



ASCRS

News

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Fall 2004

Dr. Bruce Wolff elected ASCRS President; Dr. Ann Lowry, President-elect

Dr. **Bruce G. Wolff**, Rochester, MN, was installed as ASCRS President for 2004-05 during the annual business meeting in Dallas, TX. He succeeds



Dr. Bruce Wolff

Dr. **David J. Schoetz**, Burlington, MA.

Other surgeons elected to the Executive Council include Dr. **Ann C. Lowry**, Minneapolis, MN, President-elect; Dr. **James M. Church**, Cleveland, OH, Vice President; Dr. **Anthony J. Senagore**,

Cleveland, OH, Treasurer; Dr. **David A. Rothenberger**, Minneapolis, MN, Research Foundation President; and Drs. **David E. Beck**, New Orleans, LA, and **W. Donald Buie**, Calgary, AB, Canada Council Members.

Dr. Wolff: President

Dr. Wolff is Professor of Surgery, Mayo Clinic College of Medicine, and Consultant in Colon and Rectal Surgery at the Mayo Clinic, Rochester, MN. He is an active researcher who has authored or co-authored more than 200 publications and maintains a busy clinical practice

focusing primarily on inflammatory bowel disease management.

An ASCRS Fellow and Society member since 1983, Dr. Wolff previously served on the Executive Council as both Member-at-Large and President-elect. He also served as chair of the Public Relations Committee and the Program



Dr. Ann Lowry

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Laparoscopic surgery study, future outlook highlight Dallas Annual Meeting

A strong focus on minimally-invasive surgical techniques – including the results of a study that confirms laparoscopic surgery is safe and effective – and wide-ranging discussions about the future of colorectal disease treatment were cornerstones of the ASCRS 2004 Annual Meeting, May 8 - 13, in Dallas, TX.

More than 1,000 surgeons and physicians attended the six-day event. They were joined by spouses, guests, physician assistants, media representatives and exhibitors, boosting the total attendance figure to 1,775.

The Society has posted a Webcast of the 2004 Annual Meeting on its Website, www.fascrs.org. Members who missed a program or were unable to attend the meeting can access video presentations of topics presented in Dallas. The online program is available to all. No CME Credit is available through the Webcast.

“We have received very positive feedback from Annual Meeting guests and were encouraged by high attendance at the scientific sessions,” explained Scientific Program Chair Dr. **Peter W. Marcello**, Burlington, MA. “In order to present more scientific information over the course of the meeting, the Program Committee increased the number of podium and poster presentations. That seemed to have a positive impact on how attendees viewed the meeting overall,” he added.

Minimally-invasive surgical techniques took center stage during the meeting, beginning with a **Hand Assisted Laparoscopic Intestinal Surgery Workshop**. The all-day session was designed for surgeons familiar with laparoscopic techniques who wished to expand their skills to intestinal surgery.

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Society establishes Educational Endowment Fund

By Bruce G. Wolff, MD

Every year, the Annual Meeting is the Society's greatest effort in pursuing its goal of education in diseases of the colon, rectum, and anus. Many people devote a huge amount of time and effort to this meeting. It is an expensive proposition, costing about \$1.2 million. Registration fees cover considerably less than half that amount. The remaining funding comes from various other sources, which vary from year to year.

These facts, coupled with events such as the financial downturn that we all recently endured and the fact that we are a small group with limited financial resources, make for some occasional nervous moments for our Annual Meeting organizers. With growing regulations and restrictions on support from medical industry, we have some reason for concern about the future overall stability and viability of this crucial ASCRS enterprise.

To provide a sound basis for future Annual Meetings and the educational endeavors of the Society, I have asked the Executive Council to establish an American Society of Colon and Rectal Surgeons Educational Endowment Fund, under the Council's express control. Council has authorized placement of \$500,000 into this fund from revenue received last year. The Council will review the Society's financial situation annually and make further contributions to this Fund.

However, these Society contributions alone will not be adequate to achieve the goal of several million dollars necessary to provide a steady source of potential support, as needed, for the Annual Meeting. We are, therefore, asking members and industry to contribute to a new fund and consider bequests, charitable trusts, and estate giving programs. This will ensure that this most important educational endeavor will exist for our future colleagues.

In addition, I have asked the Society administration to develop a giving program that will include the full range of the specialty's activities, including not only the critical and vital funding for the Research Foundation and the new Education Endowment Fund, but also the ABCRS and Program Director's Association, as their financial needs grow. We will have more information on this initiative in the near future. Please think about how you may best help us in ensuring the continuation of the Society's efforts.

“Every year, the Annual Meeting is the Society's greatest effort in pursuing its goal of education in diseases of the colon, rectum and anus.”

Annual Meeting

We owe Dr. **Peter Marcello** and his Program Committee a word of gratitude for the outstanding Dallas event, which attracted a total attendance of 1,775. The program quality continued the Society's tradition of excellence. A high point, certainly, was the panel discussion of laparoscopic colectomy in which Dr. **Heidi Nelson** presented the results of the landmark COST study, which compared laparoscopic resection with conventional open surgery for colon cancer.

Many of our Society's colleagues were involved in the COST study project and in two other prospective randomized trials. The Genzyme Biosurgery Small Bowel Obstruction study, done largely by members of our Society, is arguably one of the largest prospective randomized trials in surgery. Various aspects of this trial of a bioresorbable membrane of hyaluronic acid and carboxymethylcellulose and the primary endpoints were presented at the meeting. In addition, a new drug—an opioid receptor antagonist developed by the Adolor Corporation in collaboration with GlaxoSmithKline—was

shown to be effective in another prospective randomized trial. These important studies demonstrate a new demand for quality data in the pursuit of evidence-based results for modifying our practice.

As we look ahead to next year's Annual Meeting in Philadelphia, the Executive Council has decided to make some changes to enhance the experience of everyone who participates. Recognizing that it has been difficult to honor all of the Annual Meeting's social commitments, next year we will combine the Welcome Reception with the Research Foundation Special Event in a single event Sunday evening at Philadelphia's Constitution Center. In addition, we will move the annual dinner dance from Wednesday night to Tuesday night so it will fit more easily into registrants' schedules. The affiliated function receptions that had been Tuesday night will move to Monday. Finally, next year we plan to announce the awards Thursday morning during the scientific sessions, rather than during the dinner dance as had been done in the past. Please let members of the Council know how you feel about these changes, and if they should be continued.

Dr. **Theodore Saclarides** and Dr. **Michael Spencer**, Program Directors for next year's Annual Meeting, and the Program Committee are hard at work, and the symposium workshops have been arranged. The proposed schedule is both interesting and exciting, with expanded laparoscopic training being offered Saturday, and other innovative sessions.

Podium presentation manuscripts

To assess the impact of mandatory submission of podium presentation manuscripts to *Diseases of the Colon & Rectum*, the Executive Council has suspended this requirement for the next two years. However, we encourage all podium presenters to submit their manuscripts to the *DC&R*. To encour-

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Preserving ‘golden age of colorectal surgery’ requires rededication to educational excellence, Dr. Schoetz says

The Society has an extraordinary record of achievement but still faces daunting challenges, said outgoing ASCRS President Dr. **David J. Schoetz, Jr.**, in a presidential address memorable for its controlled passion and exhortation to mentor a new generation of colorectal specialists.



Dr. David Schoetz

“By focusing on our own development and avoiding confrontation with others over the issues of ‘turf’, we have evolved into the recognized preferred provider for anorectal conditions, rectal cancer, surgery for inflammatory bowel disease and laparoscopic colorectal surgery,”

Dr. Schoetz told his Annual Meeting audience in Dallas.

“Demand for our services continues to increase based on our own abilities and accomplishments, resulting in what I have repeatedly referred to recently as ‘the golden age of colorectal surgery,’” he said.

Among the challenges that threaten the specialty’s future, Dr. Schoetz focused on educational issues, including:

- Decreasing interest in medical school, which today’s college graduates perceive as “too long, too arduous and too expensive.” The number of applicants per medical school position declined from 2.7 in 1996 to 1.9 in 2001.
- Declining interest among medical students in general surgery as a career, as more students choose orthopedics, urology and now radiation oncology, attracted by higher reimbursement rates and the opportunity to have a more ‘controllable lifestyle’. Deterrents to careers in general surgery include duration of training and “perceived excessive work requirements that often preclude a life outside of the hospital,” Dr. Schoetz said.

“While it may be progressively harder to remember why we do what we do, we would all do well (myself included) to reflect upon and reaffirm our dedication to our profession and recall the intense personal job satisfaction that few others, if any, can enjoy with equal regularity,” he said.

Dr. Schoetz exhorted his colleagues to form ‘mentoring’ relationships with general surgery residents. “Being a true mentor is more than providing a positive example; it implies a deeper influence and special parenting type of relationship that extends beyond the period of residency,” he said.

“One of the great strengths of our specialty has been its unwavering commitment to continued excellence in education; this will need to continue with renewed vigor for the foreseeable future as we redefine the parameters of surgical training,” he said.

Dr. Schoetz also highlighted the importance of the Maintenance of Certification (MOC) process, calling the establishment of the American Board of Colon and Rectal Surgery (ABCRS) “the most important single event in the history of the specialty.” He argued that the specialty must maintain its independent certifying board. “We must again concentrate our considerable talents on the development of an MOC process that allows simultaneous maintenance of certification in both general surgery and colorectal surgery,” he said.

“We must direct our considerable talents toward providing an exemplary educational experience for medical students and residents while preparing them for lifelong self-directed learning and dedication to highest quality care,” Dr. Schoetz concluded.

For a complete Webcast of Dr. Schoetz’s presidential address, go to www.fascrs.org. ✨

ASCRS signs AMA poster urging colorectal cancer screening

ASCRS has joined the American Cancer Society and nine other organizations as signatory to a poster sponsored by the American Medical Association urging screening for colorectal cancer.

The poster was created after the AMA House of Delegates approved a resolution at its June annual meeting committing the organization to “promote educational and public awareness programs to assure that physicians actively encourage their patients to be screened for colon cancer and precursor lesions, and to improve patient

awareness of appropriate guidelines, particularly within minority populations and for all high risk groups, including all individuals over age 50.”

The initial target audience is doctors in general practice, family practice, internal medicine and their patients, according to Dr. **Clifford L. Simmang**, Dallas, TX, ASCRS Delegate to the AMA House of Delegates.

AMA pointed out that of approximately 80 million Americans who should be screened for colon cancer, only slightly over 30% have been

screened. This number is even less for women and minorities.

