

# Scope



## MESSAGE FROM THE PRESIDENT

### DR. BRIAN J. DUNKIN

*"SAGES prides itself on being an innovative and productive society that supports and promotes minimally invasive surgery and flexible gastrointestinal endoscopy..."*



## Save the Date

**SAGES 2016 MEETING**

**BOSTON, MA**

**MARCH 16-19, 2016**

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# MESSAGE FROM THE PRESIDENT DR. BRIAN J. DUNKIN



**Brian J. Dunkin, MD**  
SAGES President 2015-2016

SAGES prides itself on being an innovative and productive society that supports and promotes minimally invasive surgery and flexible gastrointestinal endoscopy. The organization has come a long way from inception in 1981 by a small but dedicated group of surgical endoscopists to its current state of over 6,000 members, 36 committees and task forces, and a global reach beyond North America.

Despite this success, I wonder sometimes if the majority of SAGES members feel that the Society is truly helping them in their day-to-day practice or promoting their interests in bringing new techniques and technologies to their patients. Let me tell you about just a few things the Society is doing for you in these areas.

**Linking physician payment to quality measures:** Did you know that in January of this year, Health and Human Services (HHS) Secretary Sylvia M. Burwell announced measurable goals and a specific timeline to move the Medicare program toward paying providers based on the quality, rather than the quantity of care they give patients? Did you also know that this timeline includes 85% of Medicare fee-for-service payments tied to quality measures in 2016?!

## ***The move away from fee-for-service and toward value based care in this country is not coming; it's here!***

The problem is that payors, like Medicare, are not sure how to measure quality and to date have relied on process measures (think SCIP) as a substitute. This is where societies like SAGES can play a significant role. Who better than us to provide valid measures of quality in surgery? And you know what? Medicare agrees.

The quality landscape can be confusing, however, with many stakeholders playing in different areas. So the question is: "How can SAGES contribute to the quality world in an organized and deliberate way, leveraging our expertise and benefiting our members, while avoiding duplication of efforts by other organizations?"

To answer this question, under my direction, and co-chaired by Drs. Ben Poulouse and Dimitrios Stefanidis, SAGES held a Quality Summit in Washington, DC on May 15 – 16, bringing together stakeholders from four domains in quality to share their work: quality focused organizations, data management experts, payors, and medical societies ([www.sages.org/meetings/quality-summit-meeting/](http://www.sages.org/meetings/quality-summit-meeting/)). During the first day of the program, our invited guests shared their work in quality and provided a vivid picture of the current landscape. On the second day, updates about ongoing SAGES quality initiatives were shared and a strategic planning group spent time summarizing lessons learned from the Summit and planning a way forward.

SAGES is currently using the knowledge gained at the Summit to craft a strategic plan for our Society that will drive our efforts in this field over the next three to five years. The Quality, Outcomes, and Safety Committee, under the leadership of Dr. Anne Lidor, Chair, and Dr. John Romanelli, Co-Chair, will serve as the SAGES engine for implementing this strategic plan.

We are in the process of creating a page on the SAGES Website to include background information on how the fee for value movement will affect our members, video recordings of the Summit presentations, and other materials that are shaping SAGES strategy. A member education campaign is also being designed to engage all of our Society in this process. I truly believe that when we look back on the Summit and the steps SAGES is taking to implement this initiative, we will say it was the beginning of a new and special chapter for our Society.

**Advocacy:** During a recent "peer-to-peer" telephone conference I had with a representative of an insurance agency to gain approval for performing a per oral endoscopic myotomy (POEM) for my patient, I had to spell "achalasia" to the person on the phone! These types of barriers to providing care seem all too common and I'm hearing more and more complaints about it from our members. I believe our Society can help.

If you look at the way a new technology that benefits our patients comes to market, the path from inception to payment for the service/device is daunting. It starts with regulatory approval through the FDA, then goes to the American Medical Association (AMA) CPT editorial panel to be considered for a code, and is then assigned a relative value unit (RVU) for payment. Even after all that, insurance companies can still refuse payment.

SAGES has matured to play a significant role in all of these processes except one – advocacy with payors. The Society is frequently asked by the FDA to comment on devices or techniques that are undergoing evaluation for approval. In fact, many of our leaders, including multiple past presidents, serve on FDA advisory panels. SAGES also holds a seat on the AMA CPT Editorial Panel which votes on assigning CPT codes to new procedures. It also holds a seat on the AMA / Specialty Society Relative Value Scale Update Committee (RUC) which advises the Centers for Medicare and Medicaid Services (CMS) on the valuation of physician services within the Resource-based Relative Value Scale (RBRVS).

What SAGES has not done is advocate directly to payors for payment to physicians for care that we believe benefits our patients. This is something

we are working to change. A task force of leaders in the Society is creating a coordinated pathway to use all of our resources to help bring promising techniques and technology to market and gain payment for providing them to our patients.

Strategies being considered include hiring a consultant with expertise in payor advocacy, patient awareness campaigns through our Healthy Sooner program to create grass roots demand for minimally invasive surgery, and direct discussions with large self-insured organizations (think Walmart) that may be more receptive to hearing about the benefits of MIS for their employees. In essence, the ability of a surgeon to perform surgery in a minimally invasive manner should be rewarded with a premium in payment, not unfounded barriers. SAGES is working to make this happen.

**Telementoring:** As an organization that promotes minimally invasive surgery and flexible endoscopy, SAGES has built a legacy on creating unique educational opportunities to help surgeons learn these techniques and incorporate them into practice. A gap that has been difficult to fill in these educational offerings is an ability to have an expert join a surgeon in their own operating room and coach them through the early part of their learning curve for a new procedure. Having such an expert physically in the room is challenging due to regulatory and legal issues as well as availability.

