

SCOPE



SAGES 2017

SCHEDULE AT A GLANCE

page 22

FEATURED INSIDE...

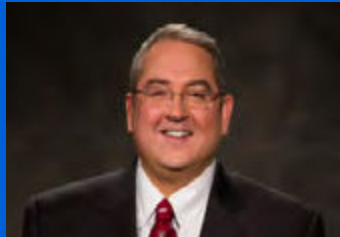
PRESIDENT'S MESSAGE



“
When assuming the SAGES presidency 11 months ago, I could not imagine what the year would entail and how fast the time would go by. . .

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SAGES FUSE UPDATE & MASTERS PROGRAM



SAGES SMART™



SAGES GO GLOBAL



SAGES ADOPT





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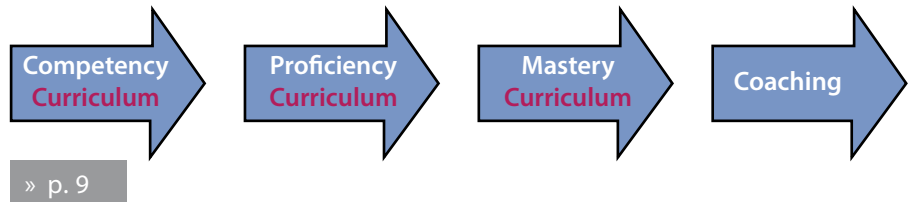
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SAGES MASTERS PROGRAM

BY DANIEL JONES, MD



“ You have finished fellowship, but want to be a better surgeon. Until recently, you went into clinical practice, read textbooks, watched video and attended SAGES Annual Meeting. To get recertified you might read SESAP and learn a lot about vascular and transplant and other topics totally unrelated to your practice in order to get MOC CME ...



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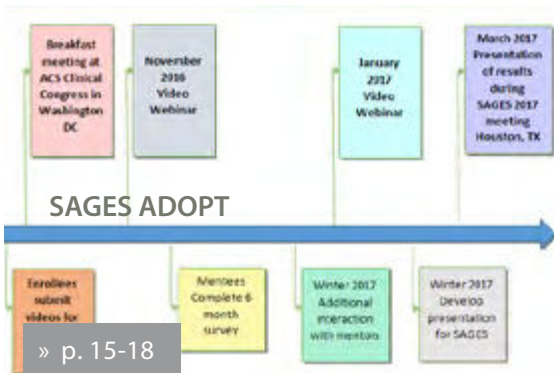
16th World Congress of Endoscopic Surgery in Seattle, WA



SAGES GO GLOBAL

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Dr. Linda P. Zhang on Her Path to Global Surgery and the Global Commitment of SAGES



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MESSAGE FROM THE PRESIDENT

DANIEL J. SCOTT, MD, FACS, PRESIDENT, SAGES

“

When assuming the SAGES presidency 11 months ago, I could not imagine what the year would entail and how fast the time would go by. Indeed, I now find myself drafting my annual meeting presidential address and this, my last message to the full SAGES membership. Thank you for the opportunity to lead and guide SAGES in the past year – this has been a fantastic honor and I am extremely proud of the great people we have in our organization.

We have indeed had a busy year with countless conference calls and meetings. Much to my delight, we have made significant progress in many areas and our organization remains quite strong. We have been fortunate enough to invest in several new initiatives over the past few years, over and above our annual budget. To balance that innovation and fiscal responsibility, the Executive Committee and Board agreed this year would be budget neutral. We have requested greater involvement from committee chairs in budget oversight, in addition to the standard staff, Finance & Executive Committee oversight. In addition, we asked our Development committee to embark upon an Alternative Funding Solutions initiative.



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Over the past several years, the size, scope and number of SAGES educational initiatives has increased substantially. All of these are exciting and innovative projects, and all will advance innovation and patient care. We have been grateful for the generous support of our industry partners over the years, and we anticipate that they will continue to support SAGES educational initiatives, including our upcoming annual meeting. In addition, the SAGES Foundation continues to be a major supporter of many of our initiatives, especially in their early stages of development. However, as much as we appreciate the support of our industry partners and the Foundation, we cannot continue to rely solely on them to fund an ever-increasing list of activities. At the same time, SAGES cannot continue to move educational initiatives forward without funds to support them. To that end, SAGES has begun a focused initiative to explore, research, and obtain funding from alternative sources, including government agencies, such as NIH and AHRQ, and private foundations. This alternative funding solution initiative is multi-pronged, and includes identifying current funding opportunities for existing projects, while simultaneously developing forward-thinking plans and proposals to obtain grants for long-term educational initiatives, research, and programs. Success in this new arena will provide exciting new opportunities for SAGES, and enable us to take our organization to the next level in the advancement of education, innovation, and patient care.

Another major initiative we undertook this year was to launch a long overdue exploration of the fellowships affiliated with SAGES. The first step was to formally transition the former Resident Education Committee into the Resident and Fellowship Training (RAFT) Committee. By commissioning RAFT to take a lead role in fellowship curriculum development, SAGES is capitalizing on an opportunity to redefine MIS Fellowships at a time when surgical education is evolving at all levels. Working in partnership with the Fellowship Council, this initiative will ultimately revamp the curricula for GI surgery fellowships, standardize and enhance training by incorporating Entrustable Professional Activities (EPAs) as a competency metric, and align with the impending changes in General Surgery residency. As important, the process will better define and underscore the value of maintaining the MIS name in these fellowships, a move overwhelmingly supported by the SAGES Board at our Spring 2016 meeting.

I hosted an executive committee retreat last August, in an effort for us to spend time critically thinking about several aspects of our organization. We surveyed our board members, committee chairs, and numerous past presidents prior to this meeting to identify areas that needed to be addressed. This meeting was fruitful, and solidified our action plans to optimize our organizational infrastructure, including efforts to streamline our governance

processes and enhance communication between committees. Arguably, as a result, we had one of our best fall board meetings, which fostered in-depth discussions about substantial and relevant issues. We also established plans to explore alternative funding pathways, opportunities to enhance science in our field, and increase our value to members and the public.

Our Curriculum Task Force has made tremendous strides towards the realization of our SAGES University Masters Program. When the program is fully launched next year, SAGES members will be able to choose clear pathways of coursework that progress from a Competency Curriculum to Proficiency to Mastery in eight areas of focus (Acute Care, Bariatric, Biliary, Colon, Flexible Endoscopy, Foregut, Hernia, and Robotics). The Masters Program will not only leverage the wealth of existing SAGES educational resources, but in keeping with the philosophy of our Society, we will capitalize on technological advancements to improve the process. We're exploring a new software platform to house all SAGES educational offerings, and the program will take advantage of social media to drive further engagement and skills assessment. You can start your foray into the Masters Program at SAGES 2017 by taking one of our Masters Series Courses and by looking for the launch announcement of our eight Masters Program Facebook Collaborative Groups.

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The FES team has been working closely with the American Board of Surgery to ensure SAGES and residency program directors are prepared for the ABS mandate and that all members of the 2018 graduating surgical residency class pass the FES exam prior to sitting for their surgical boards.

Many FES test centers are operational, and the majority of general surgery residents are within 50 miles of one. Testing is also available during the SAGES & ACS conferences.

A wealth of innovative educational and scientific updates await you at the SAGES 2017 annual meeting, March 22-25 in Houston.