The poster is two-sided in English and Spanish. Other signatories are the American College of Physicians, American College of Radiology, American College of Surgeons, American Society of Clinical Oncology, American College of Gastroenterology, American Gastroenterological Associations, American Society for Gastrointestinal Endoscopy, and Society of American Gastrointestinal Endoscopic Surgeons. ✨

Medical groups turn proposed Medicare payment cuts into payment increases

Compiled by The Advocacy and Health Policy Division of the American College of Surgeons

Medicare Physician Payment

Medical groups successfully fought back the estimated 4.5% Medicare payment cuts scheduled to take effect this year and next by persuading Congress to replace them with 1.5% payment increases in 2004 and 2005. Unfortunately, physicians again face annual cuts of approximately 5% from 2006 through 2012, according to the Medicare Trustees. While it is unlikely that Congress will take up legislation to fix the formula this year, hearings are designed to set the stage for Congressional action early in 2005.

To supplement the efforts of the committee chairs, the medical groups worked with members of the House and Senate to develop a bipartisan letter on this issue that will be sent to Mark McClellan, MD, the new Administrator of the Centers for Medicare and Medicaid Services (CMS). A letter to Administrator McClellan requesting a more accurate calculation of the reimbursement formula was signed by 242 Representatives and 73 Senators.

Letters from the Senate and House, championed by Sens. Jon Kyl (R-AZ) and Blanche L. Lincoln (D-AR) and Reps. Philip M. Crane (R-IL) and Sherrod Brown (D-OH), recommend the inclusion of CMS procedure coverage decisions in the formula and the removal of physician-administered drugs from the payment-calculating procedure.

Medical Liability Reform

This year, Senate Majority Leader Bill Frist, MD, FACS (R-TN) has tried twice to bring medical liability reform to the Senate floor for consideration. To highlight certain specialties that the liability crisis affects, the two bills considered in the Senate focused on obstetrical care and trauma services, respectively. Neither bill received more than 49 votes—with 60 votes

necessary. However, on May 12, the House passed HR 4280, the HEALTH Act of 2004. This medical liability reform legislation, is identical to HR 5, a bill that passed the House last year. The House voted on HR 4280 to highlight the importance of the issue and increase pressure on the Senate to pass similar legislation.

Patient Safety

On July 22, the Senate passed the Patient Safety and Quality Improvement Act of 2004. This legislation will now go to conference so that the differences between the Senate and the House versions of the proposed legislation, which passed last year, can be negotiated and resolved. Medical groups will be working to ensure that the conference committee finishes its work and that strong patient safety legislation is signed into law before Congress adjourns for the year.

Quality of Care: MedPAC recommends Medicare pay-for-performance program

In its March 2004 Annual Report, MedPAC concluded that building incentives for improving quality into the payment system is crucial for the Medicare program. The report acknowledged that more data are needed before a pay-for-performance model can be implemented system-wide. However, MedPAC did recommend that incentives for dialysis services and for the Medicare managed care program be implemented immediately.

Graduate Medical Education: Changes sought in CMS payment policy for volunteer faculty

Recently, it was learned that CMS intermediaries are denying, retroac-

tively through audits, direct and indirect medical education payments for the portion of time residents spend outside the academic hospital setting, when faculty members are volunteering their services. This CMS policy should be opposed because: (1) the audits are an indirect way of cutting overall GME funding; (2) family practice and other primary care specialties are very engaged on this issue and any legislative solution should apply to all residency programs; and (3) ACGME policy requires surgery residents to train one day a week in an outpatient setting.

NRMP antitrust issue settled

The Pension Funding Equity Act, HR 3108, enacted in April, included a provision confirming that the National Resident Match Program (NRMP) does not violate antitrust laws. The new law applies to both pending and future lawsuits. *



Future Meetings

Philadelphia, Pennsylvania
Philadelphia Marriott
April 30-May 5, 2005

Seattle, Washington
Sheraton Seattle Hotel & Towers
May 20-25, 2006

St. Louis, Missouri
Renaissance Grand Hotel
& America's Center
June 2-7, 2007

Society recognizes Chicago radio station, CBS-TV Atlanta affiliate with National Media Awards

A wide-ranging discussion of colon cancer on a Chicago radio station and a campaign to encourage testing for the disease by a CBS-TV affiliate in Atlanta were declared winners of the ASCRS 2004 National Media Awards.

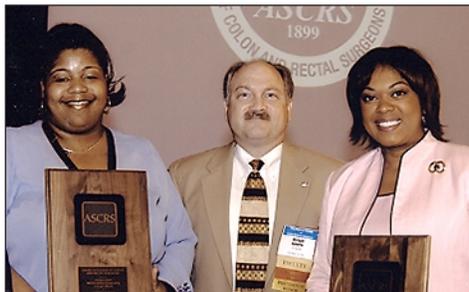
Producer **Monique Smith**, WVON-AM Midway Broadcasting Corporation, Chicago, won for her radio entry, "Testing and Treatment Options for Colorectal Cancer." Judges commended the show for "a fabulous job not only of explaining what colon cancer is, but also explaining the different diagnostic procedures."

The program addressed topics ranging from dietary changes as a way to prevent colon cancer to colonic cleansers and genetic testing, and explained why colonoscopy is considered the "gold standard" for prevention. "They even addressed the ethical issue of whether the program guest might be biased because he performs colonoscopies for a living," the judges added.

April Nelson, of CBS-affiliate WGCL-TV, Atlanta, GA, was honored for the series "Colorectal Awareness Campaign." The program explored the signs, symptoms, diagnostic tools and treatments for colorectal cancer. As part of the program, the station distributed more than 120,000 free screening kits to the public.

"This piece had the most impact," judges wrote. "It was ongoing and involved other partners in the community. To have that many people come in to get free kits makes an impact."

Smith and Nelson each received a \$1,000 cash prize, a plaque, and an expense-paid trip to the ASCRS 2004 Annual Meeting in Dallas, TX.



Public Relations Committee Chair Dr. Michael P. Spencer congratulates 2004 National Media Award winners Monique Smith (left) and April Nelson.

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.

Society members who know of journalists that deserve recognition may encourage them to submit an entry or submit one on their behalf. For more information on next year's National Media Awards competition, contact ASCRS Public Relations at 847/934-5580. E-mail: bragawpr@compuserve.com. *

ASCRS colorectal surgery textbook expected by Spring 2005

Editors are hard at work with the goal of making the new ASCRS textbook the definitive text for young colorectal surgeons to use to study for their boards, reports Dr. **James W. Fleshman**, St. Louis, who is directing the project.

"We anticipate publication of the first edition by spring of 2005, in time for the ASCRS Annual Meeting in Philadelphia," Dr. Fleshman says. The Society plans to publish both hardcopy and online versions of the textbook, the work of five editors and five co-editors from the Society, rotating on a multi-year basis to ensure continuity and breadth of participation.

Content will be based on the core curriculum developed by the Association

of Program Directors for Colon and Rectal Surgery. The Society's practice parameters will also be used, where appropriate. The Society's Self Assessment Committee will develop CME questions based on each of the textbook's chapters.

The new publisher of the Society's journal, *Diseases of the Colon & Rectum*, Springer Verlag, will publish the textbook. Springer Verlag will also develop an online version that will be updated regularly, as determined by the textbook's editorial board. The textbook will be available for use in graduate programs in colorectal surgery, maintenance of certification (MOC) programs and elsewhere.

"Authorship has been solicited from senior and junior authors to provide expert commentary on all subjects and complete coverage of each area," Dr. Fleshman said.

"This effort affords a unique opportunity to define the specialty of colorectal surgery and establish ASCRS as the organization of authoritative experts qualified to write the text for training graduate fellows and assisting the ABCRS in its Maintenance of Certification program," he said.

All proceeds from sale of the textbook will be donated to ASCRS for use as the Executive Council determines. Authors and editors will receive a free copy of the book but no honoraria for their contributions. *

Dallas Annual Meeting ...continued from page 1

A symposium, **Laparoscopic Colorectal Surgery: Where Do We Stand?**, reviewed the status and controversies of the procedure. Mean-while, a panel discussion entitled **Laparoscopic Colectomy for Cancer: Ready for Prime Time?** illustrated that laparoscopic procedures for cancer treatment are safe and effective when performed by experienced surgeons.



Dr. Peter Marcello

“This breakthrough research confirmed that survival rates of patients who undergo laparoscopic colectomy are equivalent to those achieved through open colectomy. These findings will have far-reaching effects on the future of patient treatment,” Dr. Marcello explained.

The discussion, led by Drs. **Robert Beart**, Los Angeles, **Richard P. Billingham**, Seattle, WA, and **Heidi Nelson**, Rochester, MN, was a catalyst in developing the “Laparoscopic Colectomy for Curable Cancer” statement now posted on the ASCRS Website.

Other highlights included:

- *NSAIDs, Anticoagulation, DVT Prophylaxis and the Colorectal Surgeon* — This program reviewed criteria for managing nonsteroidal anti-inflammatory medication (NSAID) usage for patients requiring endoscopy or major abdominal surgery.
- *Some Lessons Learned From the Evaluation of Seprafilm® Adhesion Barrier in Prospective Randomized Trials* — Dr. **David E. Beck**, New Orleans, LA, presented results of a study that showed a bioresorbable membrane of hyaluronic acid and carboxymethylcellulose to be effective in preventing intestinal obstructions.
- *Endorectal Ultrasound Course* – A perennial favorite each year, this day-long course led by Dr. **Charles O. Finne**, Minneapolis, MN, helped colon and rectal surgeons develop the skills necessary to apply endorectal ultrasonography to their practices.
- A special Sunday Breakfast *Symposium, Rectocele and Obstructive Defecation*, reviewed the current management of symptomatic rectoceles through a variety of surgical approaches: transanal, transvaginal, transperineal and transanal stapling. ✨

Annual Meeting makes news

Several newsmaking Annual Meeting presentations were featured in ASCRS news releases distributed to news media nationwide. Here are some headlines:

Significant Cost Savings Result When Colonoscopy Is Performed in Office Setting: ASCRS Study

DALLAS, TX—Significant cost savings result when colonoscopy, a widely used diagnostic examination for colon and rectal problems, is performed in an office setting, according to a study presented at the ASCRS Annual Meeting.

Colonoscopy is recognized as the “gold standard” in screening for colon cancer and is also commonly used to check unexplained abdominal symptoms, inflammatory bowel disease (IBD), and other colon and rectal disorders.