Advances in audio-visual technology make it possible to create a virtual presence in the operating room for telementoring. This paradigm offers the possibilities of a scalable work force for operating room coaching that could potentially overcome legal, regulatory, and logistical issues. There is much work to be done, however, before this capability will be common place in the operating room. SAGES will play an important role in this. Under my direction, a Telementoring Task Force has been created to leverage the power of SAGES to further the field of telementoring. Chaired by Dr. Chris Schlachta, and co-chaired by Drs. Ninh Nguyen and Todd Ponsky, this group is initially focused on two efforts: 1) Define telementoring in a way that places it in the educational domain to help navigate legal and regulatory hurdles, and 2) hold a summit of telementoring stakeholders to clearly identify barriers and strategize to overcome them.

The SAGES Telementoring Task Force differentiates telementoring and telemedicine as follows: Telemedicine is providing a service directly to a patient over distance. Telementoring is a quality initiative for the practicing surgeon and requires three essential elements: 1) An established relationship between the mentor and the mentee. This makes telementoring different from teleconsultation where there is not an established relationship prior to the event, or telemedicine which is the direct interaction between the patient and the expert. In telementoring the skills and knowledge of both mentor and mentee are understood through a relationship developed prior to the telementoring event. 2) Telementoring occurs within an educational framework. Both the mentor and mentee have worked together within this framework and been properly prepared for the mentoring experience. 3) Telementoring is done with a competent mentee. This means that the mentee is completely capable of managing the patient's disease as if the mentor were not there – just with a different technique or using a different technology. The mentoring session is to help adopt a new technique or technology into clinical practice, but always with a safe fall back plan if anyone is uncomfortable with how the procedure is progressing.

The SAGES telementoring summit will be held August 20-22 in Los Angeles, CA and is called Project 6 ([www.sages.org/wp-content/uploads/2015/05/SAGES-P6-Summit-Agenda.pdf](http://www.sages.org/wp-content/uploads/2015/05/SAGES-P6-Summit-Agenda.pdf)). In the military, "got your six" means "I've got your back." The saying originated with World War I fighter pilots referencing the rear of an airplane as the six o'clock position. Having a surgeon's and patient's "back" when learning a new procedure is what telementoring is all about. The Project 6 Summit is an invitation only meeting where stake holders will sit down together to identify barriers and strategize on how to overcome them. It is organized into five working groups: 1) Legal /regulatory, 2) Technology, 3) Communication/Education, 4) Business model/proving value, and 5) Logistics. A white paper will be written about the proceedings and the work of the Summit will be used to drive SAGES' efforts in this area moving forward. The goal of the SAGES Telementoring Task Force is to make this type of communication in the OR commonplace. Success will be achieved when an institution is more at risk for not offering telementoring than for offering it. This key initiative will foster more meaningful adoption of minimally invasive surgery and flexible endoscopy into practice.

**Endolumenal bariatric procedures:** Anyone remotely connected to bariatric medicine has been hearing about intragastric balloons for managing obesity. There is a virtual frenzy about this relatively new technology as different manufacturers anticipate FDA approval for use in the US. Balloons are just the latest endolumenal technology to be introduced in this area with great potential for benefit to our patients, or great risk of being taken off the market if not introduced and managed correctly.

To embrace the advancement of endolumenal procedures in bariatric medicine, SAGES has created a task force for endolumenal bariatric procedures. Chaired by Dr. Marina Kurian, co-chaired by Dr. Matt Kroh, and working closely with SAGES Bariatric and Metabolic Disease Committee, chaired by Dr. Kevin Reavis and co-chaired by Dr. Brandon Williams, this group met face-to-face for the first time at the SAGES annual meeting in April and is working diligently to promote the introduction of promising technology into this space and educating surgeons on its proper use. The task force is already coordinating with the American Society for Metabolic and Bariatric Surgery (ASMBS), and hopes to include the American Gastroenterological Association (AGA), and the American Society for Gastrointestinal Endoscopy (ASGE) to create recommendations on the use and management of intragastric balloons.

**SAGES' role in global health:** Through the efforts of the Global Affairs Committee, chaired by Dr. Natan Zundel and co-chaired by Dr. Raymond Price, SAGES has had an expanding role in improving global health. This group is proving the value of minimally invasive surgery in under-resourced areas of the world. Their work in Mongolia demonstrated that MIS is not a luxury only for developed countries, but an essential tool to help patients get back to full activity and their usual lives as quickly as possible – perhaps a more important imperative in under-resourced areas. They also proved that by leveraging MIS and flexible endoscopy in these areas, they can improve care in the community beyond the surgical techniques being taught. To expand this effort, SAGES has become an inaugural member of the G4 global alliance for Surgical, Obstetric, Trauma, and Anesthesia Care ([www.sages.org/sages-breaking-news/sages-joins-g4-alliance-as-a-founding-member-organization/](http://www.sages.org/sages-breaking-news/sages-joins-g4-alliance-as-a-founding-member-organization/)). The G4 Alliance is an advocacy-based organization dedicated to building political priority for surgical care as part of the global development agenda. It provides a collective voice for Member Organizations united in their commitment to supporting increased access to safe, essential surgical, obstetric, trauma, and anesthesia care for all.

With the recent introduction of a World Health Organization resolution recognizing the importance of surgical care and anesthesia as part of achieving Universal Health Coverage (UHC) and the pending introduction of the United Nation's Post-2015 Global Goals on Sustainable Development, there has never been a more opportune time for members of the global community to unite in support of surgical care in the global agenda. G4 Alliance Member Organizations are united in their commitment to advocating for the neglected surgical patient. Dr. Horacio Asbun, SAGES Second Vice President and immediate past chair of the Global Affairs Committee, represented SAGES at the inaugural G4 meeting in Geneva, Switzerland in May and has been named to its Interim Board of Directors.