New features unique to 2017 include:

- “Your Sessions”, with lecture topics selected by you, SAGES membership
- SAGES “Video Face-Off” featuring pre-recorded video sessions from experts showing different approaches to procedures
- “Let’s Do Lunch” provides an open forum to discuss specific topics of interest with your peers
- Keynote lectures by Brian Jacob, MD, Dave Kerpen and Jaap Bonjer, MD
- SAGES Gala at the Space Center
- And much more!
- Register now at sages2017.org

Without experimentation, it is impossible to innovate. SAGES has grown to

36 committees and task forces, each with a unique mandate and goals. Our committee chairs work tirelessly on a weekly, sometimes daily basis, in addition to their busy surgical practices. 618 members serve on one or more committees to further the work of the Society. SAGES Board of Governors and Executive Committee not only meet in person, but electronically and by conference call throughout the year to ensure the Society is reaching its goals, approving committee initiatives and continuing to lead in the world of surgery. To each of these leaders, and to the more than 6300 SAGES members across the globe, I am grateful. It has been an honor and pleasure to serve as your President.

Daniel J. Scott, MD, FACS, SAGES President

VIEW THIS ARTICLE ONLINE AT www.sages.org/message-from-the-president/

SAGES CONGRATULATES DR. JEFF PONSKY ON BEING NAMED AN HONORARY MEMBER OF THE JAPAN SOCIETY FOR ENDOSCOPIC SURGERY (JSES).



SAGES 2017-2018 SLATE OF OFFICERS

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Boston, MA

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MEMBERS OF THE BOARD

RE-APPOINTMENTS

(3-YEAR TERMS):

Jon C. Gould, M.D.
Brian P. Jacob, M.D.
Marina Kurian, M.D.
Allan E. Okrainec, M.D.
Melina C. Vassiliou, M.D.

NEW MEMBERS:

Matthew I. Goldblatt, M.D.
Jeffrey W. Hazey, M.D.
Archana Ramaswamy, M.D.
Dimitrios Stefanidis, M.D.



The Society of American Gastrointestinal and Endoscopic Surgeons | SAGES

11300 W. Olympic Blvd., Suite 600
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Phone: (310) 437-0544
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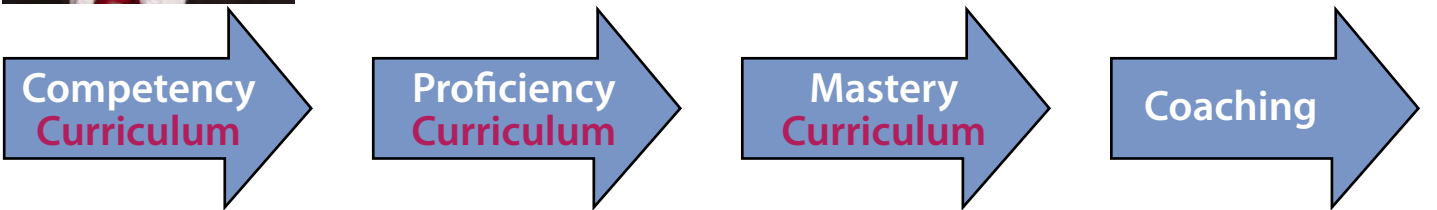
SAGES MASTERS PROGRAM

BY DANIEL B. JONES, MD



You have finished fellowship, but want to be a better surgeon. Until recently, you went into clinical practice, read textbooks, watched videos and attended SAGES Annual Meeting. To get recertified you might read SESAP and learn a lot about vascular and transplant and other topics totally unrelated to your practice in order to get MOC CME.

SAGES UNIVERSITY creates a new paradigm for lifelong learning after residency/fellowship with the MASTERS Program. The Program organizes the SAGES educational offerings from a Competency Curriculum, to a Proficiency Curriculum, to a Mastery Curriculum. Lectures at the Annual Meeting are numbered 100, 200 and 300 to indicate level of complexity from basic to complex, reoperative surgery.



Enrolling in the MASTERS Program is totally voluntary. You may participate in one or all eight of the pathways (Biliary, Foregut, Hernia, Colon, Bariatric, Acute Care, Endoscopy, Robotic Surgery). Once you sign up, the lectures you attend and videos you watch will be credited to your transcript. Your transcript will track your completion of FLS, FES, FUSE, ERAS, SafeChole, SMART, SAGES Guidelines, Select Articles, SAGES Pearls, and SAGES Top 21 Videos.

The special sauce of the MASTERS Program is our use of social media. For each pathway, SAGES will host a closed Facebook group for surgeons to log on and discuss cases. In addition, surgeons will use the group to submit anchoring operations for crowd sourcing feedback. For example, in the Acute Care Competency Curriculum, surgeons will submit a Lap Appendectomy video. In the Foregut Mastery

Curriculum, surgeons will submit a video clip of a redo Nissen fundoplication or Heller myotomy for feedback. The social media groups will start to come online at the 2017 SAGES Annual Meeting in Houston.

The Proficiency curriculum requires surgeons to enroll into a registry like NSQIP, MBSQIP or ACS. For completion of the Mastery curriculum surgeons will need to report their outcomes. Also as part of the Mastery curriculum surgeons will learn more about mentoring and coaching. The MASTERS program does not label a surgeon competent or master surgeon. SAGES will verify that you have completed the Competency, Proficiency or Mastery Curriculum.

So, you no longer need to write a check for SESAP. As a SAGES member you can register for the MASTERS Program for free.

- ACUTE CARE
- BARIATRIC
- BILIARY
- COLORECTAL
- FLEX ENDO
- FOREGUT
- HERNIA
- ROBOTICS

TRENDS IN ENHANCED RECOVERY

BY THOMAS A. ALOIA, MD, CO-CHAIR SAGES SMART COMMITTEE, MD ANDERSON CANCER CENTER, DEPT. OF SURGICAL ONCOLOGY AND NISHA NARULA, MD, ANDERSON CANCER CENTER, DEPT. OF SURGICAL ONCOLOGY



Although enhanced recovery seems to just be getting its footing on the US Surgical landscape, the concept and practice has been well described by Prof. Henrik Kehlet and others since the 1990s. It goes by many names – enhanced recovery after surgery (ERAS), enhanced recovery program (ERP), fast track surgery, and SAGES surgical multimodal accelerated recovery trajectory (SMART™) – but its basic goal, then as now, is to more rapidly return a patient to his/her normal life and functional status.

STRATEGIES:

With this goal in mind there are five strategies employed by most successful programs. The foundation of any program is patient education and engagement. The four programmatic pillars then include early mobility, early enteral feeding, multi-modality non-narcotic analgesia and goal-directed fluid therapy. The tactics that flow from each of these pillars are placed into the preoperative, intraoperative, and postoperative periods. Some key components are preoperative discussion with the patient, selective bowel prep, minimal preoperative fasting, nutritional optimization and carbohydrate loading, regional blocks and narcotic-sparing anesthetic, maintenance of normothermia,

minimizing tubes/lines/drains, preventing and treating nausea and ileus, VTE prophylaxis, and prescriptive ambulation orders. Multiple studies in different surgical specialties, including colorectal, bariatric, gastric, HPB, urology, gynecology, pediatric, and thoracic, across a variety of practice types, have demonstrated the benefits. These studies have found decreased hospital length of stay, lower costs, and equivalent or reduced complications. Patient-reported outcomes tools are proving that the experience with recovery can be vastly improved. In oncology patients, time and frequency of return to intended oncologic therapy has also been achieved.

SMART RESOURCES:

For hospitals and surgeons who want to bring these benefits to their patients there are a number of resources available, particularly within the SAGES educational platform. SAGES SMART task force, co-chaired by Dr. Liane Feldman at McGill and Dr. Thomas Aloia at MD Anderson (<https://www.sages.org/smart-enhanced-recovery-program/>), provides protocols that several institutions – MD Anderson, McGill, Case, University of Toronto, UW Medicine, and Methodist – use, as well as guidelines for how to implement them.

Dr. Feldman's SAGES/ERAS Society Manual of Enhanced Recovery Programs for Gastrointestinal Surgery is comprehensive and presents a plan for how to implement ER in a hospital. The ERAS society website (<http://erassociety.org/>) and the ASER website (<http://aserhq.org>) also offer

evidence-based pathways in bariatric, colorectal, gynecology, pancreas, liver, urology, and head and neck surgery, as well as anesthesia.