The study of nearly 5,000 colonoscopies in an office setting was conducted at the Michigan Medical PC-Ferguson Clinic, Grand Rapids, MI. Total medical costs averaged 35 percent less than for colonoscopies performed in a hospital, reported **Martin A. Luchtefeld**, M.D.

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Society adopts ‘Laparoscopic Colectomy for Curable Cancer’ position statement

ASCRS has adopted and approved the following position statement on the use of laparoscopic colectomy in treating curable cancer:

“Laparoscopic colectomy for curable cancer results in equivalent cancer related survival to open colectomy when performed by experienced surgeons. Adherence to standard cancer resection techniques including but not limited to complete exploration of the abdomen, adequate proximal and distal margins, ligation of the major vessels at their respective origins, containment and careful tissue handling, and en bloc

resection with negative tumor margins using the laparoscopic approach will result in acceptable outcomes. Based upon the COST¹ trial, pre-requisite experience should include at least 20 laparoscopic colorectal resections with anastomosis for benign disease or metastatic colon cancer before using the technique to treat curable cancer. Hospitals may base credentialing for laparoscopic colectomy for cancer on experience gained by formal graduate medical educational training or advanced laparoscopic experience, participation in hands-on training courses and outcomes.

The statement has been endorsed by the Society of American Gastrointestinal Endoscopic Surgeons (SAGES).

Society members may view the statement online by visiting the ASCRS Website, www.fascrs.org.

¹*The Clinical Outcomes of Surgical Therapy Study Group. A comparison of laparoscopically assisted and open colectomy for colon cancer. N Engl J Med 2004;350:2050-2059.* ✨

Annual Meeting makes news ...continued from page 6

“Colonoscopy in the office setting is logistically easier, and scheduling is easier. Millions of dollars could be saved nationwide by moving colonoscopies from the hospital to the office, according to our experience,” Dr. Luchtefeld said.

Laparoscopic Surgery for Colon Removal Reduces Payor, Hospital Costs: ASCRS Study

DALLAS, TX — Laparoscopic operating techniques will help payors and institutional providers contain costs for colon removal surgeries, researchers from the Cleveland Clinic Foundation reported at the ASCRS Annual Meeting.

Laparoscopy is gaining wider acceptance among colorectal surgeons, as it is proven effective and offers patients promise of fewer complications, less need for postoperative narcotics, faster return to normal bowel function, and shorter hospital stays, according to a series of ASCRS presentations.

The Cleveland Clinic study matched 100 laparoscopic patients assigned a Diagnosis Related Group (DRG) code for colon removal with complications with 100 conventional open surgery patients assigned the same DRG. Researchers found that only half as many laparoscopic patients had to be reassigned to the higher cost DRG due to postoperative complications.

Mean direct hospital costs were significantly lower for the laparoscopic group — \$3,971, compared to \$5,997 for the open surgery group. Increased

cost to Medicare for the open surgery patients in the study was \$239,620, while provider costs were reduced by \$202,600.

“This is the first data to demonstrate that DRG assignment can migrate solely due to differing outcomes resulting from access to laparoscopy for colectomy (colon removal),” said the study’s chief author, **Anthony J. Senagore**, M.D., Cleveland. “In fact, it is the first look at this critical cost variable for any medical technology. The net savings to the institution coupled with the opportunities related to shortened length of stay more than offset the potential reductions in reimbursement by shifting patients from the DRG with complications to the one without,” he added.

Adhesion Barrier Prevents Intestinal Obstructions, Reduces Medical Costs, ASCRS Study Reports

DALLAS, TX — Use of a bioresorbable membrane in abdominal surgery known to prevent or reduce painful post-operative adhesions can also prevent intestinal obstructions and reduce medical costs, according to a study presented during the Annual Meeting of the American Society of Colon and Rectal Surgeons (ASCRS).

Over 90% of patients develop adhesions after an abdominal operation. These can cause small bowel obstruction, abdominal discomfort, fertility problems in women, and can make future intra-abdominal operations more difficult and dangerous.

The bioresorbable membrane of hyaluronic acid and carboxymethylcellulose, known as Seprafilm®, has been shown in several previous studies to reduce or prevent the development of adhesions that often occur following abdominal operations. It is the only product with Food and Drug Administration approval known to prevent adhesion development in the abdomen.

The new study by The Adhesion Study Group, Rochester, MN, was conducted to see if Seprafilm would also prevent intestinal obstruction.

The study was one of the largest prospective trials ever conducted, according to **David Beck**, MD, New Orleans, LA, one of the lead researchers on the project. A total of 1,791 patients who underwent major abdominal operations to remove part or all of the large intestine or to treat small bowel obstruction were randomized to receive Seprafilm or no treatment (control).

“Results indicated a decrease in the number of adhesive obstructions among patients treated with Seprafilm compared to those in the control group,” Dr. Beck explained. “In an evaluation of the medical costs associated with the procedure, we also found that the cost of managing the Seprafilm patients was lower, even when the cost of Seprafilm was included. Thus, the use of Seprafilm was shown to be safe, cost-effective, and contribute to a reduction in adhesive obstruction,” he added. ✨

Two-year suspension of mandatory submission of podium manuscripts to *DC&R*

The Executive Council voted to suspend for two years the policy requiring mandatory submission of Annual Meeting podium presentation manuscripts to *Diseases of the Colon & Rectum*.

Council still strongly encourages podium presentation authors to submit their manuscripts to *DC&R*. However, if authors submit their manuscripts to the journal two weeks before the Annual Meeting, the *DC&R* editorial

office has agreed to fast track these manuscripts. Authors will be informed if their papers are accepted, rejected or need revision within four weeks.

If authors are not notified within four weeks, they may withdraw their manuscripts from *DC&R* and submit them to another publication. ✨



Why Maintenance of Certification?

By Dr. James W. Fleshman

The American Board of Colon and Rectal Surgery (ABCRS) is evolving its recertification program into Maintenance of Certification (MOC), a program of continuous professional development initiated in 2000 by the American Board of Medical Specialties (ABMS) and its 24 member boards.



Dr. James W. Fleshman

Perhaps most importantly, MOC represents an opportunity for physicians 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.

The purpose of the MOC process is to document that physician specialists certified by the ABMS boards are

maintaining the skills and knowledge necessary to provide quality patient care in their specialty. The program gives diplomates the opportunity to demonstrate to peers, patients, and the public a commitment to lifelong learning and improvement in their chosen field of practice.

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 incorporates six core physician competencies, as defined by the ABMS and the Accreditation Council for Graduate Medical Education (ACGME), into an evaluation process by which practicing surgeons can document their ongoing commitment to excellent patient care — the heart of the certification process.

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Dr. Bruce Wolff elected ASCRS President ...continued from page 1

Committee, and as a member of the Clinical Procedures Review Committee.

Dr. Lowry: ASCRS President-elect

Dr. Lowry is Adjunct Professor and Residency Program Director, Division of Colon and Rectal Surgery, at the University of Minnesota Medical School's Department of Surgery. She is a former ASCRS Treasurer and past chair of the Society's Finance and Standards Committees.

Dr. Church: ASCRS Vice President

Dr. Church is Staff Colorectal Surgeon and Victor W. Fazio Chair, Department of Colorectal Surgery at The Cleveland Clinic Foundation, Cleveland, OH. An ASCRS Fellow, he is associate editor of *Diseases of the Colon and Rectum*.

Dr. Senagore: Treasurer

Dr. Senagore is Medical Director, Associate Chief of Staff and the Krause-Lieberman Chair in Laparoscopic Colorectal Surgery at The Cleveland Clinic Foundation, Cleveland, OH.

An ASCRS member since 1989, Dr. Senagore is a member of the Editorial

Panel for *Diseases of the Colon and Rectum* and a former abstract editor for the publication.

Dr. Rothenberger: Research Foundation President

Dr. Rothenberger is Professor and Chief of the Divisions of Colon and Rectal Surgery and Surgical Oncology at the University of Minnesota, Minneapolis. He is the John P. Delaney, M.D., Chair of Clinical

Ochsner Clinic Foundation, New Orleans. In addition, he is Clinical Associate Professor of Surgery at F. Edward Herbert School of Medicine, Uniformed Services University, Bethesda, MD, and serves on the faculty of Louisiana State University.

An ASCRS Fellow since 1990, Dr. Beck chaired the Society's Public Relations Committee from 1996-1999, and was Scientific Program Chair for ASCRS' 1999 Annual Meeting in Washington, D.C. He has served on the Continuing Education, Quality Assessment and Safety, Website, and Socioeconomic/Legislative Committees.

Dr. Buie: Council Member

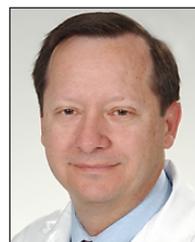
Dr. Buie is Clinical Associate Professor in the Divisions of General Surgery and Surgical Oncology at the University of Calgary. He is a member of the ASCRS Standards, Program and Young Researchers Committees. He previously served on the Abstract Review Committee and the Self-Assessment Committee. In addition, he is a former chair of the Awards Committee. *



Dr. Church



Dr. Senagore



Dr. Beck

Surgical Oncology and Associate Director for Clinical Research and Programs at UM's Cancer Center.

An ASCRS Fellow since 1987, Dr. Rothenberger is a former Society President, and Council Representative to the Young Surgeons' Committee.

Dr. Beck: Council Member

Dr. Beck is Chairman, Department of Colon and Rectal Surgery at the

Why Maintenance of Certification? ...continued from page 8

Why do we need this now?

MOC represents an evolution from existing recertification and was developed in response to growing public concerns regarding the quality of health care. Given the current health care environment, it has become critical that we document a commitment to quality health care delivery on a continuing basis and not just at a ten-year recertification.

If physician organizations do not recognize the level of public dissatisfaction with perceived health care quality and take clear and effective steps

“MOC represents an evolution from existing recertification and was developed in response to growing public concerns regarding the quality of health care.”

to improve it, it is quite likely that external regulation by the federal government or other organizations, which would be far more onerous and less focused on important clinical issues, 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.

What does MOC specifically entail?