**Summary:** This is just a snap shot of what SAGES is doing for its members and global health. Look for more communication from me in the coming months not only about these initiatives, but also in the areas of robotically assisted surgery, advanced curriculums for practicing surgeons, and hands-on mini-fellowships in basic and advanced GI endoscopy for surgeons looking to upskill in these areas.

It is truly an exciting time for our Society with many active initiatives and amazing work by our energized membership. If there is something you would like to see the society do for you, please don't hesitate to contact me at [president@sages.org](mailto:president@sages.org).

Respectfully submitted,  
Brian J. Dunkin, MD  
SAGES President

# JOIN SAGES TODAY!

**SEE YOUR MEMBERSHIP PAY FOR ITSELF AND BEYOND!**

Join now to become eligible for the member rate at future meetings and enjoy the benefits of SAGES membership including:

- › *Cutting-edge education and professional development programs*
- › *Networking with colleagues and experts in the field of gastrointestinal and endoscopic surgery*
- › *Support for achievement in laparoscopic and endoscopic surgery*
- › *Exposure to state of the art surgical technology and techniques*
- › *Annual subscription to the Surgical Endoscopy Journal*
- › *Member-only research awards and career development grants*
- › *Substantial savings on meeting fees*
- › *Leadership Opportunities*
- › *... and so much more!*

Visit [www.sages.org/membership/benefits](http://www.sages.org/membership/benefits) or call **310. 437.0544**, ext. 156, to learn more.

**SAGES Mission**  
Improve quality patient care through education, research, innovation and leadership, principally in gastrointestinal and endoscopic surgery.

**SUMMER 2015**

# SAGES 2015-2016 SLATE OF OFFICERS



**PRESIDENT**  
Brian J. Dunkin, MD



**PRESIDENT-ELECT**  
Daniel J. Scott, MD



**1ST VICE PRESIDENT**  
Daniel B. Jones, MD, MS



**2nd VICE PRESIDENT**  
Horacio J. Asbun, MD



**TREASURER**  
Aurora Pryor, MD



**SECRETARY**  
Jeffrey M. Marks, MD

## BOARD MEMBERS: THREE-YEAR TERMS

### RE-APPOINTMENTS (3-YEAR TERMS):

Santiago Horgan, MD  
John D. Mellinger, MD  
Adrian Park, MD  
Thadeus L. Trus, MD  
Tonia M. Young-Fadok, MD  
Natan Zundel, MD

### NEW MEMBERS:

Robert B. Lim, MD  
Patricia Sylla, MD

### SAGES REPRESENTATIVE TO THE AMA HOUSE OF DELEGATES:

Paresh C. Shah, MD



SUMMER 2015

# SAGES AWARDS

## SAGES 2016 AWARDS NOMINATIONS ARE NOW OPEN!

Five awards are open for nomination from the general membership and four additional awards are open to nominations from SAGES Leadership (Officers, Board, and Committee Members). In addition to the SAGES Awards, there are also two scholarships available to SAGES members. Please submit all nominations and/or applications no later than **September 11, 2015**.

We encourage you to review the available awards and scholarships and submit your nomination online at [www.sages.org/about/awards/](http://www.sages.org/about/awards/). Note, you must be logged in to your SAGES account to submit nominations.

For any questions, please email Ms. Viera Ewell in the SAGES office at [admin@sages.org](mailto:admin@sages.org) or call 310-437-0554 x104. We hope that you participate in this process so that we may honor those who have contributed a great deal to endoscopic surgery and to SAGES.

David Rattner, MD  
*SAGES Awards Committee Chairman*

## 2015 SAGES AWARD WINNERS

### SAGES 2015 RESEARCH GRANT AWARD

Tammy Lyn Kindel, MD  
Institution: University of Nebraska Medical Center

Oscar M. Crespin, MD  
Institution: University Health Network, University of Toronto

Edward L. Jones, MD, MS  
Institution: Vanderbilt University School of Medicine

Vivian Dr Ruijiter, MD  
Institution: Stanford University – School of Medicine

L. Michael Brunt, MD  
Institution: Washington University School of Medicine

Lawrence Lee, MD, MSc  
Institution: McGill University Medical Center

### FES GRANT RECIPIENTS

Thomas Martin, MD  
Institution: Carolinas HealthCare System

Anastasia Kunac, MD  
Institution: Rutgers – New Jersey Medical School

### SMART GRANT RECIPIENT

Liane Feldman, MD  
Institution: Montreal General Hospital

### MEDICAL STUDENT SUMMER RESEARCH AWARD WINNER

Stephanie Stephanie  
Institution: Howard University

### CAREER DEVELOPMENT AWARD WINNER

Georgios Karagkounis, MD  
Institution: Cleveland Clinic Foundation

### SAGES FOUNDATION - GERALD MARKS RECTAL CANCER AWARD

Shuji Saito, MD

### IRCAD TRAVELING FELLOWSHIP AWARD

Yulia Zak, MD

### BRANDEIS SCHOLARSHIP/AWARD

Brian Dunkin, MD & Anne Lidor, MD

### RESEARCHER IN TRAINING AWARD

Edward Jones, MD

### THE YOUNG RESEARCHER AWARD

Rajesh Aggarwal, MD

### SAGES FOUNDATION - MARGRÉT ODDSDÓTTIR TRAVELING FELLOWSHIP AWARD

Daliya AlMohammad Ali, MD

### SAGES FOUNDATION - EXCELLENCE IN MEDICAL LEADERSHIP SCHOLARSHIP/AWARD

Danielle Walsh, MD

### SAGES FOUNDATION - PONSKY MASTER EDUCATOR IN ENDOSCOPY AWARD

Kenneth Forde, MD

### ARNOLD P. GOLD FOUNDATION: SAGES AWARD FOR CLINICAL EXCELLENCE AND HUMANISM IN MEDICINE

LTC(P) Robert Lim, MD

### INTERNATIONAL AMBASSADOR AWARD

Natan Zundel, MD

### THE PIONEER IN SURGICAL ENDOSCOPY AWARD

Steven Rothenberg, MD

### THE DISTINGUISHED SERVICE AWARD

Daniel Deziel, MD

### THE GEORGE BERCI LIFETIME ACHIEVEMENT AWARD

Lee Swanstrom, MD

## 2015 BRANDEIS SCHOLARSHIP WINNER:

Dr. Anne Lidor - Associate Professor of Surgery @ John Hopkins University

*I would like to thank SAGES for affording me the opportunity to participate in the Brandeis Leadership Program in Health Policy and Management during the first week of June this year. The experience was invaluable, providing me with knowledge and skills of unique benefit to my current role as chair of the Quality, Outcomes, and Safety Committee.*