Lastly, SAGES has just launched the Enhanced Recovery Implementation Program, a great opportunity to get your ERAS program off the ground. Geared towards those in the early stages of ERAS adoption, the program includes online mentoring and discussion as well as a course "SMART Enhanced Recovery - Beyond Colorectal," and workshop "SMART Course for the Team," on March 23, 2017, at the SAGES meeting in Houston. The online engagement will begin in early March via a closed Facebook Group and continue after the SAGES meeting. For more information and to enroll, visit www.sages.org/enhanced-recovery/implementation-program/.

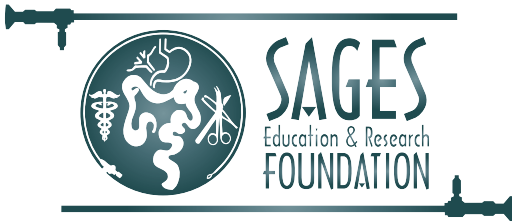
Enhanced recovery has significantly improved the surgical journey for many patients, but continued work is needed to realize its full potential. Research on care pathways, patient-centered outcomes, and longer-term recovery should continue in order to prove efficacy and guide inclusion of evidence-based guidelines into future ERPs. In the next few years, we anticipate an expansion of ERPs to most hospitals that perform surgical and other procedures. By keeping in contact with SAGES (web, print and meetings), surgeons and surgical teams can keep up-to-date on the most current research regarding protocols, audits, and progress. Enhanced recovery is here to stay and the future is bright.

VISIT www.sages.org/smart-enhanced-recovery-program to view sample pathways, FAQs, and more...

VIEW THIS ARTICLE ONLINE AT www.sages.org/trends-enhanced-recovery/

SAGES FOUNDATION

SAGES AWARDS LUNCHEON



The 11th Annual SAGES Education and Research Foundation Awards Luncheon will take place on Wednesday, March 22, 2017. The luncheon celebrates and honors distinguished leaders in minimally invasive surgery. Proceeds benefit the SAGES Foundation and its mission to advance endoscopic laparoscopic and emerging minimal access surgical methods and patient care. The awards listed below reflect laudable service and innovation and are presented to outstanding, experienced, and reputable leaders in minimally invasive surgery.

MARCH 22, 2017 | 12:00PM - 1:30PM | GEORGE R. BROWN CONVENTION CENTER, HOUSTON, TX

HOW TO RSVP: Please visit <https://www.sagesfoundation.org/foundation-awards-lunch-ticket/> to purchase tickets, tables, virtual ads, or to become an event sponsor. Individual tickets are \$175 each, tables of ten are available for \$1,300, and event sponsorship opportunities begin at \$3,500. Since this event benefits the SAGES Education & Research Foundation, a portion of your purchase is tax deductible to the extent permitted by law.

2017 HONOREES ARE LISTED BELOW:

- SAGES Young Researcher Award: **Eric Pauli, M.D.**
- SAGES Researcher in Training Award: **Yalini Vigneswaran, M.D.**
- Gerald Marks Rectal Cancer Award – A SAGES Foundation Award: **Jacqueline van Laarhoven, M.D.**
- SAGES IRCAD Traveling Fellowship Award: **Iswando Sucandy, M.D.**
**SAGES gratefully acknowledges support from KARL STORZ Endoscopy*
- SAGES Advocacy Summit Award: **Dana Telem, M.D.**
- SAGES Brandeis Awards: **Dean Mikami, M.D. & Eric Weiss, M.D.**
- Jeffrey L. Ponsky Master Educator in Endoscopy – A SAGES Foundation Award: **Peter Marcello, M.D.**
- The Excellence in Medical Leadership Award – A SAGES Foundation Award: **Aurora Pryor, M.D.**
**Generously funded through an unrestricted educational grant from Gore & Associates*
- SAGES Award for Excellence in Humanistic Clinical Care: **Paul Severson, M.D.**
**SAGES gratefully acknowledges support by The Arnold P. Gold Foundation*
- SAGES International Ambassador Award: **Antonio Lacy, M.D.**
- SAGES Pioneer in Surgical Endoscopy Award: **Michel Gagner, M.D.**
- SAGES Distinguished Service Award: **Mark Talamini, M.D.**
- SAGES George Berci Lifetime Achievement Award: **David Rattner, M.D.**

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SCOPE | Winter 2017

SAGES FOUNDATION

SAVE THE DATE! THE ANNUAL SAGES FOUNDATION GOLF OUTING
THE 2017 SAGES FOUNDATION GOLF OUTING WILL BE HELD IN HOUSTON ON MONDAY, MARCH 20TH.



The cost of the event is \$375 and will include transportation, lunch, practice range including golf balls, golf and cart fees, post golf refreshments including beer and snacks. All proceeds will go to the SAGES Foundation and a portion of your payment will be tax deductible to the fullest extent of the law.

For more information and to purchase tickets visit www.sagesfoundation.org/events/golf-outing/

SURGICAL ENDOSCOPY UPDATE

SAGES CONTRACT RENEWAL WITH **EAES & SPRINGER**

In December, 2016, SAGES and EAES finalized their contract renewal with Springer to publish Surgical Endoscopy. As partners in the journal since 1991, all parties were pleased to renew the contract another five years. Special thanks to Eduardo Targarona & Jaap Bonjer (EAES President & President-Elect), Brian Dunkin & Sallie Matthews (SAGES Immediate Past President & Executive Director), and Annie Cimino & William Curtis (Editorial Director & Executive Vice President of Springer), as well as Mark Talamini (SAGES editor-in-chief), Brian Jacob (SAGES Publications Committee Chair) and SAGES Executive Committee for months of discussion and collaboration working towards this renewal. The new contract allows SAGES to continue “going green” with e-only member subscriptions, in addition to many other enhancements. We value the longstanding relationship and collaboration with both EAES and Springer.

SAGES also thanks and congratulates Sir Alfred Cuschieri for three decades of tireless work and incredible scientific contribution to the journal as EAES editor-in-chief. Professor George Hanna from the Imperial College London assumed the EAES editor-in-chief position in January, 2017.

FUSE PROGRAM



BY DANIEL B. JONES, MD



The Fundamental Use of Surgical Energy™ initiative program was conceived and initiated in 2010 by then SAGES president-elect Steven

Schwaitzberg. He recognized that surgeons have a very rudimentary understanding of the physics behind the surgical energy devices they use every day in the operating room. As such, they were, and still are, placing their patients at risk. Every year there are approximately 400 OR fires and 40,000 thermal injuries, with many more that are likely go unreported. We coined the project “**FUSE**”.

The Task Force, initially led by myself, Liane Feldman, and Pascal Fuchshuber, recruited experts in surgical energy and the associated risks across many disciplines: anesthesia, gynecology, urology, bariatrics, colorectal surgery, general surgery, hepatobiliary surgery, flexible endoscopy and very importantly - nursing. The mantra became “energy injuries are team failures.” One of the initial challenges was that there was no textbook to turn to. So the Task Force authored the “SAGES Manual on the Fundamental Use of Surgical Energy (FUSE)” by Springer in 2013. This paperback has become the “go-to” reference in our field.

Predictably, many surgeons were skeptical that FUSE was needed in the surgical community. They cited

that the FUSE program was costly and unnecessary. It was common to hear, “Surgeons operate every day – of course we are experts,” or “We don’t need another burdensome course.” So the first thing the Task Force did was identify 20 concepts that all surgeons would need to know to be safe in relation to energy devices. This mini-exam was administered to the SAGES Board of Governors. Nearly 70% failed and did not know basic concepts. It was no longer OK to ignore the learning gap.

SAGES utilized a professional psychometrician to assist us in creating a blueprint for the educational program. Through a rigorous process, we identified critical learning points, which then guided the curriculum. We envisioned two educational products; the first was an on-line curriculum that would be free to all nurses, anesthesiologists and surgeons to learn about the safe use of energy. The second was a high stakes examination.