The ABMS, with the ACGME, has defined six general competencies as the foundation for physicians' training and practice characteristics during their professional lifetime. These six competencies are:

1. **Medical knowledge** about established and evolving biomedical, clinical and cognate sciences, and the application of this knowledge to patient care;
2. **Patient care** that is compassionate, appropriate, and effective for the treatment of health problems and promotion of health;
3. **Interpersonal and communication skills** that result in effective information exchange and teaming with patients, their families and other health professionals;
4. **Professionalism** as demonstrated by a commitment to professional responsibilities, adherence to ethi-

cal principles, and sensitivity to a diverse patient population;

5. **Practice-based learning and improvement** that involves investigation and evaluation of one's own patient care, appraisal and assimilation of scientific evidence, and improvement in patient care; and
6. **Systems-based practice**, as demonstrated by an awareness of and responsiveness to the entire

system of health care, and the ability to effectively call on system resources to provide optimal care.

Using this framework, the MOC program will consist of four key components that will measure these competencies on a continual basis:

1. Evidence of professional standing;
2. Evidence of commitment to lifelong learning through continuing education and involvement in a periodic self-assessment process;
3. Evidence of cognitive expertise based on performance on an examination, such as a recertification examination;
4. Evidence of evaluation of performance in practice, including outcome measurements of the medical care provided, assessment by peer and referring physicians, and evaluation of physician behaviors such as communication and professionalism, by peer review or other means.

Each ABMS board is charged with creating and implementing an individualized plan incorporating these components based on its specialty's needs. The assessment mechanisms to be used will be integrated into the recertification requirements already in place.

I want to emphasize that the specifics of the MOC criteria and process for implementation are not “written in stone.” They could change. We are

listening to be sure the plan is practical and reasonable for diplomates to achieve.

The ABCRS MOC Proposal

Below is a summary of the proposed ABCRS requirements for compliance with the MOC components:

Professional Standing

- An unrestricted license to practice medicine;
- Standing in the medical community will be documented by an evaluation form completed by the chief of staff (at all institutions) substantiating:
 - Any restriction of privileges;
 - Moral and ethical behavior;
 - Any patient or practice related issues which prevent the diplomate from being considered in good standing.

Lifelong Learning and Self-Assessment

- Documentation of participation in a self assessment process at

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Submit abstracts for Philadelphia Meeting online

Abstracts for the Society's 2005 Annual Meeting are accepted online at www.fascrs.org. The deadline for receipt of abstracts is December 1, 2004.

Paper submissions for the meeting, held April 30 - May 5, in Philadelphia, will not be accepted.

Information contained in abstracts must represent original work that has not previously been published or presented, and will not be under consideration for publication or presentation at a major regional, national or international meeting prior to the ASCRS Annual Meeting. ✨

Society establishes Educational Endowment Fund ...continued from page 2

age this, Dr. **Victor Fazio**, and his Editorial Board, have developed a fast-track review system. Podium presentation manuscripts submitted by April 15 will receive an expedited review. This will result in a quickened turnaround time and publication of the Annual Meeting's best papers.

Maintenance of Certification

Among the topics at the Annual Meeting is a session on Maintenance of Certification and the new requirements that all Board-certified colon and rectal surgeons will face. While this may not be a topic we all eagerly embrace, it is on a relentless course, and the Society, working with the American Board of Colon and Rectal Surgery, hope to ease the transition. To that end, the Executive Council has established a Maintenance of Certification Committee, chaired by ABCRS President Dr. **James Fleshman**, to serve as a liaison to the Society. See Dr. Fleshman's report on page 8.

In addition, Council has tasked Dr. **Thomas Read**, of the Outcomes Committee, along with a software company, with developing a low-cost, practical data base for practice assessment, which is a part of Maintenance of Certification process. Again, we will have more information on this in the near future.

During this time of daily awareness of the debt we all owe to the men and women in the U.S. Armed Forces around the globe, especially in Iraq and Afghanistan, the Executive Council voted to recognize members of the military by encouraging creation of a military chapter as a regional society. The new chapter will be invited to the Regional Society Breakfast Forum at next year's Annual Meeting. We will also recognize the contributions of the military at the ASCRS Annual Meeting. Council also directed that a military liaison be appointed to make recommendations to the president for committee appointments and other ways in which

our military members can make unique contributions to the Society.

The Executive Council has also adopted the American College of Surgeons' *Statement on the Physician Acting as an Expert Witness*. This statement, plus an expert witness affirmation form, are posted on the ASCRS Website. I urge you to review these important documents. Other new materials on our Website of interest to members include the newly published "Practice Parameters for the Surveillance and Follow Up of Patients With Colon and Rectal Cancer," CORE subjects from 1998-2004, the Physicians' Statement on Laparoscopic Colectomy for Curable Cancer, the Statement on Virtual Colonoscopy, and information about international grants.

In light of the recent results validating various laparoscopic colon procedures, Council will develop a laparoscopic course certification process to ensure that courses are properly set up and achieve appropriate learning.

The ASCRS Textbook is well underway, as Dr. Fleshman reports on page 5. Many chapters have been submitted and are in the editorial process. I will provide an update on this key program in my next message.

I would like to take this opportunity to express my deep sense of appreciation and humility for the honor of serving as your president. It is my hope to measure up to the high standards set by my predecessors, and to create programs and activities that will significantly effect our commitment to quality care of patients with colorectal disease, and that will enhance our specialty worldwide.

Finally, let me express appreciation to Dr. **David Schoetz** for his tireless efforts over the years, and particularly last year, on behalf of our members and organization. He has outlined a progressive agenda that is my privilege to pursue in concert with the Executive Council. ✨

2004-2005 Committee Chairs

Awards	Dr. Howard Ross
Bylaws	Dr. H. Randolph Bailey
Continuing Education	Dr. Alan Thorson
Credentials	Dr. Bruce Wolff
Finance and Management	Dr. Anthony Senagore
History of ASCRS	Dr. J. Byron Gathright, Jr.
Hospitality	Ms. Ruthanne Schoetz
International Council of Coloproctology	Dr. Graham Newstead
Local Arrangements	Dr. Howard Ross
Maintenance of Certification	Dr. James Fleshman
Membership	Dr. Susan Galandiuk
Co-chair	Dr. Anthony Vernava
Professional Outreach	Dr. Michael Hellinger
Program	Dr. Theodore Saclarides
Co-chair	Dr. Michael Spencer
Public Relations	Dr. Michael Spencer
Quality Assessment and Safety	Dr. Thomas Read
Regional Society	Dr. Jeffrey Cohen
Residents	Dr. Ronald Bleday
Self Assessment	Dr. Patricia Roberts
Socioeconomic	Dr. David Margolin
Standards	Dr. Neil Hyman
Website	Dr. Richard Karulf
Young Surgeons	Dr. Susan Gambati

Research Foundation Board creates committee to develop Requests for Proposal (RFP) program

By David A. Rothenberger, MD, President, Research Foundation of ASCRS

The Research Foundation Board agreed to create a new committee to develop the Requests for Proposal (RFP) grant program. The new program was established to encourage well designed research that will result in definitive answers for problems relating specifically to management of colorectal diseases.



Dr. David Rothenberger

The National Institutes of Health would not regard many of these diseases as fundable research interests. It is, therefore, felt to be the purview of the ASCRS Research Foundation to provide funding for outstanding research

to provide answers for surgeons managing patients with these common yet understudied diseases.

The RFP provides a mechanism for investigators to develop prospective randomized trials addressing important questions regarding the more mundane or more common diseases treated by colorectal surgeons. The Board previously voted to grant two RFPs per year, starting in 2005.

Each RFP will be for \$50,000 for two years, with the second year's disbursement based on receipt of an interim report. The \$100,000 per year for two years should allow adequate funding for a fairly large definitive prospective trial.

To achieve adequate numbers of patients enrolled in a trial, RFPs will be based on proposals by one investigator coordinating a group of centers to address a particular question or a group of investigators from multiple centers who wish to address the same question.

The committee's review of the RFP will be based on feasibility of completion, applicability to the colorectal community, likelihood of identifying a practice changing answer, scientific merit, and clinical relevance.

The new RFPs will focus on benign colorectal disease research on the following topics:

- Percutaneous drainage of diverticular abscesses;
- Diverticulitis after abscess drainage — operation v. no operation;
- Low anterior resection—drain or no drain;
- Seton as a means of continence preservation, versus one stage fistulotomy;
- Sphincter sparing methods of fistula repair (glue, mucosal flap or dermal flap) versus fistulotomy;
- Direct sphincter repair versus biofeedback for incontinence related to obstetrical injury.

The salary stipend for an RFP is limited to \$20,000 per year for the principal investigator. Indirect costs will not be funded.

“The new program was established to encourage well designed research that will result in definitive answers for management of colorectal disease.”

Patient advocates attend Board meeting

At the last Board of Trustees meeting, the Research Foundation invited representatives of patient advocate organizations to join us. Three patient advocates attended—Ms. **Donna Casamento**, Program Manager, International Foundation for Functional Gastrointestinal Disorders (IFFGD); Ms. **Elda Railey**, President, Research Advocacy Network; and Ms. **Lisa Richardson**, Crohn's and Colitis Foundation of America (CCFA) Patient Advocate Representative.

Their recommendations to the Board included:

- Consider publishing an annual report which would include the Research Foundation's goals, outline and outcome of grants given, and a financial statement;
- Inform the membership of the accomplishments of those receiving grants;
- Develop a patient group and solicit topics for research from the group;

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Dr. David Rothenberger becomes Research Foundation President

Dr. **David A. Rothenberger**, Minneapolis, MN, became President of the ASCRS Research Foundation during the Annual Meeting in Dallas, TX. Dr. **James Fleshman**, St. Louis, MO, remains on the Board as Past President.

Other newly elected officers of the Research Foundation are:

Drs. **Richard L. Nelson**, Chicago, Vice President; **Walter A. Koltun**, Hershey, PA, Secretary; and **Anthony J. Senagore**, Cleveland, OH, Treasurer.

Newly elected Research Foundation Trustees are: Drs. **Julio Garcia-Aguilar**, San Francisco, CA; **Ann C. Lowry**, Edina, MN; **Theodore**

J. Saclarides, Chicago; and **Scott A. Strong**, Cleveland, OH.

Continuing their terms as Trustees are: Drs. **James Burns**, Cambridge, MA; **Robert M. Honigberg**, Cincinnati, OH; **Clifford Y. Ko**, Los Angeles; and **Bruce G. Wolff**, Rochester, MN. ✨

Despite limited resources, UK embracing national multidisciplinary treatment approaches

By Thomas R. Read, MD, 2004 Traveling Fellow

It was an honor and a privilege to be awarded the Society's 2004 Traveling Fellowship to Great Britain.