*The program dealt largely with the implications of our new national health care policies as codified in the Affordable Care Act. The faculty, such as Stuart Altman, John Chilingirian and Robert Mechanic, were outstanding. The emphasis on the economics of healthcare delivery was especially pertinent in regard to my current responsibility for overseeing the development of SAGES' strategic plan (engineered by our current president, Brian Dunkin) to help define quality metrics for surgery, as well as educating our at-large membership as to what is happening with the fee-for value movement. In addition to this, however, many other important topics were covered, including financial literacy, effective leadership methods, and conflict negotiation. Moreover, the Brandeis program accomplished all of this while also fostering a camaraderie with an extraordinary assembly of surgical colleagues from across the spectrum, and in a setting uniquely conducive to intellectual inquiry.*



Brandeis Leadership Program attendees, including Dr. Anne Lidor and Brian Dunkin

## 2016 RESEARCH GRANTS & CAREER DEVELOPMENT AWARD

**The application process for 2016 will open mid July and all submissions must be submitted by November 4, 2015 (5pm PST).**

SAGES Research Grants are open to any Principal Investigator who is a current SAGES member, including Candidate Members. SAGES would like to especially encourage grant applications from young investigators and Candidate Members, in the hope that funding through SAGES will lead to success with subsequent extramural research grants. The purpose of SAGES Research Grants is to stimulate original research in gastrointestinal and endoscopic surgery. The application will be available on the SAGES website at [www.sages.org/projects/research-grants/](http://www.sages.org/projects/research-grants/) in late July of 2015.

For 2015, SAGES also awarded a Medical Student Summer Research Award, and three targeted grant opportunities: (1) SMART Enhanced Recovery Grant, and (2) Fundamentals of Endoscopic Surgery (FES) Grants to create competency-based skills training plans for endoscopic surgery. Please check the SAGES website for any Requests for Proposals in 2016.

The focus of this SAGES Foundation-supported award is to provide funding for a young surgeon or surgeon-in-training to develop critical skills required for their academic career in gastrointestinal and endoscopic surgery.

For more information, please visit [www.sages.org/projects/sages-career-development-award/](http://www.sages.org/projects/sages-career-development-award/)

SUMMER 2015

# SAGES FOUNDATION UPDATE



Thank you to those SAGES members who annually contribute to the SAGES Research & Education Foundation. The SAGES Foundation could not carry out its mission without the contributions of the dedicated members of SAGES. Your past and future investment towards great surgical education and research is both valued and appreciated. This past year, the SAGES Foundation was able to distribute \$460,000 in grants.

The Foundation is in the process of producing a short promotional video that will serve as a marketing and fundraising tool to showcase SERF's commitment to advancing laparoscopic, flexible endoscopic and minimally invasive surgery and assuring that patient safety is the highest priority for all future innovations. The video will share the faces and voices of the Foundation's leadership and will visually highlight the types of important work the Foundation supports such as minimal access surgical research and education, and funding support to institutions, physicians, fellows, and academicians to create evidence-based standards of practice, develop training programs, and carry out long-term research.

## LEADERSHIP NEWS

The Foundation Board of Directors is pleased to announce the appointment of Dr. Desmond Birkett as the new President of the SAGES Education and Research Foundation. Dr. Birkett has been a board member of the Foundation since 2001 and served as Vice President of the Foundation from 2009-2015.

## THE 2015 SAGES FOUNDATION AWARDS LUNCHEON RECAP

The 9th Annual SAGES Foundation Awards Luncheon was held on Wednesday, April 15 at the Gaylord Opryland Convention Center. For the first time in the Foundation's recent past, this event was sold out. Close to 300 guests gathered to celebrate the accomplishments of a select group of outstanding and talented award recipients. The proceeds from the luncheon will be used for future minimally invasive research and educational opportunities!

**Current and future SAGES projects need your support. Let's continue to make SAGES one of the best surgical societies by donating to the Foundation. For every \$1.00 a SAGES member donates, the Foundation has given \$1.50 back to fund SAGES education and research projects.**

**Donate here: [www.sagesfoundation.org/donate-now/one-time-gift/](http://www.sagesfoundation.org/donate-now/one-time-gift/)**





# THANK YOU FOR ATTENDING THE SAGES 2015 ANNUAL MEETING IN NASHVILLE!

From the Scientific Sessions to the Postgraduate Courses, to the inspiring Keynote Lectures, to the Military Symposium, to the Sing-Off, to the Mini Med School, to the Humanitarian Program and beyond, SAGES 2015 was a tremendous success thanks to the more than 2,200 meeting attendees! Special thanks again to our amazing Program Chairs Dr. Aurora Pryor and Dr. Michael Holzman and to SAGES President Dr. Michael Brunt!