Today, learners can log on to FUSEdidactic.org and be taught the principles of energy and safe use of related devices. Punching through a series of slides however, while informative, may not lead to an in-depth understanding of the FUSE principles. Again, using experts in test-writing and validation, we developed an exam that was relevant and distinguished between those who learned the material and others who had not studied. All test questions were

validated by a cohort of 500 surgeons. FUSE is catching on. The last issue of SCOPE highlighted that the country of France leased the FUSE didactic, translated it into French, and is now mandating it for surgeons and nurses, and Germany is considering moving ahead with a similar model. The United States military is also considering mandating FUSE for all military surgeons. An increasing number of hospital credentialing boards are discussing requiring surgeons to review specific modules to retain operating privileges. Similarly, Kaiser Permanente in Southern California is looking to develop an abbreviated FUSE course for their surgeons and nurses.

We have a learning gap; FUSE can prevent patient harm with a formal educational curriculum that teaches safety. Hospitals, residency programs, practicing surgeons all know it’s important and should be done. Three years ago, Past President Michael Brunt called for all SAGES Board members to become FUSE certified. Current President Danny Scott emphasized that all Committee Chairs and Co-chairs should also become FUSE certified. As President-elect, I hope that all 6000 SAGES members will log on and learn about the FUSE Program and consider learning more about the safe use of energy in their operating room.

Selected readings: All FUSE articles listed at www.fuseprogram.org/about/fuse-elsewhere/

BRANDEIS AND IRCAD AWARD WINNERS

BRANDEIS LEADERSHIP PROGRAM IN HEALTH POLICY AND MANAGEMENT, JUNE 12-18, 2016

SUMMARY BY DR. PASCAL FUCHSHUBER



This year's week-long surgeon-centered Brandeis Health Policy course was held at the Babson Executive Conference Centre about 30 minutes from the Boston

city center in a suburban part of Wellesley. The secluded setting and lack of distraction sent a clear message that this was a serious opportunity to learn. A glance at the curriculum reinforced this message: lectures started every day between 8 and 8:30 AM and ended at 6 PM with a 30 minutes lunchbreak. Additional courses were held Saturday from 8:30 AM until 3 PM. The only planned recreational activity was a traditional Boston harbor dinner cruise on Friday evening.

The course curriculum focused on health care history, economics, strategy, organization, leadership evaluation and skills, financial literacy and conflict negotiations. Without exceptions these are all highly useful and appropriate skills for anyone trying to affect change within a health-care organization or amongst physicians and administrators. The faculty

was recruited almost exclusively from the Heller School for Policy and Management at Brandeis. The course was led by Jon Challengerian, a very engaging teacher with excellent interpersonal skills. He provided a very collegial environment and led the group in several very effective and productive simulation training sessions and personal leadership skills assessments. Stuart Altman, one of the most influential figures in the development of US health policy over the last 5 decades, gave us an overview on the history and current status of US health policy. His series of lectures were an astonishing and eye-opening personal account of the history of US health policy spanning the administrations from Kennedy, Nixon, Clinton and Obama. Prof. Altman did personally take part in all major policy efforts of each of these administrations and had many enlightening background stories to tell on how this country ended up with its current health system.

The curriculum was rounded out by robust lectures on performance improvement and measuring and managing financial reports, cost behavior and negotiating account decisions by Prof. Jody Gitell and

Brenda Anderson. On the last day Jeffrey Prottas gave an engaging and very informative series of lectures on conflict management. If one thought that success in effecting change in a modern US health care system is mostly about money and interpersonal skills, one is probably correct.

Accommodations, food, guidance and organization of this course were all outstanding and above any expectations I had thanks to the excellent Brandeis staff under the leadership of Linda Purrini. It has been less than 3 weeks since the course and already I am receiving several emails from the participants on how they have applied their learnings to current practice. I have started to implement my own learnings to my activities within SAGES and the management of the FUSE committee as well as my own practice. I would like to thank the leadership of SAGES and the grant committee for giving me this outstanding opportunity to widen my horizon and gain new skills. I encourage anyone to apply for the Brandeis course grant. You will gain knowledge, insight, and many valuable friendships among current and future leaders in surgery.

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BRANDEIS AND IRCAD AWARD WINNERS

BRANDEIS LEADERSHIP PROGRAM IN HEALTH POLICY AND MANAGEMENT, JUNE 12-18, 2016

SUMMARY BY DR. ANN M. ROGERS



I was remarkably fortunate to receive one of SAGES' 2016 Awards to attend the Brandeis/Heller Leadership Program in Health Policy and Management. This week-long course was a continuous font of information on such topics as the history behind the Medicare program; where we are with current healthcare economics; the Affordable Care Act; how to be a useful and relevant leader in health care; conflict negotiation; hospital accounting on a grand scale; building coalitions to drive change; and understanding the relationship between cost and quality in today's world of medicine. This was a fascinating and fast-paced course, with lectures, small group problem-solving sessions, simulations and thought experiments. Each day was a nonstop 10-hour whirlwind. Not only were the faculty first-rate, but it was wonderful to meet and interact with attendees from all parts of the country, working in quite different settings but still trying to build a meaningful role for themselves in health leadership.

I strongly recommend this course for surgical leaders as well as leaders-to-be.

IRCAD WINNER

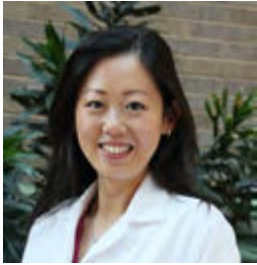
PAUL COLAVITA WON THE IRCAD TRAVELLING FELLOW AWARD IN 2016



Paul Colavita spent 2 weeks at IRCAD/IHU in November 2016, conducting original research under the supervision of Drs. Lee Swanstrom, Jacques Marescaux, and Michele Diana. Dr. Colavita also had the opportunity to attend an advanced laparoscopy and endoscopy course in Bariatrics during his visit. The research project involved gastric ischemic preconditioning in a porcine model. The design included percutaneous intra-arterial embolization using an Artis Zeego system with gastric tissue sampling before and after embolization, followed by a 7-day survival and subsequent gastric conduit creation. The authors hope to present their data at an upcoming SAGES meeting. Dr. Colavita thanks SAGES and the Karl Storz company for the generous funding for his travel, course, and research project.

SAGES GO GLOBAL

BY LINDA P. ZHANG, MD



Over the last ten years, there has been increasing attention paid to the need for global surgery and training of surgeons in developing countries. There have been a variety of service-oriented programs, ranging from short-term surgical trips, to long-term capacity-building collaborations between U.S. based hospitals and local hospitals.

As someone who has been interested in global health, I have participated in many of these types of global health volunteerism. In college and medical school, equipped with my idealism and my eagerness to make a difference, I joined in health service trips to Ghana, Honduras, India, Dominican Republic, and Haiti. Each of these trips gave me insight in the health disparity among nations, and fueled my desire to further pursue global health/surgery. However, as the novelty of a new country and new faces wore thin, I began to feel that I was not contributing as much as I was personally gaining from these experiences. Despite assisting in repairing 80 hernia in one week, I was not making a lasting impact for the local population. My focus began to switch toward capacity-building projects and training of local surgeons.

In joining SAGES, I was astounded by the number of sustainable international projects that are supported and funded by SAGES. These projects aim to enable local surgeons to improve their skills and bring advanced technology to their patients. Many have argued that it is too challenging to bring high-tech equipment, like laparoscopy, to an underdeveloped country. Dr. Raymond Price, with support from SAGES, defied that misconception. His training courses in Mongolia allowed local surgeons to not only be self-sustainable in performing laparoscopy, but these courses also became a model for duplications and expansion across Mongolia.