Dr. Thomas Read

Sponsored jointly by ASCRS and the Association of Coloproctology of Great Britain and Ireland, the Fellowship allowed me to attend the ACGBI Annual Meeting in Birmingham and visit with British colon and rectal surgeons in their own environment. The hospitality of my hosts, as well as their intellectual curiosity, clinical acumen, and dedication to their craft, made the experience extremely valuable.

The facilities and accommodations for the meeting in Birmingham were excellent. This was due in large part to the efforts of the Association's Secretary, Mr. **Paul Finan**, its President, Mr. **Michael Thompson**, Administrator Ms. **Anne O'Mara**, and their staffs.

During my time at the ACGBI meeting, I gained a new appreciation for the efforts of physicians and surgeons in the U.K. to create a national, coordinated multidisciplinary approach to colorectal cancer screening and treatment.

One of the invited lectures addressed a "National Plan for Bowel Cancer," and the national audit of treatment results was distributed to all participants at the meeting. There was great interest in outcomes analysis based on individual surgeon and clinical units, and debates were held regarding the validity and appropriateness of various datasets. I believe that we must become more diligent with the collection and analysis of our own data, and share our findings with colleagues if we hope to improve outcomes for patients in the United States.

With limited resources in the National Health Service, the debate regarding screening for colorectal neoplasia revolves not around the merits of colonoscopy versus CT colography (as it does in the United States), but around time intervals between flexible sigmoidoscopies and fecal occult blood testing.

This lack of emphasis on total colonic evaluation as a screening philosophy seemed somewhat unusual, as prior reports have indicated that the stage at diagnosis in the U.S. is lower than the U.K. The lack of funding for coordinated colonoscopy screening programs is also at odds with the great enthusiasm for – and use of – sophisticated and costly methods for evaluating rectal cancer patients in the U.K.

Magnetic resonance imaging continues to be utilized by many centers in the U.K. for determining depth of penetration of rectal adenocarcinoma. Surgeons use MR to predict involvement of the radial margin of resection pre-operatively, and thus choose patients for neoadjuvant radiotherapy. During my time at St. Mark's Hospital in London, I spent time with Mr. **Shanu Rasheed**, a research fellow investigating the potential efficacy of using the washout pattern of iron oxide particles on MR to predict mesorectal nodal involvement with tumor. His work was intriguing, especially given our current inability to accurately predict nodal status based on node size alone.

One of the buzzwords in the U.K. was "multidisciplinary team" or "MDT". Patients with rectal cancer are evaluated, then a treatment plan is recommended by a team of surgeons, medical oncologists, radiation oncologists, and nurses. The MDT approach appeared to be implemented at many centers, and was well-received by most surgeons with whom I spoke.

Pathologists are also intimately involved in the process. Professor

Geraint Williams from Cardiff spoke eloquently at the meeting about the need to standardize reporting methods and analysis of colorectal cancer specimens.

The coordination of efforts across specialties was also evident at the ACGBI meeting. Radiation oncologists, medical oncologists, and gastroenterologists were not only given invited lectureship invitations, but also chaired paper sessions. One of the liveliest of these addressed the issue of neoadjuvant radiotherapy for rectal cancer.

Data from the Swedish and Dutch Rectal Cancer trials were updated: the survival benefit from preoperative short-course radiotherapy in the Swedish trial persists at 13 year analysis. The local control benefit from preoperative short-course radiotherapy in the Dutch trial, meanwhile, persists (6% versus 11%) at latest analysis.

The German trial of preoperative versus postoperative chemoradiotherapy for rectal cancer was also discussed. It demonstrated that preoperative therapy provided a local control benefit, with better toxicity profile both short- and long-term.

The symposium on therapies for fecal incontinence was very intriguing. Luminaries such as Prof. **John Nichols**, Prof. **Cor Baeten**, and Prof. **Michael Kamm** headlined an all-star group of lecturers debating the indications for various novel (and not-so-novel) therapies. Prof. Kamm argued that biofeedback was a very effective treatment for incontinence – a view not widely held by surgeons in the U.S. or by some of his surgical colleagues in the U.K.

New techniques, such as sacral nerve root stimulation and injectable agents used to bulk the anal canal, were also discussed. Sacral nerve root stimulation appeared to have the most

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By David A. Margolin, MD, ASCRS Socioeconomic Chair

Preparing for the five-year review.

As surgeons, we are all familiar with CPT coding and RVU-based reimbursement, the cornerstone of physician reimbursement in America today. However, many are not aware of Section 1848(C)2 (B) of the Omnibus Budget Reconciliation Act of 1990. This section requires that the Centers for Medicare and Medicaid Services (CMS) comprehensively review the relative values of CPT codes at least every five years and make any needed adjustments. This provides the opportunity to correct misvalued codes and correct rank order anomalies that have developed in the past five years.



Dr. David Margolin

The Socioeconomic Committee is keenly aware of the importance of the five-year review and is asking in advance for ASCRS membership help. In order to assure proper valuation of existing and new CPT codes, a RUC survey will have to be completed. The committee will be contacting members to help with these surveys. Please be generous of your time as appropriately done surveys are the key to achieving appropriate reimbursement. If you are willing to help please e-mail the ASCRS office at stellazedalis@fascrs.org, so we can put together a list of individuals to call on in the future.

The Socioeconomic Committee will continue to work through the established framework of the American Medical Association's (AMA) Relative Value Update

Committee (RUC) and Practice Expense Advisory Committee (PEAC) to develop appropriate practice expense values for colorectal surgery codes. In 2005, there will be a code available for the PPH. As mentioned before, until that code is published the appropriate code is 46999.

The committee is also working on CPT codes for laparoscopic splenic flexure mobilization, laparoscopic rectopexy with and without resection, laparoscopic stomas creation, Botox injection of an anal fissure, and ileal pouch advancement both trans perineally and a combined abdominal-perineal approach approved for CPT 2006. To receive a CPT code, a procedure must be done throughout the country by a reasonable number of specialists. It also must have peer-reviewed literature supporting its efficacy. The Committee plans to continue interaction with other surgical specialties, most notably the American College of Surgeons, to help develop fair and equitable reimbursement for these procedures.

As always, the Committee will put forth any new codes nominated by a member. To nominate a new code, contact Dr. David Margolin (damargolin@ochsner.org), Dr. Guy Orangio (gorangio@bellsouth.net) or Dr. Eric Weiss (weisse@ccf.org). Remember that any changes or additions to CPT require survey data for appropriate valuation. Therefore, be generous with your time and complete a survey if contacted by a Socioeconomic Committee member. Contact the American College of Surgeons coding hotline (1-800-227-7911) for answers to any specific coding questions. ✨

UK embracing multidisciplinary treatment approaches ...continued from page 12

promise for patients suffering from neurogenic incontinence.

One of the things that struck me during my time in the U.K. was the relative paucity of experience with laparoscopic colectomy. Although there are isolated centers of excellence with extensive experience, it did not appear as if the technique had been adopted by the majority of surgeons at major training centers.

In fact, Prof. Sir **Ara Darzi** addressed this issue in his lecture entitled "Why the U.K. is failing in this area—How to correct the blocks." It may be that limited monetary resources and a lack of operating room time in the NHS system make teaching and learning laparoscopic colectomy a difficult task.

Although my time in the U.K. was limited due to family commitments and the beginning of our own colon and rectal surgery fellowship program in Pittsburgh, I was able to spend time in London and visit St. Mark's Hospital. Prof. Nichols and his wife were spectacularly gracious, hosting me not only at the hospital, but also at their lovely home.

My visit to St. Mark's was intense, as I spent time in the operating room, endoscopy suite, research center, and on the wards. It is clear that the staff at St. Mark's take great pride in their craft, and are dedicated to improving our understanding of how to treat patients with colorectal disease. Prof. **Robin Phillips** led ward rounds and impressed me with his approach to reoperative pelvic surgery.

Prof. Kamm gave a wonderful update on the medical treatment of inflammatory bowel disease. I was able to spend time with several research fellows, who are on the cutting edge of their fields, and in the operating room with Prof. Nichols and Mr. **Richard Cohen**. The surgical skill of these practitioners is well known. I met many visiting international surgeons who were spending months at St. Mark's to learn their techniques.

From both a personal and professional perspective, the ASCRS Traveling Fellowship was an invaluable experience. Improvements in colon and rectal surgery are fostered by rapid exchange of ideas about what is best for our patients, and the Traveling Fellowship program is a potent method to achieve this goal. ✨

Dr. Zane Cohen accepts Mentor Award

Dr. **Zane Cohen**, Toronto, Ontario, who was instrumental in starting the first colorectal surgery training program in Canada, accepted the ASCRS Research Foundation's Mentor Award during the Society's Dallas Annual Meeting. The Research Foundation gives the award every other year to a nominee who meets six criteria, including evidence of "mentoring" young faculty in colon and rectal surgery and involvement in training residents in the management of colon and rectal disease.



Dr. Robin McLeod

Professor of Surgery at the University of Toronto, Dr. Cohen has held the position of Surgeon-in-Chief at the Mount Sinai Hospital since 1990 and Chair of the Division of Surgery at the University of Toronto since 1999. After completing medical school and residency at the University of Toronto, he went to Edinburgh for further training in colorectal surgery and spent some time at St. Mark's Hospital in London.

In presenting the Mentor Award, Dr. **Robin S. McLeod**, Toronto, who trained under Dr. Cohen, said "he has had a profound effect on stimulating and mentoring individuals in the field of colorectal surgery and for his efforts in developing the specialty in Canada." It was largely through his efforts that Canada's first colorectal surgery training pro-

gram was established at the University of Toronto and the sub-specialty of colorectal surgery recognized by the Royal College of Physicians and Surgeons of Canada, according to Dr. McLeod.

"Zane is recognized throughout Canada for his role in developing the specialty, training individuals and developing colorectal surgery in academic centers," Dr. McLeod said.

Clinically, Dr. Cohen is recognized for his work in inflammatory bowel disease and familial adenomatous polyposis. He started the Familial Polyposis Registry that has grown into a multi-disciplinary GI Familial Cancer Registry and now receives funding from many agencies, including the U.S. National Institutes of Health.

"He is an excellent technical surgeon and a superb teacher in the operating room. He is also an outstanding role model, being able to juggle an extremely busy clinical practice with significant administrative duties. Zane Cohen is well respected by his many trainees and peers and it is, therefore, a great tribute for him to receive this prestigious award," Dr. McLeod said in making the presentation at the Society's annual business meeting.

The Research Foundation's Young Researchers Committee selects recipients of the Mentor Award, and they are approved by the Foundation's Board of Trustees. ✨

Tripartite 2005 Meeting set for July 5-7 in Dublin

The Tripartite 2005 Colorectal Meeting will take place July 5 - 7 at the Royal Dublin Society, Dublin, Ireland.