Dr. Michael Brunt delivers his presidential address



Dr. Brian Dunkin at SAGES 2015



Dr. Michael Brunt & Gerald Marks lecturer, Dr. Frank Lewis



Drs. Brian Dunkin, Desmond Birkett & Michael Brunt



Keynote speaker Ed Viesturs delivers Karl Storz Lecture



Dr. Horacio Asbun presents Humanitarian Lecture at SAGES 2015



Drs. Rick Greene, Daniel Deziel, Bruce Schirmer, Desmond Birkett & Michael Brunt



Drs. Pascal Fuchshuber, Thomas Robinson, Steven Schwaitzberg, Michael Brunt & Daniel Jones

SUMMER 2015

# SAGES 2015 MEETING: AWARD WINNERS



Dr. Sang Hoon Ahn awarded Best International Abstract



Dr. David Urbach presents Dr. Rajesh Aggarwal the SAGES 2015 Best Young Researcher Award



Awardees Dr. Lee Swanstrom & Dr. Daniel Deziel



Dr. Lee L. Swanstrom & Dr. Michael Brunt



Dr. Bruce Schirmer and Dr. Michael Brunt at SAGES Luncheon



Dr. David Rattner presents International Ambassador Award to Dr. Natan Zundel



Dr. Steven Rothenberg & Dr. David Rattner



Dr. Danielle Walsh & Dr. Bruce Schirmer



Representatives accept award on behalf of Dr. Kenneth Forde & Dr. Bruce Schirmer



Dr. David Rattner & Dr. Anne Lidor



Dr. Daniel Deziel & Dr. Michael Brunt



Dr. Lee L. Swanstrom

# SAGES 2015 MAIN EVENT



SUMMER 2015

# 2015-2016 COMMITTEE CHAIR/CO-CHAIR LIST

## ASSETS/FINANCE

Chair: Aurora Pryor, MD

## AWARDS

Chair: David Rattner, MD

## BARIATRIC & METABOLIC DISEASE

Chair: Kevin Reavis, MD

Co-Chair: Brandon Williams, MD

## BY-LAWS

Chair: Kevin Wasco, MD

## COMMUNICATIONS

Chair: Fredrick Brody, MD

Co-Chair: Andrew Wright, MD

## CONFLICT OF INTEREST TASK FORCE

Chair: Patricia Sylla, MD

Co-Chair: Daniel Deziel, MD

## CONTINUING EDUCATION

Chair: Timothy Farrell, MD

Co-Chairs: John Paige, MD & Lisa McLemore, MD

## CURRICULUM TASK FORCE

Chair: Daniel Jones, MD

Co-Chair: Jim Korndorffer, MD

## DEVELOPMENT

Chair: Gretchen Purcell Jackson, MD, PhD

Co-Chair: Garth Jacobsen, MD

## EDUCATIONAL RESOURCES

Chair: Dean Mikami, MD

Co-Chair: Michael Ujiki, MD

## ENDOSCOPIC BARIATRIC TASK FORCE

Chair: Marina Kurian, MD

Co-Chair: Matthew Kroh, MD

## ETHICS

Chair: Arthur Rawlings, MD

## FLEXIBLE ENDOSCOPY

Chair: Ted Trus, MD

Co-Chair: Eric Pauli, MD

## FES

Chair: Jeffrey Marks, MD

Co-Chairs: John Mellinger, MD & Jose Martinez, MD

## FLS

Chair: Steven Schwaitzberg, MD

Co-Chairs: E. Matt Ritter, MD, Melina Vasilliou, MD, & Allan Okrainec, MD

## FUSE

Chair: Daniel Jones, MD

Co-Chairs: Pascal Fuchshuber, MD & Tom Robinson, MD

## GLOBAL AFFAIRS

Chair: Natan Zundel, MD

Co-Chair: Raymond Price, MD

## GUIDELINES

Chair: William Richardson, MD

Co-Chair: Dimitrios Stefanidis, MD

## HERNIA TASK FORCE

Chair: Adrian Park, MD

Co-Chairs: Carla Pugh, MD, Melina Vasilliou, MD & Guy Voeller, MD

## HUMANITARIAN

Chair: Tonia Young-Fadok, MD

Co-Chair: Marian McDonald, MD

## LEGISLATIVE

Chair: Donald Selzer, MD

Co-Chair: Ross Goldberg, MD

## MEMBERSHIP

Chair: Aurora Pryor, MD

Co-Chairs: John Marks, MD & Kenric Murayama, MD

## MILITARY WORKING GROUP

Chair: Robert Lim, MD

Co-Chairs: Yong Choi, MD & Robert Rush, MD

## NOMINATING

Chair: L. Michael Brunt, MD

## OPEN TO MIS WORKING GROUP

Chair: Jeffrey Hazey, MD

Co-Chair: Archana Ramaswamy, MD

## PEDIATRIC LIAISON GROUP

Chair: Danielle Walsh, MD

Co-Chair: Katherine Barsness, MD

## PROGRAM

Chair: Jon Gould, MD

Co-Chair: Dana Telem, MD

### **PUBLICATIONS**

Chair: Brian Jacob, MD  
Co-Chair: Scott Davis, MD

### **QUALITY, OUTCOMES & SAFETY**

Chair: Anne Lidor, MD  
Co-Chair: John Romanelli, MD

### **RESEARCH & CAREER DEVELOPMENT**

Chair: David Urbach, MD  
Co-Chair: Rebecca Petersen, MD

### **RESIDENT & FELLOW EDUCATION**

Chair: Matthew Goldblatt, MD  
Co-Chair: Melissa Phillips Lapinska, MD

### **ROBOTICS TASK FORCE**

Chair: Dmitry Oleynikov, MD  
Co-Chairs: Santiago Horgan, MD & Yuman Fong, MD

### **SAFE CHOLE TASK FORCE**

Chair: L. Michael Brunt, MD  
Co-Chair: Horacio Asbun, MD

### **SMART TASK FORCE**

Chair: Liane Feldman, MD  
Co-Chair: Conor Delaney, MD

### **TAVAC**

Chair: Matthew Hutter, MD  
Co-Chair: Shawn Tsuda, MD

### **TELEMENTORING TASK FORCE**

Chair: Chris Schlachta, MD  
Co-Chairs: Ninh Nguyen, MD & Todd Ponsky, MD

## **THANKS TO OUR SAGES 2015 MEETING CORPORATE SUPPORTERS**



**SUMMER 2015**

# SAGES RESIDENTS

## SAGES 2015 RESIDENT COURSES

SAGES is offering a series of courses on basic and advanced gastrointestinal laparoscopic and endoscopic procedures for surgical residents. Course announcements and invitations to attend SAGES resident courses are sent to all U.S. and Canadian program directors. Each program selects a resident to attend the course. In order to provide equitable service to all residency programs, each program may register only one resident per course. For course registration policies, please contact the SAGES Registrar at [registration@sages.org](mailto:registration@sages.org). The schedule for 2015/2016 resident courses is in development; please visit [www.sages.org/residents\\_courses/](http://www.sages.org/residents_courses/) for the latest information.

