. Newstead and other members of the Council made me feel right at home.

Following the Annual Meeting, I went to Cleveland Clinic, Florida, where I officially started my visit. Dr. **Steven Wexner** and his team were all extremely kind.



International Scholar Dr. *Wan-Jin Shao* began his U.S. visit at Cleveland Clinic, FL.

I was surprised to note that many inpatient and outpatient procedures took place simultaneously at the hospital. In addition, the number of research clinical fellows participating in the Foundation's training programs was quite impressive. How busy they all were! I learned many

useful technical tips for laparoscopic procedures and information on fast-track recovery programs, thanks to the kindness of Drs. **Eric G. Weiss** and **Juan Noguerras**.

After a very successful visit, I journeyed to the Colon & Rectal Clinic of Orlando.

Thanks to Dr. **Andrea Ferrara**, I was able to participate in one of the Clinic's multidisciplinary teaching conferences.

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International scholar report ...continued from previous page

Discussion topics included current studies in the diagnosis and treatment of anal or perianal intraepithelial neoplasia (AIN). I had the opportunity to watch the STARR procedure, performed by Dr. **Joseph T. Gallagher**, for the treatment of obstructed defecation syndrome (ODS).

I also enjoyed a taste of the local customs when Dr. Ferrara and his staff invited me to have dinner at a restaurant in Orlando. Besides learning a lot, it was great fun.

It is quite difficult to express how much this trip meant to me. In addition to the benefits of professional training I

received while visiting these different hospitals, I greatly appreciated the opportunity to play a small role in expanding the cultural exchange between the U.S. and China. It's an unforgettable experience in my career.

ASCRS' International Scholarship program provides a unique opportunity for colorectal surgeons around the world. I feel fortunate to have observed many different clinical techniques, discussed new research and experienced how residency training is conducted in the U.S. I look forward to sharing what I've learned from this trip at my own institution and implementing protocols that will improve patient care. ✨

Maintenance of Certification replaces Recertification, effective January 1, 2011

January 1, 2011 will mark an important milestone in the transition from recertification to the Maintenance of Certification (MOC) program of continuous professional development. After that date, all American Board of Colon and Rectal Surgery (ABCRS) diplomates will be enrolled in the MOC process. Another significant change is that the MOC examinations will no longer be given in association with ASCRS Annual Meetings.

The next MOC written examination will be given March 19, 2010 through Pearson Vue Computer Testing Centers. Deadline for receipt of application materials and \$400 application fee was July 15, 2009. However, late applications will be accepted until August 15, 2009, with payment of a \$600 late application fee. No application will be accepted post-marked after August 15.

Maintenance of Certification is a process designed to document that physician specialists certified by member boards of the American Board of Medical Specialties (ABMS), of which ABCRS is one, are maintaining the skills and knowledge necessary to provide quality patient care in their specialties. "The program gives diplomates the opportunity to demonstrate to peers, patients, and the general public a commitment to lifelong learning and improvement in their chosen field of practice," ABCRS says.

MOC is the new "gold standard" of specialty board certification. It acknowledges that diplomates have already demonstrated a commitment to excellence by becoming certified and builds upon this experience. "MOC represents an opportunity for ABCRS diplomates to take a leadership position in the national movement to improve health care quality and patient safety, through performance assessments founded on objective clinical standards and measurable outcomes," ABCRS says.

"MOC was developed in response to growing public concerns about the quality of health care. If physician organiza-

tions like ASCRS and ABCRS do not recognize the level of public dissatisfaction with perceived health care quality and take clear and effective steps to improve it, it is quite likely that external regulation by the federal government or other organizations will be forthcoming. The ABMS is working to see that the federal government, third party payers, and state licensing boards recognize MOC and use it to replace current and future requirements," ABCRS says.

Current rules state that diplomates with unlimited certification are not required to participate in the MOC process.

"MOC...acknowledges that diplomates have demonstrated a commitment to excellence by becoming certified and builds upon this experience."

MOC requirements progress in five-year cycles. At the end of each five-year cycle, diplomates must

report on their professional standing and lifelong learning. To demonstrate cognitive expertise, the MOC examination must be taken every 10 years.

Reciprocity will be granted to colon and rectal surgeons who are participating in and fulfilling the American Board of Surgery Maintenance of Certification process. With submission of proper documentation, only two additional requirements will be necessary:

- Completion of CARSEP at a minimum of every five years; and
- Successful completion of a secure examination administered by the ABCRS every ten years.