Dr. Patrick Ronan O'Connell

& Ireland and the Section of Coloproctology, Royal Society of Medicine (for the United Kingdom), the Section of Colon and Rectal Surgery, Royal Australasian College of Surgeons and the Colorectal Surgical Society of Australasia

(for Australasia). The meeting is held in conjunction with the European Association of Coloproctology and European Council for Coloproctology.

The Tripartite 2005 meeting will be an important forum for the presentation and discussion of current knowledge on surgery of the colon and rectum. It is intended for the education of colorectal surgeons, general surgeons and others involved in the treatment of colon and rectal disease. Deadline for the submission of abstracts is December 10, 2004.

For more information on the Tripartite meeting, visit www.tripartite.org.uk. ✨

PR Committee seeks to expand patient information

The Society's Public Relations Committee has appointed a subcommittee to consider expansion of the very popular ASCRS patient information brochure series into CDRom, video or DVD format.

At the Committee's meeting in Dallas, Dr. **Sergio Larach**, Orlando, FL, screened an example of a DVD on postoperative care.

The Committee would to review existing patient information in CDRom, video or DVD format. Members with examples or information to share may contact one of the subcommittee's members—Drs. **Amy Halverson**, Chicago (ahalverson@nmff.org), **Bruce Orkin**, Washington, DC (borkin@mfa.gwu.edu), and **Mark Whiteford**, Portland, OR (whitefor@ohsu.edu)—or Dick Bragaw at the ASCRS office. ✨

ASCRS developing information clearinghouse online at www.fascrs.org

After undergoing an extensive redesign in 2003 that improves the Society's ability to post important information quickly through greater software compatibility, the ASCRS Website is poised to become a "one-stop" information clearinghouse for colon and rectal surgeons, according to Website Committee Chair Dr. **Richard E. Karulf**, Edina, MN.

"The site organizes information in clear, concise fashion with three different target audiences in mind: surgeons, patients and media professionals," Dr. Karulf explained. "We are looking at ways to further develop the Website's appeal to surgeons. Our goal is to offer access to key research findings, develop additional opportunities for continuing medical education, and serve as a tool in the Society's overall public relations efforts."

Log onto www.fascrs.org to access the most recent additions to the



Society's Website, including:

- Webcast of the 2004 Annual Meeting in Dallas;
- "Laparoscopic Colectomy for Curable Cancer" Position Statement; and
- Epidermal Growth Factor Receptor: Its Implication on the Colorectal Surgeon. This "virtual

symposium" is made possible by an educational grant from **ImClone Systems Incorporated** and **Bristol-Meyers Squibb Oncology**.

During the 2004 Annual Meeting, Website Committee members developed a simple method for enlisting the help of ASCRS members in suggesting future enhancements. Hundreds of members submitted their ideas for the Website into a "suggestion box," giving committee members plenty of ideas to draw from.

"We have literally hundreds of suggestions from ASCRS members detailing what they would like to see offered on the Website. Member input is essential to developing an online presence that meets with the approval of those it represents," Dr. Karulf said. ✨

STOP prints 200,000 copies of new Spanish translation of brochure "The Cancer Nobody Has to Have"

The STOP Colon/Rectal Cancer Foundation has completed a Spanish translation of its brochure, "The Cancer Nobody Has to Have & How to Stop It," and has reprinted 500,000 copies, 300,000 in English and 200,000 in Spanish, Chair Dr. **Ernestine Hambrick**, Chicago, announced.



Dr. Ernestine Hambrick

STOP has distributed more than 400,000 of its brochures to physicians, individuals, organizations and corporations. They have been used in a variety of locations, events, health fairs, and meetings across the U.S., in recent meetings in Singapore and Brazil, and many other foreign countries.

The newly reprinted brochures are available at no charge due to the generosity of a grant from Sanofi/ Synthelabo Pharmaceutical, Dr. Hambrick said.

Two new members have joined the STOP board: ASCRS Public Relations Committee Chair Dr. **Michael P. Spencer**, Minneapolis, MN, and **Steve DeLuca**, firefighter and colon cancer survivor who lives in the Chicago suburb of Mt. Prospect.

STOP has developed a colorectal cancer screening initiative based on its experience with the Chicago Police

Department that provides a national model for police department screening. STOP is considering a similar screening initiative for hospital employees.

In its newsletter, *STOP Watch*, the organization recently reported on the establishment by City Council ordinance of a "colon cancer free zone" in Monte Sereno, CA, an effective way to promote screening and prevention that has been followed in other communities.

Information about STOP's interactive teaching program in colorectal cancer prevention for primary care physicians, developed with the Department of Medical Education at the University of Illinois, is available online at www.cme-online.org.

Dr. Hambrick said the Foundation still depends on individual contributions, large and small, to accomplish STOP's mission: to eradicate colorectal cancer through education directed toward preventive screening, early detection and healthy lifestyle choices.

Further information about STOP's activities may be found on its Website, www.coloncancerprevention.org. Donations may be sent to the STOP Colon/Rectal Cancer Foundation, 30 N. Michigan Ave. #1118, Chicago 60602. ✨



DC&R has a very successful transitional year

By Victor W. Fazio, MD, Editor-in-Chief, *Diseases of the Colon and Rectum*

The Journal has had another successful year. Transition of journal activities to our new publisher, Springer Verlag, began in January 2004, although preparations for the transition started quite some time earlier. With this has come a totally new system of manuscript submission, review, decision making and resubmission of revised manuscripts. This has been an on-the-job learning experience but has been surprisingly seamless, even for such computer illiterates as myself. The process is more demanding but time required for the entire review process has decreased.



Dr. Victor Fazio

Features which are new for the Journal include the cover design, internal formatting, and On Line First, in which preprint publication of manuscripts is available. Online subscribers no longer experience the tyranny of distance — and surface mail — to get the latest information, soonest! We anticipate that multimedia presentations will be online this year, including streaming videos. Video authors are encouraged to submit a digitalized version of their video to *DC&R*. This will receive citation linkage, as for any technique article.

Other news: As of July 2004, print subscribers to *DC&R* have free access to the electronic publication of *Surgical Endoscopy*. SAGES members enjoy a reciprocal free access to online version of *DC&R*.

Saving the best for last: The Journal continues to maintain its high Impact

Factor status. The Impact Factor for 2002 was 2.308. The factor for 2003, reported this summer, is based on the ratio of citations to published articles for 2001 and 2002, and it was 2.343, a slight increase. However, *DC&R* increased its ranking from number 21 to number 18 in the category of Surgery (only five journals ahead of *Diseases of Colon & Rectum* deal with general or intestinal surgery and *DC&R* leads all other colorectal/intestinal surgery journals). Manuscript submissions continue to increase from 2003 and challenge a hard working managing editing group and editorial board.

In summary, *Diseases of Colon & Rectum* is heading for another successful year. Again, I express my thanks to our Editorial Board members and Managing group. ✨

Regional awards recognize outstanding research

ASCRS presented seven regional awards at its 2004 Annual Meeting in Dallas to honor researchers for outstanding papers and posters. Members of the Awards Committee selected the following honorees:

Chicago Society of Colon & Rectal Surgeons Durand Smith, MD, Award

Hiroki Ohge; Julie K. Furne; John Springfield; Michael D. Levitt; David A. Rothenberger; Robert D. Madoff, Minneapolis, MN — *Role of Hydrogen Sulfide in the Pathogenesis of Pouchitis*.

The New England Society of Colon and Rectal Surgeons Award

Conor P. Delaney; James L. Weese; Neil H. Hyman and the Alvimopan Postoperative Ileus Study Group, Cleveland, OH — *Prospective, Randomized, Double-Blind, Multicenter, Placebo-Controlled Study of Alvimopan, a Novel Peripherally-Acting Mu Opioid Antagonist, for Postoperative Ileus after Major Abdominal Surgery*.

Northern California Society of Colon and Rectal Surgeons Award

Larissa Temple; Jennifer Bacik; Phillip Paty; Martin Weiser; Jose Guillem; Bruce Minsky; Salvatore Savatta; Michelle Kalman; Howard Thaler; Deborah Schrag; Douglas Wong, New York, NY — *Bowel Function after Sphincter Preserving Surgery for Rectal Cancer: The Development of a Validated Bowel Function Instrument*.

Ohio Valley Society of Colon and Rectal Surgery Award

Sophie Noblett; David Watson; Hen Houn; Barbara Davidson Hainsworth; Alan Horgan, Newcastle Upon Tyne, UK — *Pre-operative Oral Carbohydrate Loading in Colorectal Patients: a Randomized Controlled Trial*.

The Pittsburgh Society of Colon & Rectal Surgeons Karl A. Zimmerman, MD, Award

Joe J. Tjandra; Jit F. Lim; Richard Hiscock; Priya Rajendra, Melbourne, Australia — *Injectable Silicone Biomaterial for Faecal Incontinence due to Internal Sphincter Dysfunction is Effective*.

Midwest Society of Colon and Rectal Surgeons William C. Bernstein, MD, Award

Francisco Lopez-Kostner; Udo Kronberg; Demian Fullerton; Ivan Wistuba; Gonzalo Soto; Alvaro Zuniga; Gloria Aguayo; Concepcion Risueno; Paola Viviani; Guillermo Marshall, Santiago, Chile — *Risk Factors for Lymph-node Metastases in Colorectal Cancer: a Prospective Study*.

The Pennsylvania Society of Colon and Rectal Surgery Award

John Maddox; William Lewis; Carolyn Burke-Martindale; Bernstein; William Pennoyer; Saumitra Banerjee, Hartford, CT — *Does Intravenous Glucagon Facilitate Colonoscopic Examination? A Randomized Controlled Trial*. ✨

Despite technology gap, principles of colorectal care same in United States, Guatemala

By Dr. Carlos Parellada, Guatemala City, Guatemala, 2004 International Scholar

My visit to the United States as the 2004 International Scholar began with a very interesting get-together with the ASCRS International Council of Coloproctology at the Society's Dallas Meeting.



Dr. Carlos Parellada

I gained a firm understanding of the International Council's desire to work with other International Societies on future projects. As President of the Guatemalan Association, a very small society from a Third World Country, I consider this meeting to be one of the most important of the entire event.