## FREE RESIDENT WEBINAR SERIES

ALL WEBINARS ARE PRESENTED ON TUESDAYS, FROM 7:00-9:00PM EST. UPCOMING SCHEDULE:

**SEPTEMBER 22, 2015**

MIS in Pregnant Patient  
Chair: John Linn, MD

**DECEMBER 8, 2015**

Preparing for ABSITE  
Chair: Michael Awad, MD

For updates and to view past webinars on SAGES TV, visit:  
[www.sages.org/meetings/resident\\_courses/free\\_courses/](http://www.sages.org/meetings/resident_courses/free_courses/)

# FUNDAMENTALS OF LAPAROSCOPIC SURGERY

## SAGES ANNOUNCES NEW SUPPLIER FOR THE FLS TRAINER BOX AND ACCESSORIES



Fundamentals of Laparoscopic Surgery™ (FLS), a joint educational program of SAGES and the American College of Surgeons (ACS), is granting exclusive rights for the manufacture and sale of the FLS Training Simulator and associated accessories and supplies to Limbs & Things, Inc. (LTI), a medical training simulation firm.

LTI will supply updated versions of the FLS Trainer Box, designed to suit the individual needs of the training center and trainee. All new task accessories and supplies will be comparable to current FLS products being used and compatible with existing FLS systems. While the new products feature an updated look and refinements, the basic parameters affecting the skills training and performance will remain. FLS products from LTI are available at [www.fls-products.com](http://www.fls-products.com).



“We are excited about partnering with Limbs & Things Inc.” said Steven D. Schwaitzberg, MD FACS, chairman of the SAGES FLS Committee, “which will offer an updated look, flexible options and excellent value to purchasers.”

For more details concerning the transition, please visit [www.flsprogram.org/testing-information/trainer-box/](http://www.flsprogram.org/testing-information/trainer-box/)

# SAGES SAFETY IN CHOLECYSTECTOMY TASK FORCE

The Safety in Cholecystectomy Task Force, charged with establishing a universal culture of safety in laparoscopic cholecystectomy, has gained immediate momentum. This January the Surgical Endoscopy Journal published the results of the Delphi survey initiated in April 2014. The paper “SAGES expert Delphi consensus: critical factors for safe surgical practice in laparoscopic cholecystectomy” served to inform the committee on key domains for training, assessment, and research. The committee has utilized the findings as a roadmap for the initiative aimed at improving surgical outcomes and patient safety. In its early programmatic stages, the committee has identified six strategies surgeons can employ to adopt a universal culture of safety for cholecystectomy and to minimize the risk of bile duct injury.

This summer, committee volunteers are developing the initial outlines to the didactic content and assessment questions that will be included in the SAFE Cholecystectomy Program Education Curriculum. Additionally, the committee is working on a pilot project that will help to easily compile videos and pictures for educational purposes.

You may find more information on the SAGES Safe Cholecystectomy Program by visiting the SAGES website:  
[www.sages.org/safe-cholecystectomy-program/](http://www.sages.org/safe-cholecystectomy-program/)

SUMMER 2015

# FUNDAMENTAL USE OF SURGICAL ENERGY / FAQs

## WHAT IS FUSE?

The Fundamental Use of Surgical Energy (FUSE) program teaches and assesses knowledge about the safe use of surgical energy-based devices in the operating room, endoscopy suite and other procedural areas.

The FUSE program covers the following:

- Fundamentals of Electrosurgery
- Mechanisms and Prevention of Adverse Events
- Monopolar Devices
- Bipolar Devices
- Radiofrequency for Soft Tissue Ablation
- Endoscopic Devices
- Ultrasonic Energy Devices
- Microwave Energy Systems
- Energy Devices in Pediatric Surgery
- Integration of Energy Systems with Implants
- Cardiac Devices
- Prevention of OR Fires



### *Who should participate in FUSE?*

If you are not an expert in the devices you use every day, if you witnessed a fire in the operating room and want to know how to prevent it in the future, if you wonder if you could do more to promote safety in the operating room, or if you are a SAGES member... **then FUSE is for you!**

Anyone who works with surgical energy – first assistants, nurses, and surgical technicians – are eligible for FUSE, and can earn Contact Hours or Credit Hours. FUSE is also designated for AMA PRA Category 1 CME credit, and Self-assessment CME credit (MOC), for physicians.

### *What is the FUSE Online Learning Module?*

The online learning module is web-based, with animations, images, narration and self-assessment review quizzes. It can be completed anywhere – at home, in your office, even on your smart phone or tablet! Taking about 10 hours total, you can learn at your own pace and return to review again and again.