Local Mongolian surgeons have now performed over 4,000 basic laparoscopic cases. His project has fundamentally changed how surgery is practiced in Mongolia. The Haiti Telementoring Lecture Series, also a SAGES sponsored project, has connected expert U.S. surgeons with Haiti surgical residents. It helps to fill the gap in surgical education left behind by the earthquake 7 years ago. In addition, SAGES's Go Global has launched the Academic Exchange program in 2014, allowing Chinese surgeons the opportunity to do an observership in an institution in the U.S.

These are just a few highlights of what SAGES has achieved in global surgery. As for myself, under the guidance and

support of my department chair at Mount Sinai, Dr. Michael Marin, I began by redesigning our general surgery resident rotation to the Dominican Republic. Each year, every PGY-3 rotate to the DR for one month in a large public hospital in Santiago, DR. This life-changing experience gives young surgeons the opportunity to gain valuable skills assisting in the diagnosis and treatment of patients in a resource limited environment. In return, our residents are building capacity by bringing down FLS training boxes and designing a curriculum for local residents to improve their laparoscopic skills. In addition, our residents are involving local surgical residents in year-long research projects. Dominican residents also rotate at Mount Sinai to see how surgery is practiced in the US. Our next project in Global Surgery will focus on creating an ambulatory surgery center in rural Uganda, and training local surgeons onsite while providing them with tele-mentoring capability.

SAGES has been influential in broadening my perspective in what is possible in the arena of global surgery. It is a premier national organization in its commitment to global surgery and reducing health disparities in developing countries. I am very thankful to be part of this organization, and I look forward to seeing the sustainable impact it has in underserved countries in the near future.

BIOGRAPHY: Dr. Linda P. Zhang is an Assistant Professor of Surgery at Mount Sinai Hospital in New York. She is also the Director of Global Surgery for the Department of Surgery. Her scope of practice includes bariatrics, hernia, and robotics. Dr. Zhang is committed to reducing health disparities and has worked at various medical institutions abroad. She spent one year in South Sudan initiating a community health program that has now treated over 50,000 children with communicable diseases. In addition, she has been involved in surgical mission trips in the Dominican Republic, Haiti, Honduras, Ghana, and China.

VIEW THIS ARTICLE ONLINE AT:
www.sages.org/sages-go-global/

SAGES ADOPT PROGRAM

ACQUISITION OF DATA FOR OUTCOMES AND PROCEDURE TRANSFER
BY BRIAN DUNKIN, MD, SAGES PAST PRESIDENT



When was the last time you learned a completely new procedure and brought it to the operating room for the

first time? How did you do it? Read a book? Watched a video? Attended a course? Worked with a colleague? Chances are, it was a combination of all of these things. And, you had to do it on your own.

Isn't it amazing that in these modern times of rapid change in surgery there is no real infrastructure to help practicing surgeons learn new techniques and safely adopt them into practice? SAGES is working to change that.

One of the SAGES programs that is changing how practicing surgeons learn new operations is called **ADOPT** (*Acquisition of Data for Outcomes and Procedure Transfer*). This innovative program transforms the usual hands-on post-graduate course conducted during the SAGES annual meetings into

a gateway to a one-year longitudinal curriculum that is improving successful procedural adoption.

ADOPT is the brainchild of the Continuing Education Committee, currently led by Drs. John Paige, Elisabeth McLemore, Vanessa Palter, Jonathan Dort as well as myself. It was first introduced at the 2015 annual meeting with a focus on abdominal wall reconstruction and a second round of training was again offered in 2016.

The **ADOPT** pathway begins by ensuring that the expert faculty who are going to be instructors for the program are also excellent teachers. Each **ADOPT** expert must attend a special train-the-trainers (TT) course to prepare them to be good surgical coaches.

Next, mentees who enroll in the program must complete a pre-course survey to understand their practice better and what they hope to gain from the course (*See Figure on Page 18*). Then, during the annual meeting mentees participate in a hands-on training program with their expert mentors. During the training, mentees

are asked about their specific goals and the course experience is modified to meet them. By the end of the day, the experts have come to understand each trainee's needs and skills and assigned them a personal take-home message to work on before their first case.

As the year progresses, there are multiple touch points for mentors and mentees to connect in order to help the mentees navigate through the early part of their learning curve. These touch points include webinars, video review of actual procedures, and a face-to-face meeting at the American College of Surgeons annual meeting. The International Hernia Collaborative Facebook page was also used to foster immediate feedback from an expert on-line community to provide input on challenges faced in adopting new procedures and managing difficult patients. In addition, mentees complete 3 and 6 month surveys about their performance of abdominal wall reconstruction. The whole program concludes with a presentation of results at the next SAGES annual meeting.

CONTINUES ON PAGE 18 »

ADOPT is not only providing a better training curriculum, it is also creating a community where expert and less experienced surgeons can come together to foster successful procedural adoption. The results so far have been impressive. In December 2016 Jonathan Dort et al. published the results of the **ADOPT** program in Surgical Endoscopy (DOI 10.1007/s00464-016-5366-z published on-line December 2016).

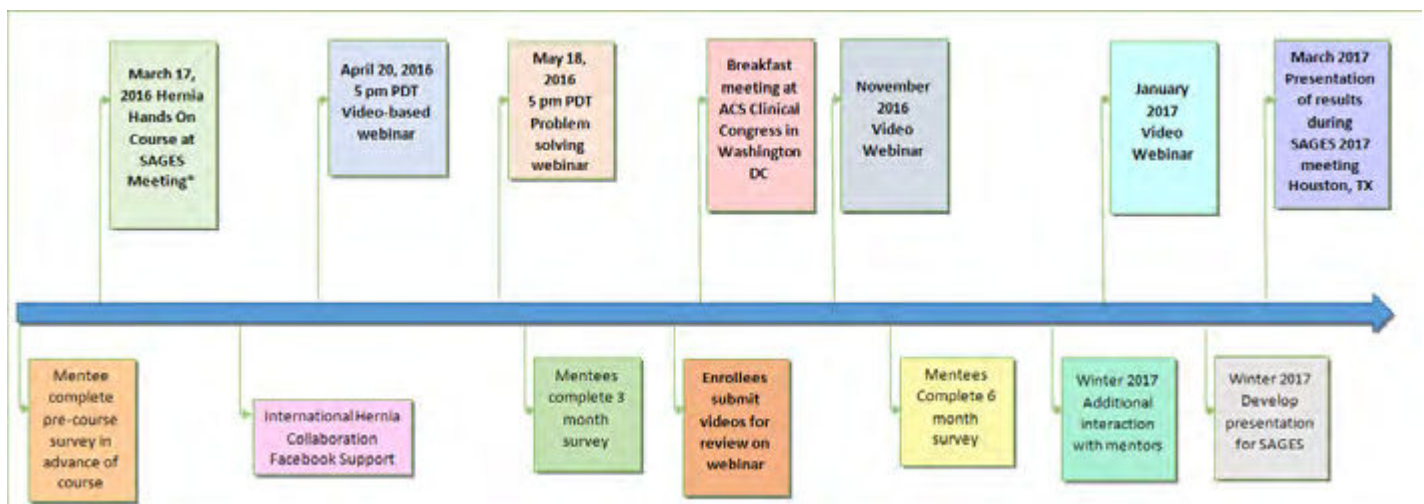
To quote: "Over the 3 months following the course, **ADOPT** participants performed more ventral hernia mesh insertion procedures than standard training participants (median 13 vs. 0.5, $p = 0.010$) and considerably more total combined procedures (median

26 vs. 7, $p = 0.054$). Compared to standard training, learners who participated in **ADOPT** reported greater confidence in employing a components separation via an open approach ($p = 0.051$)."

Following on the success of the **ADOPT** program to teach practicing surgeons advanced techniques in abdominal wall reconstruction, the same methodology is being applied to teach laparoscopic colectomy at the SAGES 2017 Annual Meeting in Houston, Texas. Led by Drs. Jaime Sanchez and Peter Marcello, the **ADOPT** colectomy program will guide practicing surgeons to adopt laparoscopic right and left colectomy into their practice.