The ABMS, in conjunction with the Accreditation Council for Graduate Medical Education, has defined six general competencies for physicians:

- Medical knowledge about established and evolving biomedical, clinical, and cognate sciences, and the application of this knowledge to patient care;

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MOC replaces recertification ...continued from previous page

- Patient care that is compassionate, appropriate, and effective for the treatment of health problems and promotion of health;
- Interpersonal and communication skills that result in effective information exchange and teaming with patients, their families, and other health professionals;
- Professionalism as demonstrated by a commitment to professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population;
- Practice-based learning and improvement that involves investigation and evaluation of one's own patient care, appraisal and assimilation of scientific evidence, patient care; and
- Systems-based practice, as demonstrated by an awareness of and responsiveness to the entire systems of health care, and the ability to effectively call on system resources to provide optimal care.

MOC Program Components:

- Professional standing
- Lifelong learning and assessment
- Cognitive expertise
- Performance evaluation

To measure these competencies, the MOC program uses four key components:

- Professional standing (every five years, verify full licensure in state of practice, document privileges for colon and rectal surgery at a hospital, submit letter of recommendation from the hospital chief-of-staff);
- Lifelong learning and self-assessment (every five years, completion of CARSEP and 150 Category I CME credit hours);
- Cognitive expertise (every 10 years, pass MOC examination); and
- Evaluation of performance in practice (tools for evaluation of communications and interpersonal skills are still being developed, so this element is not currently required).

Additional information and application forms are available on the ABCRS Website, www.abcrs.org. *

SOCIOECONOMIC COMMITTEE UPDATE

SEC has risen to challenge industry's influence on medicine

By Dr. Guy R. Orangio, Committee Chair

I would first like to thank the members of the ASCRS Socioeconomic Committee (SEC). Everyone on the Committee has done a tremendous job this past year. I would especially like to thank Dr. **Anthony Senagore** for his support and invaluable input to the Committee and for the outstanding job he has done as President of the American Society of Colon and Rectal Surgeons this past year. I want to congratulate Dr. **James Fleshman** as the new ASCRS President.



Dr. Guy Orangio

The SEC has had many accomplishments. We have revised the CPT manual for the treatment of anorectal disease; including the addition of new codes for infrared coagulation (IRC) treatment of internal hemorrhoids and fibrin plug repair of fistula *in ano*.

ASCRS members are seeing many new modalities for office treatment of hemorrhoids. Over the past year, the SEC has had to face some difficult challenges, but the new challenge that all medical societies have to face today is the influence of industry on medicine. During this past year, the SEC has risen to meet this "influence" and has done an incredibly unbiased job.

More and more, with the current "healthcare economics," our bottom line has been and will continue to be negatively affected, as more physicians become susceptible to industry lobbying. Many non-surgical specialties are being approached to treat internal hemorrhoids in the office setting using "new" modalities.

The responsibility of the SEC is to make sure that all of our members report the correct code for in-office treatment of *banding* internal hemorrhoids: CPT 46221 *Hemorrhoidectomy, simple ligature (eg, rubber band)*. This code has a 10-day global period and can be reported with modifier '-51' for multiple ligations. There is no other code that should be reported for this "in office" procedure.

Over the next several years, as more modalities to treat hemorrhoidal disease are developed, the SEC will evaluate them on efficacy and outcomes, independent of outside influences and lobbying.

The SEC's future plans include moving forward to convert the Category III tracking code for TEMS to a Category I code. We will also continue to review incoming coding requests for new modalities for treatment of internal hemorrhoids. *

Society welcomes new Fellows, Members, Candidates

ASCRS welcomed 49 Fellows, seven International Fellows, 70 Members, three Allied Health professionals, one Affiliated Scientific Investigator and 53 Candidates to the Society during its 2009 annual business meeting. They are:

Fellows

Santiago Arruffat, MD
Elizabeth Marie Breen, MD
Joseph James Carter, MD
Riaz Cassim, MD
Pierre Castera, MD
Syam S. Chilukuri, MD
Kristie A. Chiscano, MD
Heidi Ko Chua, MD
Robert Roland Cima, MD
Stephen Forest Clark, MD
Paul Francis Conarty, Jr. MD
Bradley Rice Davis, MD
John V. Flannery, MD
Kathryn Louise Galie, MD
Jill Christina Genua, MD
William Joseph Harb, MD
Tim J. Heilizer, MD
Rebecca Hoedema, MD
Craig Stephen Johnson, MD
Matthew F. Kalady, MD
Gregory D. Kennedy, MD
Eduardo Krajewski, MD
Michael Patrick McNally, MD
Ronald Barry Melbert, MD
John Migaly, MD
Steven D. Mills, MD
Melissa Marie Najarian, MD
Santosh Sharon Nandi, MD
David P. O'Brien, MD
Steven John Ognibene, MD
Michelle Marie Olson, MD
Philip Yarnall Pearson, MD
Lee Cecil Raley, MD
Tereza Cristina Sardinha, MD
Jeremy Schweitzer, MD
Matthew J. Sherman, MD
Marc Adam Singer, MD
Lawrence Edward Stern, MD
Michael Tarlowe, MD
Dimitra Theodoropoulos, MD
J Scott Thomas, MD
Anna-Maria Toker, MD
Jeffrey Toman, MD
Gino Thomas Trevisani, MD
Jon D. Vogel, MD
Kim Steven Wiley, MD
James Yoo, MD

International Fellows

Steve R. Budhooram, MD
Andrew G. Hill, MD
David Jonathan Hochman, MD
Johannes H. P. M. Jongen, MD
Ashok Kumar, MD

Paul John McMurrick, MD
Samuel Kwan Sinn Tay, MD

Members

Abier Abdelhamid Abdelnaby, MD
Rehan Saeed Ahmad, MD
Gabriel Akopian, MD
Abdul Razak A Wahab Alfadli, MD
Suraj P. Alva, MD
Mustafa Mohammed Sadeq Al Waeli, MD
Geerard Lucien Beets, MD PhD
Susan L. Behen, MD
Jennifer Blumetti, MD
Han Hsiang Chen, MD
Gyu-Seog Choi, MD PhD
Vinet Choudhry, MD
Taehyun Philip Chung, MD
Sekhar Dharmarajan, MD
Robert J. Dring, MD
Edwin Abogado Empaynado, MD
David Nicholas Ferraro, Jr. MD
Sean Christopher Glasgow, MD
Jin Gu, MD
Marsha A. Harris, MD
Toshihiko Hoshino, PhD
Jon S. Hourigan, MD
Claudia Hriesik, MD PhD
Tonya Jordan, MD
Hyong Tae Kim, MD
Ingo Kolossa, MD
Ron Gerald Landmann, MD
Jonathan A. Laryea, MD
Anne Yi-Jiun Lin, MD
Ricardo Reyes Loo, MD
Pinckney Johnstone Maxwell, IV, MD
AnaMaria McElrath-Garza, MD
Elisabeth Christine McLemore, MD
Nichole Suzanne Meissner, MD
Genevieve B. Melton-Meaux, MD
Husein Moloo, MD
Victor Andres Moon, MD
Surya P.M. Nalamati, MD
Garrett Michael Nash, MD
Koji Okabayashi, MD
Ioannis Papaconstantinou, MD
Nell Maloney Patel, MD
Vivek Adinath Patil, MD
Timothy William Perez, MD
Joseph Martin Plummer, MD
Antonio Privitera, MD PhD
Elizabeth Rachael Raskin, MD
Francisco Sergio Pinheiro Regadas, MD
Sthela Maria Murad Regadas, MD
Andrew Austin Renwick, MD
Ifran Adib Rizvi, MD

Gerardo Martin Rodriguez, MD
Kyle Edwards Rogers, MD
Jason Rosca, MD
Imran Saeed, MD
Bashar Safar, MD
Chuchep Sahakitrungruang, MD
Rebecca S. Sawai, MD
Ann Kristine Seltman, MD
Christina Seo, MD
Timothy Simon, MD
Malcolm Charles Steel, MD
Patricia Sylla, MD
Michael Brandon Tempel, MD
Amy Jeanne Thorsen, MD
Dai Goronta Uematsu, MD
Ahmad Ali Uraiqat, MD
Toshiaki Watanabe, MD PhD
Kimberly Ann Yee, MD
Shahzad Zafar, MD