Successful completion of the online learning module and self-assessment quizzes qualifies for up to 10.5 CME (or 10.5 Credit/Contact Hours) and is \$85.00 per individual, or **\$65.00 for SAGES members**. NOTE: for those who do not want CME or credit/contact hours, the online learning modules and self-assessment quizzes are available at no charge.

### *What is the FUSE Accreditation Exam?*

The accreditation exam is a 90-minute, multiple-choice exam given by appointment. Offered monthly at fifteen FUSE test centers across North America, plus at the upcoming ACS Clinical Congress and SAGES Annual Meeting, those who pass the exam are eligible for up to 12 CME (or 12 Credit/Contact Hours). The FUSE with Accreditation Exam option is \$225.00 per individual, or **\$180.00 for SAGES members**, plus special volume discounts are available. NOTE: this fee includes the online learning module and self-assessment quizzes needed to study and prepare for the accreditation exam.

### *How can I learn more about the FUSE Program?*

Please contact Carrie Ahern in the SAGES office at 310.437.0544, ext. 149 or visit [www.fuseprogram.org](http://www.fuseprogram.org)

SUMMER 2015

# SAGES TAVAC COMMITTEE RELEASES CONSENSUS STATEMENT ON THE DA VINCI® SURGICAL SYSTEM

The SAGES Technology & Value Assessment Committee (TAVAC) performed a literature review of the da Vinci® Surgical System regarding gastrointestinal surgery. Conclusions by the committee were vetted by the SAGES Full Board of Governors.

The da Vinci® Surgical System (Intuitive Surgical, Sunnyvale, CA, USA) is a computer-assisted (robotic) surgical system designed to enable and enhance minimally invasive surgery. The Food and Drug Administration (FDA) has cleared computer-assisted surgical systems for use by trained physicians in an operating room environment for laparoscopic surgical procedures in general, cardiac, colorectal, gynecologic, head and neck, thoracic and urologic surgical procedures.

There are substantial numbers of peer-reviewed papers regarding the da Vinci® Surgical System, and a thoughtful assessment of evidence framed by clinical opinion is warranted.

Several conclusions were drawn based on expert opinion organized by safety, efficacy, and cost for robotic foregut, bariatric, hepatobiliary/pancreatic, colorectal surgery, and single-incision cholecystectomy.

The SAGES TAVAC committee determined that gastrointestinal surgery with the da Vinci® Surgical System is safe and comparable, but not superior to standard laparoscopic approaches. Although clinically acceptable, its use may be costly for select gastrointestinal procedures. Current data are limited to the da Vinci® Surgical System and further analyses are needed.

To view the committee's full consensus statement, please visit [www.sages.org/publications/guidelines/tavac-analysis-davinci-surgical-system/](http://www.sages.org/publications/guidelines/tavac-analysis-davinci-surgical-system/).

## 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

GES 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

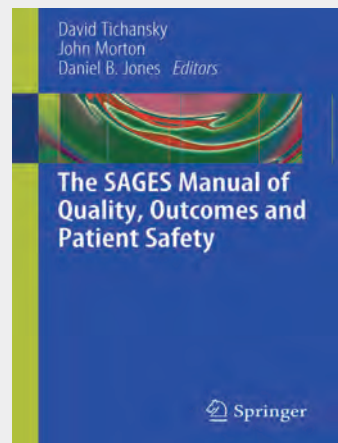
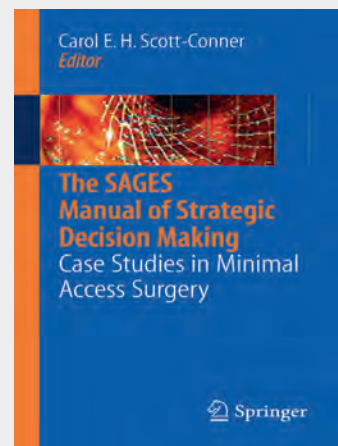
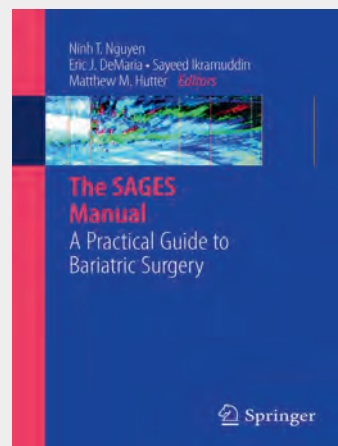
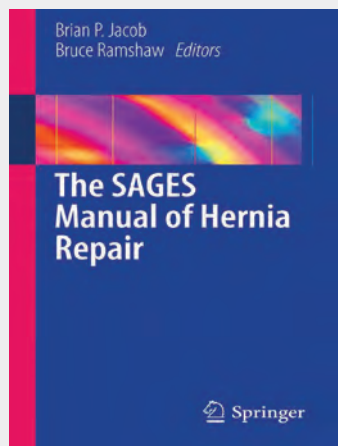
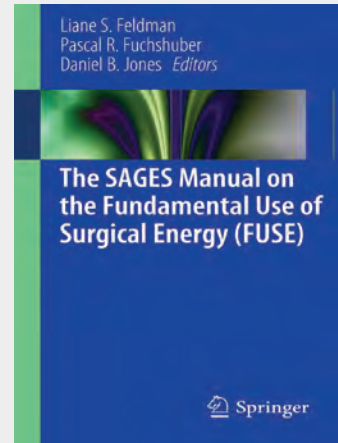
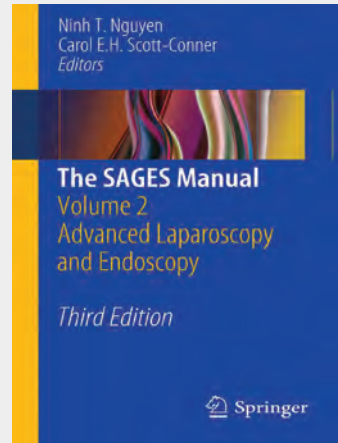
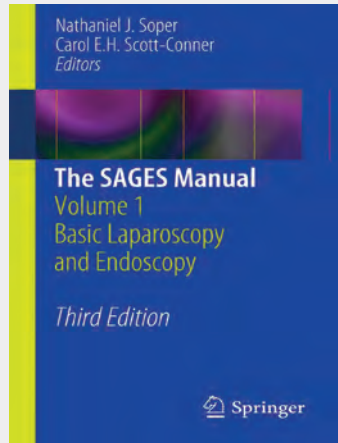
Please join the AMA or renew your membership by visiting the AMA website: <https://commerce.ama-assn.org/membership/>

In addition, please visit [www.ama-assn.org/go/ballot](http://www.ama-assn.org/go/ballot) to designate SAGES as your specialty society for representation purposes.