With programs like **SAGES ADOPT**, no longer are annual meeting post-graduate courses a single event that is unlikely to lead to successful procedural adoption. Now, these courses are the entryway into a 12 month longitudinal training program conducted by expert coaches. So stop relying on YouTube, out-of-date text books, and cryptic articles to learn a new procedure.

Sign-up for **ADOPT** and join a community of surgeons like yourself receiving expert guidance from mentors who have taken the time to learn how to be effective coaches.



SAGES VIDEO LIBRARY

NEW AND IMPROVED!

The SAGES Video Library has always been one of our website's signature features. Since 2008, we have been recording videos from our annual meeting and since 2011 we have also allowed our members to donate their own videos to SAGES to help educate their colleagues. All of our videos are hosted on YouTube as a service to the surgical community and we encourage

our community to share our videos far and wide to further our mission of quality surgical education.

But by 2015, we realized that we had so many videos with similar topics that people were having a very hard time finding a specific video or finding a video that suited their needs. So the SAGES Board of Governors tasked the

Communications Committee to bring order from the chaos and overhaul the search and categorization systems for the SAGES Videos.

After a year of effort and watching a lot of videos, we are happy to report the new SAGES Video Library search is now available for all users of the SAGES web site at www.sages.org/video-search.

YOU CAN NOW SEARCH AND FILTER OUR VIDEOS USING THE FOLLOWING METHODS:

- **KEYWORD SEARCH**

Search the "normal" way by entering a keyword or words and the site will attempt to find all videos which match your request.

- **FILTER BY PATHWAY**

Want to see just Hernia videos? No problem! Our search page allows you to filter the list of videos by topic and allows to browse our collection if you don't quite know what you are looking for.

- **FILTER BY SOURCE**

You can also filter by the video source, so it is easier to watch a replay from a SAGES Annual Meeting or see that specific FUSE video you missed.

- **FILTER BY TYPE**

Looking for a past President's Address or a How-To video? We are currently working on adding additional filters by the type of video to help you find things even faster.

And we have barely scratched the surface of the improvements coming to the Video Library Search. In the coming months, we will be adding timestamps for points of interest to all videos, classify them by difficulty level, add tons of tags and synonyms to the search algorithm and more. If you have any feedback or questions, please contact Jason C. Levine at the SAGES office at webmaster@sages.org

VIEW THIS ARTICLE ONLINE AT www.sages.org/sages-video-library/

FELLOWSHIP COUNCIL

IMPORTANT DATES FOR THE 2017 MATCHING PROCESS



ADVANCED FELLOWSHIP SURGICAL TRAINING

Streamlined Universal Fellowship Application and Matching Process

FOR INFORMATION: www.fellowshipcouncil.org

2017 FELLOWSHIP COUNCIL ACCREDITED FELLOWSHIPS AVAILABLE

2018-2019 FELLOWSHIP YEAR

- Advanced Gastrointestinal Surgery
- Advanced GI Minimally Invasive Surgery (MIS)
- Advanced GI MIS / Bariatrics
- Bariatric Surgery
- Flexible Endoscopy
- Hepato-Pancreato-Biliary Surgery

2017 FELLOWSHIP APPLICATION AND MATCHING CALENDAR

Fellowship Application Process Opens	December 5, 2016
Fellowship Application Closes	February 14, 2017
Letters of Recommendation Deadline	February 14, 2017
Inform Applicants of Interview Status	March 17, 2017
Rank Order Deadline	May 25, 2017
Date for Announcement of Fellowship Matches	June 13, 2017
Fellowships Begin	August 1, 2018 <i>(July 30, 2018 at program's discretion)</i>

T. 310-437-0555

F. 310-437-0585

E. info@fellowshipcouncil.org

SCORE RECOGNIZES SAGES



Surgical Council on Resident Education

December 21, 2016

Daniel J. Scott, M.D., President
 Jeffrey M. Marks, M.D., Secretary
 Sallie L. Matthews, Executive Director
 Society of American Gastrointestinal and Endoscopic Surgeons
 11300 W. Olympic Blvd., Suite 600
 Los Angeles, CA 90064

Dear Dr. Scott, Dr. Marks and Ms. Matthews:

In November, we had the honor of marking the 10-year anniversary of SCORE—the Surgical Council on Resident Education. As we look back, we would like to thank SAGES for your essential support as a SCORE Member Organization. What started out in 2006 as a rough list of patient care topics has evolved into a full curriculum outline and educational website for general surgery residency training, developed entirely by the U.S. surgical community without commercial influence.

We are pleased to report that the SCORE Curriculum Outline and Portal are now used in nearly every U.S. general surgery residency program. Thanks to your support, we have been able to keep subscriptions to the SCORE Portal reasonably priced so that all programs, large or small, can afford access. In addition, we continue to add new content and features, such as *This Week in SCORE*®—a topic-of-the-week program that has been extremely popular with both educators and residents.

SCORE will begin yet another chapter this spring, with the launch of a new, mobile-friendly website. We also are working to refine the curriculum outline so it is more focused on key knowledge. In addition, we are expanding our activities to other specialty areas—vascular surgery, pediatric surgery, surgical critical care, and surgical oncology—all of which have eagerly joined us to ensure their trainees have a similar curriculum available to them.

A program director recently said to us, “SCORE is one of the finest efforts of the U.S. surgical community I have ever seen.” As SCORE enters its second decade, we hope to continue to meet the needs of surgical training programs and our future surgeons. We thank you again for your support and look forward to continuing our collective work in improving general surgery training.

Yours truly,

A handwritten signature in black ink, appearing to read "Mark Malangoni".

Mark A. Malangoni, M.D.
 President, SCORE
 mmalangoni@absurgery.org

A handwritten signature in black ink, appearing to read "Mary E. Klingensmith".

Mary E. Klingensmith, M.D.
 Chair, SCORE Advisory Council
 klingensmithm@wustl.edu

1617 John F. Kennedy Boulevard, Suite 860 • Philadelphia, PA 19103 USA • www.surgicalcore.org

American Board of Surgery • American College of Surgeons • American Surgical Association
 Association of Program Directors in Surgery • Association for Surgical Education • Residency Review Committee for Surgery (ACGME)
 Society of American Gastrointestinal and Endoscopic Surgeons



2017 SAGES

SAGES is Home: Collaborate, Communicate, Connect

March 22-25, Houston, TX

Program Chair:
Horacio Asbun, MD
Program Co-Chair:
Melina Vassiliou, MD

SCHEDULE AT A GLANCE

Wednesday, March 22, 2017

SAGES Scientific Sessions 8:00am-5:00pm
 Military Surgical Symposium
 Masters Series: Colorectal "The Road to Success: MIS Approaches to the Sigmoid Colon and Upper Rectum"
 PG Course: Get Published - How to Write a Scientific Manuscript
 PG Course: Robotic Hernia Surgery - What can Robotics add to my Hernia Armamentarium?
 PG Course: Primary Endoscopic Management of the Bariatric Patient
SAGES Foundation Awards Luncheon 12:00pm-1:30pm
 HO Course: Endolumenal Bariatrics - Endo to the Rescue!
 HO Course: Robotic Inguinal Hernia Surgery
 Masters Series: The SAGES Masters take You to Foregut School
 Workshop: Get Published - How to Write a Scientific Manuscript
 Panel: Meeting the ABS Mandate - The Program Director's Guide to the FEC Galaxy
 Your Session: Prevention of Bile Duct Injury
 The Devil is in the Details: Technical Tips from the Masters - Ventral Hernia
 Symposium: Coaching and Telementoring in the Global Arena - Project 6
Opening Session - Welcome Ceremony
Exhibits Opening Welcome Reception 5:30pm - 7:30pm