Allied Health

Jonathan C. Hendricks, PA-C
Alicia M. Paxson, PA
Duveen Yvonne Sturgeon, RN

Affiliated Scientific Investigator

Amosy Ephreim M'Koma, MD

Candidates

Theodor Asgeirsson, MD
Bashir Omar Attuwaybi, MD
Amanda Stevenson Ayers, MD
David Adam Berg, MD
Daniel Joseph Bowers, MD
Rebecca R.M. Cannom, MD
Allen Paul Chudzinski, MD
Khaled Iqbal El-Badawi, MD
Kelly Renee Finan, MD
Fergal John Fleming, MD
Todd Dominick Francone, MD
Kelly Anne Garrett, MD
Kimberly Lyn Hartnett, MD
Roger Weibar Hsiung, MD
Melinda K. Jack, MD
Sergey Khaitov, MD
Sabrina Ann Kidd, MD
Mark Adrian Kiefer, MD
Beth Rankin Krieger, MD
Joshua Eric Levin, MD
Sheauhwei Lim, MD
Tamar Lipof, MD
Bryan Dillon Loh, MD
Kashif Zia Malik, MD
Gregory DeWayne McClain, MD

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Society welcomes new Fellows ...continued from previous page

Siamak Milanchi, MD
Stefanos Millas, MD
Nitin Mishra, MD
Jason Scott Mizell, MD
Yasheka Nicholson, MD
Laurie Susan Norcross, MD
Brad David Paris, MD
Jane Park, MD
Joshua David Parks, MD
Matthew Miller Philp, MD

Angelina Postoev, MD
James Hernan Prieto, MD
Reza Rahbar, MD
Assar Ahmed Rather, MD
Nagesh Babu Ravipati, MD
Tobi Jean Reidy, DO
Jaime E. Sanchez, MD
Neeraj Singh, MD
Sanjay Vijaya Thekkeurumbil, MD
Marco James Tomassi, MD

Marla Loren Torres, MD
Luis Javier Tous, MD
John G. Touzios, MD
Michael Anthony Valente, DO
Kelly Marie Willman, MD
Stephanie Marie Woodward, MD
Stephen Yoo, MD
Yi-Qian Nancy You, MD ✨

MARK YOUR CALENDARS

ASCRS to host 2010 Annual Meeting in Minneapolis

ASCRS will host its 2010 Annual Meeting in Minneapolis, MN, at the Hilton Minneapolis Hotel and Minneapolis Convention Center, May 15 – 19.

The state-of-the-art facility features 475,000 sq. ft. of exhibit space, a 3,400 capacity auditorium, 87 meeting rooms, and 28,000 sq. ft. and 55,000 sq. ft ballrooms, making it an ideal location to hold the premier meeting for dissemination of scientific information on colorectal disease.

In addition, Minneapolis offers Annual Meeting guests the very best in shopping, art, architecture, performing arts and culture.

Arts & Culture

With world-class museums and more theater seats per capita than any U.S. city outside

New York, Minneapolis has become a preferred destination for arts lovers.

Take in a show at the Guthrie, one of Minneapolis' Tony Award-winning theaters. Discover new worlds at the Science Museum of Minnesota. Visit the Walker Art Center, hailed by *Newsweek* as "possibly the best contemporary museum in the country."



The Mall of America, featuring more than 520 stores, is the largest indoor mall in the country. ▶



Shopping

Explore Mall of America in nearby Bloomington, the country's largest shopping and entertainment complex. More than 520 stores – everything from retail giants and national flagship stores to smaller specialty shops – are found under one roof. Other attractions, such as Lego

◀ Take in a show at the Tony Award-winning Guthrie Theatre.



◀ Newsweek ranks the Walker Art Center as among the best in the country.

Imagination Center, NASCAR Silicon Motor Speedway and Moose Mountain Adventure Golf, provide entertainment options for the whole family.

If strolling the storefronts is more to your liking, spend an afternoon in downtown Minneapolis, where several different shopping districts offer something unique for all tastes.

Weather not cooperating? Try the skyway: eight miles

of enclosed walkways, one story above ground, that link hotels, shops and restaurants.

Nightlife

Whether an ideal night on the town includes dinner and a show or hitting the clubs, Minneapolis' nightlife scene has it covered. From mojitos to martinis, cabarets to comedy clubs, nine distinct entertainment districts serve up excitement. ✨