# SAGES Manuals

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



## Forthcoming SAGES Manuals:

**The SAGES Manual Operating Through the Endoscope**

Kroh, Reavis (Eds.)

**The SAGES Manual of Groin Pain**

Jacob, Chen, Ramshaw, Towfigh (Eds.)

**The SAGES / ERAS Manual of Enhanced Recovery Programs for Gastrointestinal Surgery**

Feldman, Delaney, Ljungqvist, Carli (Eds.)

# CALL FOR ABSTRACTS

## SAGES 2016 ANNUAL MEETING

### MARCH 16-19, 2016

HYNES VETERANS MEMORIAL CONVENTION CENTER, BOSTON, MA

**SAGES 2016 SCIENTIFIC SESSION SUBMISSION DEADLINE:**  
**SEPTEMBER 25, 2015 (11:59 PM PDT)**

To submit paper and video abstracts to the SAGES 2016 Scientific Session please visit the following web page: [www.sages.org/meetings/abstracts/](http://www.sages.org/meetings/abstracts/)

The program will consist of oral presentations, video presentations, and poster presentations. The program committee will be responsible for selecting the length of the oral and video presentations.

**ALL PAPER AND VIDEO ABSTRACTS MUST BE SUBMITTED ONLINE VIA THE SAGES ABSTRACTS SUBMISSION SITE LISTED ABOVE.**

NOTE: ALL content authors are required to disclose any financial relationship(s) with an ACCME-defined commercial interest ('industry'). Also, no content author may be an employee of a commercial interest. More details available online.

The following abstract submission policies will be firmly enforced:

- **No Previously Published Submission:** The abstract submitted must present original work that has not and will not be published or presented prior to the 2015 SAGES meeting.
- **No Dual Submissions:** The abstract must not have been submitted to any other upcoming meeting in North America.
- **No Previously Presented Data:** All abstracts must be new and original content OR include at least 50% new data if previously presented at a meeting.
- **Manuscript Submission:** Accepted Oral Abstract Presenters must submit a complete manuscript to Surgical Endoscopy.
- **Digital Poster Submission:** If selected for a Poster Presentation, a digital version of the poster must be submitted.

**NOTE:** The SAGES Conflict of Interest Task Force (CITF) declares that no employees of a commercial interest may present or be a planner in SAGES CME accredited activities when the topic is relevant. For additional information, review SAGES Policy on Employees of Commercial Interests.

## 2016 EMERGING TECHNOLOGY SESSION

Submission for "Emerging Technology" abstracts will open in November and will run until early January 2016. For detailed instructions and submission deadlines, please visit: [www.sages.org/meetings/abstracts/](http://www.sages.org/meetings/abstracts/)

If you have any questions, please contact the SAGES office at **310-437-0544 x118** or email: [abstracts@sages.org](mailto:abstracts@sages.org)

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## SAGES FLEXIBLE ENDOSCOPY COURSE

The SAGES Flexible Endoscopy Course for Fellows will be take place **September 11, 2015 through September 12, 2015** in Cleveland, Ohio at Case Western Reserve University, Institute for Surgery and Innovation. The popular course is open to 1st and 2nd year Fellows only. Registration is limited to 60 Fellows and priority is given to SAGES Candidate members. Registration closes Monday, August 3, 2015 or when course reaches maximum capacity. For more information please visit: <http://www.sages.org/mis-fellows-course/> or contact [registration@sages.org](mailto:registration@sages.org)

SUMMER 2015



# *Surgical Spring Week* **SAGES 2016** *Scientific Session & Postgraduate Courses*

32,486 individual hours of education

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2000 world class surgeons

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One emotional, funny & innovative  
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*Quality, Innovation & Mastery*

**PROGRAM CHAIRS:** Robert D. Fanelli, MD & Thadeus L. Trus, MD  
HYNES VETERANS MEMORIAL CONVENTION CENTER, BOSTON, MA

**MARCH 16-19, 2016 ■ [WWW.SAGES2016.ORG](http://WWW.SAGES2016.ORG)**

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Society of American Gastrointestinal  
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### Society of American Gastrointestinal and Endoscopic Surgeons

11300 W. Olympic Blvd., Suite 600  
Los Angeles, CA 90064

Phone: (310) 437-0544 | Fax: (310) 437-0585

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## SAVE THESE DATES!

### SAGES FUTURE ANNUAL MEETINGS

#### SAGES SCIENTIFIC SESSION & POSTGRADUATE COURSE

**March 16-19, 2016, Hynes Veterans Memorial Convention Center, Boston, MA**

#### SAGES SCIENTIFIC SESSION & POSTGRADUATE COURSE

**March 22-25, 2017, George R. Brown Convention Center, Houston, TX**

#### SAGES SCIENTIFIC SESSION & POSTGRADUATE COURSE / WORLD CONGRESS OF ENDOSCOPIC SURGERY W/CAGS

**April 11-14, 2018, Washington State Convention Center, Seattle, WA**

SUMMER 2015