Thursday, March 23, 2017

Exhibits/Posters/Learning Center Open 10:00am-4:00pm
SAGES Scientific Sessions & Videos 7:30am-12:15pm
 AAST Joint Panel: Acute Care Surgery
 KSELS Joint Panel: Gastric Cancer
 The Devil is in the Details: Technical Tips from the Masters - Bariatric Conversion
 Video Face-Off Panel: Laparoscopic Nissen Fundoplication
 Keynote: Karl Storz Lecture - Dave Kerpen
 Keynote: Social Media and Health Care - Brian P. Jacob, MD
 PG Course: ILLS Joint Session - Overview of Minimally Invasive Liver Resection
 PG Course: SMART Enhanced Recovery - Beyond Colorectal
 Program of the "Americas" Joint Panel: What I Thought was a Fact is a Myth?
 Video Face-Off Panel: Lap Band to Gastric Bypass
 Panel: Firsts and Pioneers - Evolutions and Revolutions in Surgery
Educator's Luncheon "Can I Trust My Trainees to do it Right?" EPA for Competency-Based Surgical Education
Let's Do Lunch - Common Bile Duct, Inguinal Hernia & Bariatrics Tables (non-CME)
Free Lunch in the Exhibit Hall for All Attendees 12pm-1:30pm
 HO Course: Lap Colon ADOPT (Immersion Program with Mentorship)
 Workshop: SMART Course for the Team
 PG Course: ILLS Joint Session - Techniques of Laparoscopic Liver Resection Video Session and Liver Tumor Board
 ASMBS Joint Appropriateness Conference on Metabolic Surgery
 JSES Joint Panel: What Can We Learn from Each Other? MIS Trends in North America and in Japan
 Lecture: Controversies in the Management of Foregut Disease (Presented TED Style)
 Video Face-Off Panel: Minimally Invasive Inguinal Hernia Repair
Refreshment Break/ Happy ½ Hour in Exhibit Hall
 Masters Series: Laparoscopy in Acute Care
 SS: SAGES Got Talent - Resident & Fellow Scientific Session
 Symposium: International Hernia Collaboration Symposium
 Video Face-Off Panel: Common Bile Duct Exploration - More than one way to Skin a Cat
 The Devil is in the Details: Technical Tips from the Masters - Laparoscopic Gastrectomy for Malignancy
Industry Educational Events

Friday, March 24, 2017

Exhibits/Posters/Learning Center Open 10:00am-4:00pm
SAGES Scientific Sessions & Videos 10:30am-5:30pm
Keynote: Presidential Address - Daniel J. Scott, MD
Keynote: Gerald Marks Lecture - H. Jaap Bonjer, MD
 Your Session: Management of Complications of Bariatric Surgery
Refreshment Break/ Morning Mimosas in Exhibit Hall
 Panel: Finishing Residency; I'm Done! Now What? - Transitioning to Practice
 The Devil is in the Details: Technical Tips from the Masters - Laparoscopic Hartman's Reversal and Laparoscopic Lavage
 The Devil is in the Details: Technical Tips from the Masters - Treatment of Recurrent Achalasia
 Your Session: Abdominal Wall Hernia - Provocative Questions in the Practice of Hernia Repair
FC Luncheon "Ensuring Competency Through Fellowship Training: Frameworks for Success"
Let's Do Lunch - Biliary, Foregut & Incisional Hernia Tables (non-CME)
Free Lunch in the Exhibit Hall for All Attendees 12pm-1:30pm
 Masters Series: Surgical Coaching - Tips to Enhance Skills of Trainees and Peers
 AHPBA Joint Panel: Contemporary Themes in Minimally Invasive Pancreatic Surgery
 Panel: Endoscopic and Laparoscopic Enteral Access - How to Do It and How to Treat Complications
 Panel: Global Surgery - I want to do it! Where do I start? What do I need?
 Video Face-Off Panel: Lap Right Colon
 ASCRS Joint Panel: Laparoscopy for IBD
 EAES Joint Panel: Cutting Edge Minimally Invasive Surgeon in Europe
 The Devil is in the Details: Technical Tips from the Masters - Re-Do Anti-reflux Surgery
 Video Face-Off Panel: Distal Pancreatectomy
 Your Session: Challenges in Diagnosis and Management of GERD and Achalasia
 Panel: Robotics - New Platforms and Strategies to Overcome the Learning Curve
 SSAT Joint Panel: Incidental GI Findings During Surgery
 Main Event & International Sing-Off

Saturday, March 25, 2017

Exhibits, Posters, Learning Center CLOSED
SAGES Scientific Sessions 8:00am-3:00pm
 PG Course: Fundamental Use of Surgical Energy (FUSE)
 SAGES/AGA Joint Session: The Shark Tank (non-CME)
 Session: Wild Cases Presented in the Wild West
 Panel: All Grown Up! Managing Adults with Congenital Surgical Anomalies
 Session: Emerging Technology (non-CME)
 ASGE Joint Panel: Endoscopic Management of Colon Lesions
 Panel: Complications - Oops! When Things Go Wrong, What do I do Now?
 Masters Series: AHS Joint Session - Ventral Hernia "It's Not Just Hernia"
 ASE Joint Panel: Tools for the Surgical Educator

HOW DO I REGISTER & BOOK HOUSING?

Register on-line! www.sages.org/registration/
 Book your Hotel at www.sages2017.org/travel-information/hotel/
 Email: registration@sages.org

HOSTED BY

Society of American Gastrointestinal and Endoscopic Surgeons (SAGES)
 11300 W. Olympic Blvd., Suite 600
 Los Angeles, CA 90064
 Phone: 310-437-0544 Fax: 310-437-0585
 Email: sagesweb@sages.org



MIS FELLOWS COURSE

2017 SAGES FLEXIBLE ENDOSCOPY COURSE FOR FELLOWS

DATE: **SEPTEMBER 15-16, 2017**

LOCATION: NORTHSORE UNIVERSITY HEALTHSYSTEM, IN CHICAGO, ILLINOIS

Registration for the annual 2017 SAGES Flexible Endoscopy Course for Fellows will open Summer 2017. The non-CME course includes a didactic and hands-on learning lab. At the end of the course, surgical fellows will become familiar with GI endoscopes, towers and the instruments used for endoscopic surgery. Fellows will also be able to identify the most common types of GI pathology and options for management.

REGISTRATION:

Fellows are required to complete a brief registration application. Fellows will receive a letter of acceptance to the program within 2 weeks of submitting an application. Please refrain from making travel arrangements prior to receiving an official acceptance letter.

Registration Opens Summer 2017 and a preliminary course agenda will be available shortly: Check www.sages.org/mis-fellows-course/ for details.

ADDITIONAL COURSE INFORMATION:

The course accommodates 60 fellows (1st and 2nd year only). Priority will be given to SAGES candidate members.

Fees: Fellows will be charged a \$100 fee, if they are accepted and cancel their participation prior to the course.

For questions or to be notified when registration opens, contact Betty Mulugeta at betty@sages.org.



AMA MEMBERSHIP



WHY MEMBERSHIP IN THE AMA IS IMPORTANT

Are you concerned about reimbursement? What about healthcare reform? Do you wonder about patient's diminishing access to quality care? If you answered yes to any of these questions then your membership in the American Medical Association (AMA) is important.

YOUR AMA MEMBERSHIP – WHAT IT MEANS FOR SAGES?

In order for SAGES to retain its seat in the HOD, a significant percentage of our members also have to be members of the AMA.

Your membership in the AMA allows SAGES to:

- **Keep our seat in the AMA House of Delegates (HOD)**
- **Have representation on the CPT Advisory Committee**
- **Have representation on the RUC Advisory Committee**

But that is just a part of it. While SAGES continues to gain experience and recognition in the legislative arena, there is no denying that being a part of a larger organization has its benefits. The government recognizes the AMA as representing physicians across the country. They take the lead in tracking action on Capitol Hill and in organizing member associations and grass roots efforts to affect positive change.