The Dallas Annual Meeting was excellent. I found all of the meeting sessions very scientific and objective. I especially appreciated the Dinner Dance, where I interacted with other international members. Thursday morning I gave my presentation, "Is It Possible to do Research in a Third World Country? The Guatemalan Case," that I believe came out very well. Of course, with English being a secondary language to me, I was very nervous. I am very grateful to Dr. **Julio Garcia-Aguilar**, who supported me the whole time.

From there, I went to Baylor Medical Center at Dallas, where I met Dr. **Warren Lichliter** and the other colleagues from his group. I had the opportunity to observe many interesting and difficult colonoscopies and polypectomies at the GI Lab, then observed some operations in the OR. I was amazed by the way computerized technology systems found in the GI Lab and in every ward allow the job to be done quickly and efficiently. I had a great time at Baylor and was treated well by all the staff members.

My next stop was The Barnes-Jewish Hospital in St. Louis, Missouri. This hospital is associated with the Washington University Medical Center and has a very active colorectal department – especially with laparoscopic colorectal procedures.

Observe laparoscopic colectomies

Indeed, I had the opportunity to observe many laparoscopic colectomies, restorative proctocolectomies and anterior resections for polyps and cancer, which made my visit even more beneficial. These procedures, although requiring great surgical skill, were performed flawlessly. This fact confirmed for me the rule stating that the more operations you perform, the more expertise you develop!

The atmosphere was very pleasant, and Dr. **James Fleshman** was a marvelous host. Besides helping me experience some of St. Louis' best cuisine, he took the time to match my schedule with the department's schedule. I knew exactly where I was supposed to be at all times.

I was intrigued by how Dr. Fleshman has many doctors conducting research on colorectal topics, but what really impressed me was the fact that the colorectal fellows were doing nearly all the planned surgeries. The skills they displayed were as good as the consultants, which should guarantee that they will find positions in well recognized colorectal departments.

Busy days at Mayo Clinic

My final destination was the Mayo Clinic at Rochester, Minnesota. I presented my paper on chronic anal fissures at the Department of Colon & Rectal Surgery during a meeting scheduled by Dr. **Eric Dozois**. All the consultants, staff members and students were in attendance.

We discussed the fact that some surgeons still operate on fissures while trying to avoid an operation with GTN ointment treatment. After the talk, I met Department Chief Dr. **Heidi Nelson** and other well known colorectal surgeons. Dr. Dozois gave me a tour of Mayo, then took me to the OR to help him perform the operations on his schedule.

We started around 9 in the morning and finished the list about 9 p.m. I saw very interesting cases and – again – observed laparoscopic colorectal surgery performed by consultants and the fellows. As in St. Louis, the fellows I saw were truly artists. My days at Mayo were busy, observing different operations performed by different physicians. Laparoscopic surgery techniques are very similar among physicians. I saw a different approach by Dr. Nelson that gave me a different perspective and helped me realize that you use the method that works best for you and your patient.

Returning home, I thought more about the ways colorectal surgery is performed in the U.S. and the way we do it at home. It gave me great satisfaction to confirm that the principles are the same everywhere. The main difference is based on technology and staff support, although what we do in Guatemala is as good as any colorectal procedure performed by colorectal surgeons throughout the world.

I am very grateful for the opportunity the ASCRS International Council has given me. I look forward to learning more about the important projects they are developing for small societies in developing countries around the world. ✨

"It gave me great satisfaction to confirm that the principles are the same everywhere."

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

ASCRS welcomed 22 new Fellows, 132 new Members, 8 new Allied Health Members, and 46 new Candidates into the Society at the annual business meeting in May.

Following are the Society's new Fellows, Members, Allied Health Members, and Candidates for 2004:

Fellows

John R. Andrews, MD
Mitchell A. Bernstein, MD
Ronald Bleday, MD
James P. Brooks, MD
Christopher J. Bruce, MD
Thomas E. Cataldo, MD
Samuel DeJesus, MD
Edward P. DelleDonne, MD
Joseph T. Gallagher, MD
Domingo E. Galliano, Jr., MD
Javad Golzarian, MD
Anita K. Gregory, MD
Amy L. Halverson, MD
Howard W. Hardy, III, MD
Edward C. Lee, MD
Thomas J. Magrino, MD
Lisa S. Poritz, MD
William G. Rudolph, MD
Yash P. Sangwan, MD
Susan A. Sgambati, MD
Christopher T. Smith, MD
Reggie A. Vaden, MD

Members

Maher A. Abbas, MD
Homayoon M. Akbari, MD
Samar J. Al-Homoud, MD
Karim Alavi, MD
Donato F. Altomare, MD
Luis H. Angarita, MD
Riccardo Annibaldi, MD
Sun Y. Bae, MD
Mirza K. Baig, MD
Robert B. Bandolon, MD
Jiri Bem, MD
Jason H. Bodzin, MD
Marcelo R. Borba, MD
Joshua M. Braveman, MD
Craig L. Brown, MD
William A. Brown, MD
Kelli M. Bullard, MD
Peter W. G. Carne, MD
Fernando Casabella, MD
Yeon-Soo Chang, MD

Patrick Charlebois, MD
Frank A. Chrzanowski, Jr., MD
Costanza Cocilovo, MD
Patrick J. Culumovic, MD
Ara Darzi, MD
Bradley R. Davis, MD
Carlos A. De La Garza Hernandez, MD
Michael P. Del Rosario, MD
Leonard D. Duraes, MD
Sharon L. Dykes, MD
Mitra Ehsan, MD
Charles A. Eisengart, MD
Bryan L. Fandrich, MD
Carlo V. Feo, MD
Pratap K. Gadangi, MD
Ronald A. Gagliano, Jr., MD
Daniel P. Geisler, MD
Laura H. Goetz, MD
Stephen E. Goldstone, MD
Radosvet P. Gornev, MD
John A. Griffin, MD
Erik M. Grossman, MD
Robert Gryfe, MD, PhD
Eric M. Haas, MD
Tara L. Hahn, MD
Dieter P. Hahnloser, MD
Brian P. Harlin, MD
Hirotoshi Hasegawa, MD, PhD
Johnny D. Howton, Jr., MD
Robert S. Huebner, MD
Jin-Myeong Huh, MD
Monica A. Hum, MD
Scott T. Kelley, MD
Ran S. Kim, MD
Soo Yoon Kim, MD
Yong Jin Kim, MD
Adam A. Klipfel, MD
Rodney J. Kratz, MD
Ashok Kumar, MD
Jorge A. Lagares-Garcia, MD
John A. Lang, MD
Andrea K. Lange, MD
Thomas H. Lange, MD
David W. Larson, MD
Thomas Lehnert, MD, PhD
William C. Lewis, MD
Seok-Byung Lim, MD
Edward Lin, DO
John M. Maddox, MD
David K. A. Magee, MD
Carlos F. Marques, MD
Tadahiko Masaki, MD, PhD
Guillermo P. Matamoros, MD
Mark W. Mattingly, MD

Deborah McNamara, MD
Shigeki Minami, MD, PhD
Nancy Morin, MD
Arden M. Morris, MD
Hirokazu Nagawa, MD, PhD
Sang Y. Nam, MD
Santosh S. Nandi, MD
Thomas J. Nicholson, MD
Timothy P. O'Donnell, MD
Christian O. Oraedu, MD
Michael J. Page, MD
Harry T. Papaconstantinou, MD
Jin-Young Park, MD
John J. Park, MD
Eduardo Parra-Davilia, MD
Nikhil M. Patel, MD
Jason R. Penzer, MD
Dennis-Roger Phillip, MD
Paul J. Raiman, MD
Justin A. Reed, MD
German Reyes, MD, PhD
Jonathan R. Reynolds, MD
Craig Rezac, MD
David E. Rivadeneira, MD
Allison J. Robinson, MD
Douglas M. Rosen, MD
Carmen Ruiz, MD
Boris Sachakov, MD
Noel C. Sanchez, MD
Ronald R. Schnier, MD
Oliver Schwandner, MD
Tomoo Shatari, MD, PhD
Dong H. Shin, MD
Jay J. Singh, MD
Eilynn K. Sipe, MD
Paul J. Sitzler, MD
Lori A. Slezak, MD
Dae-Kyung Sohn, MD
Michael J. Solomon, MD
Ronney F. Stadler, MD
David E. Stein, MD
Andrew R. L. Stevenson, MD
Dong K. Suh, MD
Ugur Sungurtekin, MD
James W. Thiele, MD
Jeffrey R. Toman, MD
Miguel A. Valdes, MD
Brian T. Valerian, MD
Ciaran J. Walsh, MD
Yi-Zarn Wang, MD
Andrew M. Werner, MD
Frank J. Wessels, MD
James M. D. Wheeler, MD

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Executive Council adopts ACS expert witness policies

The Executive Council has adopted the American College of Surgeons (ACS) *Statement on the Physician Acting as an Expert Witness* and *Expert Witness Affirmation*. Both policy documents address the responsibilities of physicians who serve as expert witnesses on behalf of both plaintiffs and defendants in medical liability cases.

They have been mailed to ASCRS members and posted on the Society's Website fascrs.org.

The *Statement* outlines the recommended qualifications for the physi-

cian who acts as an expert witness. For example, it states, "The physician expert witness should be able to demonstrate evidence of continuing medical education relevant to the specialty or subject matter of the case." A second part of the *Statement* provides guidelines for behavior of physicians acting as expert witnesses. For instance, it says, "It is unethical for a physician expert witness to link compensation to the outcome of the case."

The *Affirmation* is consistent with the *Statement*. It allows physician expert witnesses to make explicit their com-

mitment to knowledgeable and ethical expert witness testimony. The *Affirmation* includes a declaration to uphold a 10-point list of professional principles.

"Physicians who testify may sign the affirmation and give it to the attorney representing the party on whose behalf they intend to testify. Such affirmations have proven useful to members of other organizations and may assist in the promulgation of credible and appropriate expert testimony," said Dr. **Thomas R. Russell**, ACS Executive Director. ✨

Why Maintenance of Certification? ...continued from page 9

least twice during the 10-year MOC interval. This will be provided through the Colon and Rectal Surgery Education Program (CARSEP), which the American Society of Colon and Rectal Surgeons updates every three years.

- Completion of 100 Category I CME credit hours (two years prior to MOC application). May include participation in: post-graduate courses, approved CME courses, conferences and learning programs (acceptable when a certificate is provided).

Cognitive Expertise

- Must have a practice environment related to safety, quality assurance, regulations, ethical practice, professionalism, legal issues, and economics of practice.
- Must pass a secure written examination covering all areas of colon and rectal surgery containing questions pertaining to:
- Fundamental knowledge relating to the Colon and Rectal Surgery Core Curriculum;
- Practice related knowledge which is current, clinically valid, and gives evidence of lifelong learning.