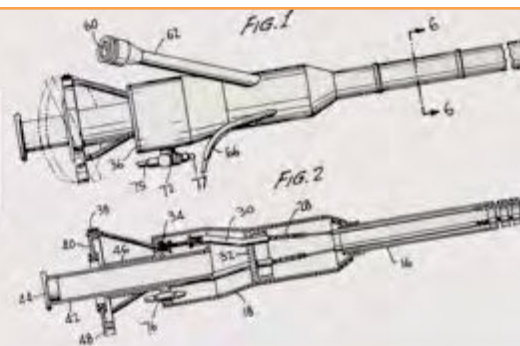
KEEP THE SAGES VOICE STRONG

Please check your AMA membership status and keep it current. To join the AMA or renew your membership, visit the AMA website: commerce.ama-assn.org/membership/

In addition, please visit www.ama-assn.org/about-us/specialty-society-representation-ballot to designate SAGES as your specialty society for representation purposes.

evolving IDEAS

2017 AGA
TECH SUMMIT
A program of the AGA Institute



Fostering Innovation and Technology in Digestive and Metabolic Diseases: A Conference for Inventors, Investigators and Investors

Explore critical elements impacting how GI technology evolves from concept to reality, including what it takes to obtain adoption, coverage and reimbursement in today's health-care environment.

Reserve your seat today. techsummit.gastro.org

Brought to you in conjunction with SAGES

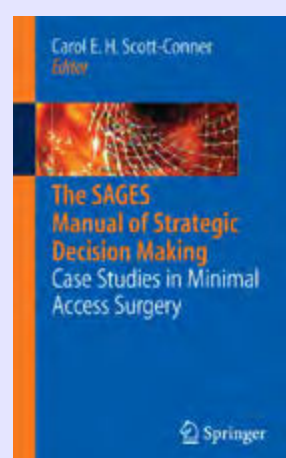
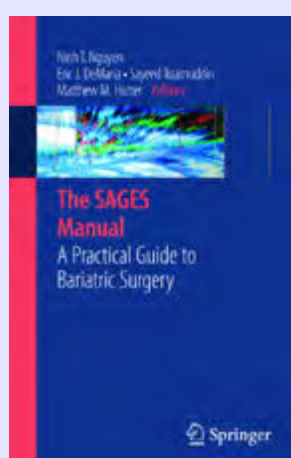
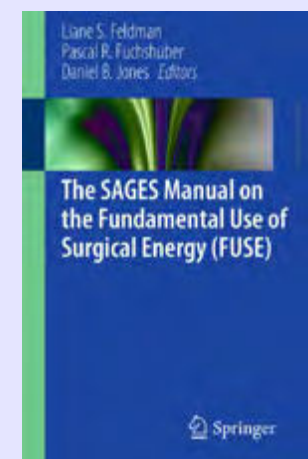
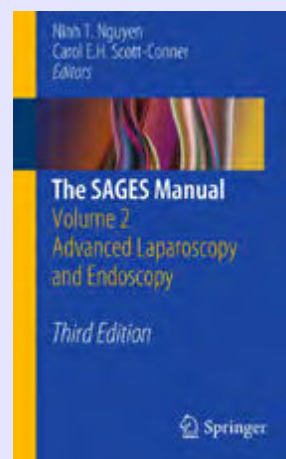
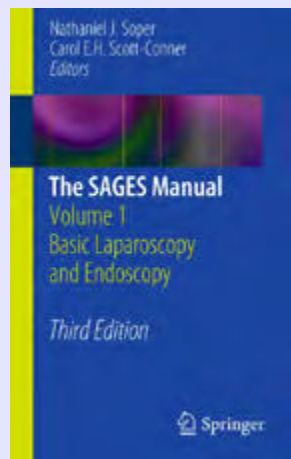
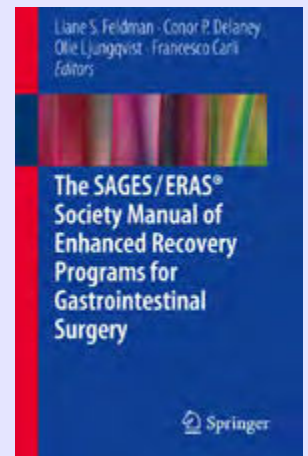
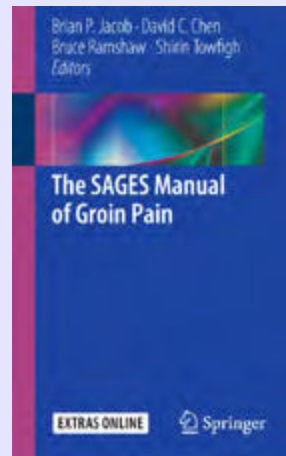
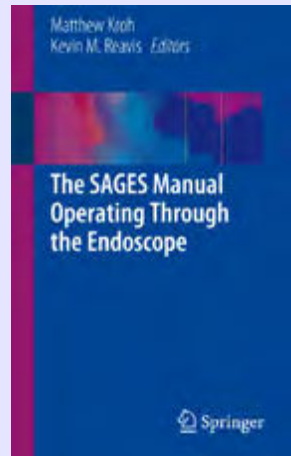
April 12-14, 2017

InterContinental Boston, MA



SAGES Manuals

The SAGES Manuals are portable, concise, beautifully illustrated manuals from the world's pioneering society of minimally invasive surgery.



2017/2018 SAGES

IMPORTANT DATES CALENDAR

APRIL 11, 2017	SAGES Free Webinar for Residents on Bariatric Devices http://www.sages.org/residents_courses/free_courses/
SUMMER 2017	Abstract and Video submission for SAGES 2018 Meeting opens at http://www.sages.org/meetings/abstracts
SEPT. 22, 2017	SAGES and SERF 2018 Awards & Scholarships submission deadline https://www.sages.org/about/awards/
SEPT. 15-16, 2017	SAGES Flex Endo Course for Fellows at NorthShore University, in Chicago, IL http://www.sages.org/mis-fellows-course/
FALL 2017	Abstract and Video submission deadline for SAGES 2018 Meeting
OCT. 22-26, 2017	ACS 2017 in San Diego, CA SAGES Committee meetings take place Sunday through Wednesday FES, FLS & FUSE testing also available
NOV. 3, 2017	SAGES 2018 Research Grants submission deadline http://www.sages.org/projects/research-grants/
WINTER 2017	Emerging Tech Abstract submissions for SAGES 2018 Meeting opens at http://www.sages.org/meetings/abstracts
JANUARY 2018	Emerging Tech Abstract submission deadline
MARCH 5, 2018	Early Bird 2018 Meeting Registration and Housing deadline
MARCH 15, 2018	SAGES Certification of Fellowship Training deadline https://www.sages.org/fellowship-certification/
MARCH 30, 2018	Late/Advanced Meeting Registration deadline

APRIL 11-14, 2018 SAGES/CAGS HOST WORLD CONGRESS OF ENDOSCOPIC SURGERY

SEATTLE, WA | www.sages2018.org

FES, FLS & FUSE testing also available

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*To improve quality patient care through education,
research, innovation and leadership, principally in
gastrointestinal and endoscopic surgery.*

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OR CALL 310. 437.0544, ext. 110





SAGES & CAGS

THE 16TH WORLD CONGRESS OF ENDOSCOPIC SURGERY

April 11 - 14, 2018

WASHINGTON STATE CONVENTION CENTER, SEATTLE, WA

PROGRAM CHAIRS:

John Marks, MD & Robert Lim, MD (SAGES)

Liane Feldman, MD (CAGS)

Save the Date!



Hosted by SAGES & CAGS

Society of American Gastrointestinal and Endoscopic Surgeons
and Canadian Association of General Surgeons



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