Practice Performance Assessment

(in draft stage, to be determined by December 2004).

The ABCRS will work with the ASCRS to use proven scientific, educational and assessment methodology. It will include a form of peer review and/or outcomes assessment, and it will evolve based on the availability of outcomes.

As an ABCRS Diplomat, what does this mean?

The ABMS idea of Maintenance of Certification (MOC) requires the ABCRS and all other member boards to approach the entire recertification process with a fundamentally different philosophy. We will view recertification as a continuing certification maintenance process over time rather than as a one-time procedure.

The ABCRS MOC plan requires a 10-year interval between the initial certification and completion of requirements to maintain certification for the first time and for each subsequent 10-year interval. Our Board is now making the transition.

We will communicate additional information regarding MOC to diplomates in the coming months to help with

the transition to this lifelong learning program.

We intend maintenance of Certification (MOC) to go beyond the 10-year recertification snapshot and document to the public and the health care community the ongoing commitment of ABCRS diplomates to lifelong learning and quality patient care. ✨

Recognize MOC

"If physician organizations 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, which would be far more onerous and less focused on important clinical issues, 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." ✨

Research Foundation Board creates committee

...continued from page 11

- Create links on the ASCRS Website to the sites of patient advocate organizations.

The advocates helped the Board identify a need to improve dissemination of grant opportunities to the membership by:

- Creating a separate link on the ASCRS Website for Research Foundation grant applications;
- Promoting the Research Foundation on Internet search engines such as Google.com;
- Informing Program Directors twice a year of grants the Research Foundation offers;
- Sending information regarding RFPs

and other Research Foundation grants to the ASCRS membership;

- Sending grant information to physicians who have passed their boards in colorectal surgery;
- Surveying colorectal Program Directors regarding their residents' research interests.

Once again, a highlight of the Research Foundation's year was the special event sponsored by Genzyme Biosurgery. At the Dallas Annual Meeting, the event featured hors d'oeuvres and the big band sounds of the Rod Booth Orchestra at the Grand Hall Union Station. ✨

Past President Dr. Eugene Sullivan dies at 77

ASCRS Past President Dr. **Eugene S. Sullivan**, 77, died suddenly September 19 in his home in Portland, OR. He became an ASCRS Fellow in 1967 and served as President in 1982-83.

When Dr. Sullivan delivered the Joseph M. Mathews Oration at the 2000 Annual Meeting in Boston, he closed with a very poignant admonition. "We must not forget the 'Proctologic Touch,'" Dr. Sullivan said. "By this I mean that special 'I-Thou' patient-centered ethic that has been, from the beginning, the hallmark of the proctologist: the extra time spent hearing and understanding patient needs, the concern for patient satisfaction and comfort, the caring smile, the unsolicited follow-up call, and the held hand."

Dr. Sullivan served on the ASCRS Executive Council for 11 years. He was also Past President of the American Board of Colon and Rectal Surgery.

A native of Madison, WI, he completed his undergraduate degree at the University of Wisconsin and his medical degree at the UW Medical School. He came to the University of Oregon Medical Hospital (now Oregon Life Sciences University) for his internship and general surgery residency and returned to practice in Oregon after completing his residency in colon and rectal surgery at Baylor University Hospital, Dallas, TX.

Dr. Sullivan was also a past president of the Portland Surgical Society and the Northwest Society of Colon and Rectal Surgeons.

"Dr. Sullivan's enthusiasm was contagious and his accomplishments many. He will be greatly missed. He has greatly enriched the lives of many, many people," ASCRS President Dr. Bruce G. Wolff said in tribute.

ASCRS welcomes Fellows, Members, Candidates ...continued from page 19

Eric A. Wiebke, MD
Sumer Y. Yamaner, MD
Chong-Hong H. Yeh, MD
Jong S. Yoon, MD
Ronghua Zhao, MD, PhD

Allied Health

Kathleen M. Close, RN
DeeAnn M. Davidson, NP
Brenda Leake, RN, ET, APN
Barbara A. Macey, NP
Susan M. Mathison, RN
Lea M. O'Keefe, PA-C
Armando Riera, RN
Elina Yakirevich, PA

Candidates

Kishore Alapati, MD
Talib Gadban Al-Mishlab, MD
Louis R. Barfield, MD
Christine M. Bartus, MD
Muralidharan Basker, MD
Slava M. Belenkiv, MD
Jonathan J. Canete, MD
Liza M. Capiendo, MD
Megan M. Cavanaugh, MD
George J. Chang, MD
A. David Chismark, MD
David Chessin, MD
Do Minh Dai, MD
Robert J. Dring, MD
Nadine Duhan-Floyd, MD
Nadav Dujovny, MD

Jill C. Genua, MD
Alan E. Harzman, MD
Daniel Herzig, MD
Rebecca Hoedema, MD
Jon S. Hourigan, MD
Jeffrey E. Indes, MD
Eric K. Johnson, MD
Oliver M. Jones, MD
Ron G. Landmann, MD
Jonathan Lundy, MD
Mari A. Madsen, MD
James T. McCormick, DO
Julie K. Marosky, MD
Keith Meslin, MD
Carolyn B. Messere, MD
Anish Nihalani, MD
Christine J. Parisien, MD
Thomas B. Pickron, Jr, MD
Hope Rasque, MD
Keyan D. Riley, MD
Adnan Z. Rizvi, MD
Gayla M. Royer, MD
Jamie A. Rydberg, MD
Ann K. Seltman, MD
Heather A. Slay, MD
Justin C. Somerville, MD
Scott R. Steele, MD
Paul R. Sturrock, MD
Henry Talus, MD
N. Ahn Tran, MD
Jon D. Vogel, MD ✨

Philadelphia to host 2005 Annual Meeting

Guests attending the ASCRS 2005 Annual Meeting in Philadelphia, April 30 - May 5, will find themselves in the heart of a teeming metropolis that boasts some impressive historical credentials. Whether your passion is art, tourism, culture or history, convention attendees are encouraged to take time to visit some of Philadelphia's impressive sites, including:

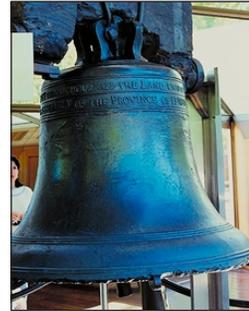
- **Independence Hall** – Tour the old state house, known today as Independence Hall, and explore the building most closely associated with the winning of American independence.
- **The Liberty Bell Center** – Freedom's ring began with the Liberty Bell. The new Liberty Bell

Center features exhibits that examine the Bell's status as an international symbol of liberty.

- **National Constitution Center** – Located on Philadelphia's Independence Mall, this homage to the law of the land tells the story of the U.S. Constitution through over 100 interactive, multi-media exhibits and artifacts.
- **Lights of Liberty** – State-of-the-art light and sound show guides viewers through events in the American Revolution.
- **Philadelphia Museum of Art** – Its grand front staircase was made famous in the movie,

“Rocky,” but the real treasures lie within. The museum houses countless examples of East Asian art, Indian and Himalayan relics, stately Medieval European masterpieces, plus modern and contemporary art.

- **The Franklin Institute Science Museum** – Named in honor of America's first world-renowned scientist, philosopher and philanthropist, The Franklin Institute features an exhibit on the life of Ben Franklin, a walk-through heart, historic aircraft, and IMAX Theater and planetarium under one roof. ✨



Thanks to our corporate sponsors

Thanks to our Corporate Supporters

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

Adolar Corporation and GlaxoSmithKline — The Promotional Convention Program, the Convention Program Guide, the Grand Rounds, the Meeting Schedule Board, and co-supporter of the Sunday luncheon symposium, “Postoperative Ileus: Open vs. Laparoscopic?”

Applied Medical — Co-supporter (grant and supplies) of Saturday's Workshop, “Hand Assisted Laparoscopic Intestinal Surgery” and the Sunday morning symposium, “Laparoscopic Colorectal Surgery: Where Do We Stand?”

ASCRS Research Foundation — The Norman Nigro Research Lectureship.

Aventis Pharmaceuticals Inc. — Supporter of the Sunday afternoon symposium, “NSAIDs Anticoagulation, DVT Prophylaxis and the Colorectal Surgeon.”

Harry E. Bacon Foundation — The Harry E. Bacon Lectureship.

B-K Medical Systems, Inc. — The Saturday and Sunday Endorectal Ultrasound Course Hands-On-Lab.

Bristol Myers Squibb Company — Supporter of stand-alone symposium, “Epidermal Growth Factor Receptor: Its implication on the Colorectal Surgeon.”

Ethicon Endo-Surgery, Inc. — The Sunday breakfast symposium, “Rectocele and Obstructive Defecation: Which Way Do We Go?” co-supporter (grant and supplies) of Saturday's Workshop, “Hand Assisted Laparoscopic

Intestinal Surgery”, the Abstracts on Disk, the Executive Council Reception/Dinner, and co-supporter of the Sunday morning symposium, “Laparoscopic Colorectal Surgery: Where Do We Stand?”

Ferndale Laboratories Inc. — The Residents' Reception.

Genzyme Biosurgery — The Tuesday afternoon luncheon symposium, “Some Lessons Learned from the Evaluation of Seprafilm® Adhesion Barrier in Prospective Randomized Trials,” and the Research Foundation Reception.

Konsyl Pharmaceuticals, Inc. — Colorectal Jeopardy.

Medtronic — The Monday morning refreshment break.

Olympus America Inc. — Co-supporter (grant and supplies) of Saturday's Workshop, “Hand Assisted Laparoscopic Intestinal Surgery”, co-supporter of the Sunday morning symposium, “Laparoscopic Colorectal Surgery: Where Do We Stand?” and the Welcome Reception on Sunday.

Procter & Gamble Company — The Membership Directory and registration bags.

Karl Storz Endoscopy-America, Inc. — Equipment for Saturday's Workshop, “Hand Assisted Laparoscopic Intestinal Surgery.”

Stryker — Co-supporter of the Saturday Workshop, “Hand Assisted Laparoscopic Intestinal Surgery”

United States Surgical Corporation — Co-supporter of the Saturday Workshop, “Hand Assisted Laparoscopic Intestinal Surgery,” the Sunday morning symposium, “Laparoscopic Colorectal Surgery: Where Do We Stand?” and supporter of the lanyards. ✨