

Scope



MESSAGE FROM THE PRESIDENT

DR. BRIAN J. DUNKIN

"Happy New Year SAGES family! What an amazing year 2015 was for our Society. With so many substantial issues in front of us, time has truly flown and it is hard to believe that I've entered the last quarter of my presidency. It is a true honor to serve..."

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Surgical Spring Week

SAGES 2016

*Scientific Session & Postgraduate Courses
Quality, Innovation & Mastery*

PROGRAM CHAIRS:

Robert D. Fanelli, MD, MHA

Thadeus L. Trus, MD

HYNES VETERANS MEMORIAL CONVENTION CENTER
BOSTON, MA ■ MARCH 16-19, 2016

WINTER 2016

MESSAGE FROM THE PRESIDENT



Brian J. Dunkin, MD
SAGES President 2015-2016

Happy New Year SAGES family! What an amazing year 2015 was for our Society. With so many substantial issues in front of us, time has truly flown and it is hard to believe that I've entered the last quarter of my presidency. It is a true honor to serve.

As a contributing member to the leadership of our Society, I have the privilege of seeing first-hand the inspirational and original work that our members do and it makes it easy for me to understand the value that SAGES membership brings to me and my patients. It also makes me passionate about ensuring that all SAGES members feel they are getting value from their membership. It is in this spirit that I would like to update you on a few amazing programs and ask for your engagement in a very important initiative.

Advocacy and Education: First, I want to share with you our Society's efforts in advocating on your behalf so that you can bring the best in surgical techniques and technology to your patients. In the summer issue of SCOPE I told you about new work our Society was embarking on to advocate directly to payers for coverage of MIS and flexible endoscopy procedures. On October 29th, I had the opportunity to join Richard Migliori, MD, Executive Vice President and Chief Medical Officer of United-Health Group and Kathryn Fitch, RN, M.Ed., principals and healthcare management consultant for Milliman on an Employee

Benefit News, hosted webinar entitled "Minimally invasive surgery: Delivering value for payers, employers, and employees" (http://pages.marketing.ebn.benefitnews.com/20151029_ebn_medtronic_ws_lp.html?source=site). During the webinar, Ms. Fitch presented actuarial data to the hundreds of Fortune 500 company human resource experts in the audience on cost savings for using minimally invasive surgery over a 30-day patient experience. Dr. Migliori then described a UnitedHealthcare patient education program in which patients who required one of nine surgeries (bariatric, hysterectomy, appendectomy, lobectomy, cholecystectomy, splenectomy, colectomy, ventral hernia, and anti-reflux) were provided the opportunity to review an educational video that not only taught them about the surgery they were to have, but also about the fact that it could be done using a minimally invasive approach. This 12-month pilot program for approximately 18,000 covered lives increased patient awareness about MIS options by 91% and resulted in 76% of patients electing to have surgery using an MIS approach. It also increased MIS utilization by 27% and saved approximately \$300,000. To put this into perspective, MIS utilization in this country is increasing by approximately 1% per year using traditional surgeon and patient educational tactics. My role in the webinar was to explain why there is such variability in the surgical workforce's ability to offer MIS surgery and what SAGES is doing about it. Let me tell you about the efforts I described to them.

First of all, SAGES' members are dedicated to MIS surgery so patients, the companies they work for, and payers should look to our members for their surgical care. In fact, we are in the process of creating a publically searchable area of the SAGES Healthy Sooner website to help patients search for a local SAGES surgeon.

Next, we are developing more sophisticated educational programs focused on helping practicing surgeons adopt new techniques and technology. The SAGES ADOPT program is one example. At the SAGES 2016 Annual Meeting in Boston, if you sign-up for the Hernia Hands-on Course, you will have the opportunity to participate in a 12-month longitudinal learning program. It starts with receiving over four hours of hands-on instruction at the annual meeting by expert faculty who have been specially trained to teach. After the meeting, there are multiple touch points throughout the year to help with procedural adoption including webinars where challenges are shared and tips and tricks provided, expert review of video recorded cases performed by learners, real-time communication with hernia experts via a special Facebook page, and an opportunity for learners to present their experience with the program at the SAGES 2017 Annual Meeting.

In addition, SAGES has formed a Curriculum Task Force (CTF) that is 2015, creating training pathways that lead to mastery of performance. Under the direction of President-elect, Dr. Danny Scott, and First Vice President, Dr. Dan Jones, the CTF is organizing all the enduring materials of the society and using them to create training pathways focused on first achieving competency, then proficiency, and finally mastery. Think of it as a college curriculum that begins with 100-level courses and finishes with graduate courses. The Society has even hired a librarian to catalog our materials and optimize their availability to our members. During the SAGES 2016 Annual Meeting in March, Drs. John Hunter and Dan Deziel will be hosting a session introducing the Masters Program to our members and there will be four Masters events throughout the week focused on foregut, hernia, and colorectal surgery as well as flexible endoscopy. I encourage you to attend these sessions and learn how to take your surgical "game" to the next level.

SAGES has also recognized a gap in the curriculum of teaching practicing surgeons new procedures – support in the operating room during the early part of the learning curve. This support used to be provided by live in-room mentoring from a visiting surgeon, but the logistics and legal hurdles required to provide this support today are becoming insurmountable. To fill this gap, we have embarked on a concentrated effort to use telementoring to support surgeons in their own operating room while they progress through the early part of their adoptive learning curve. On August 20-22, 2015, SAGES hosted the Project 6 Summit bringing stakeholders in the field of telementoring together to identify and overcome barriers to its implementation. A white paper will soon be published from these proceedings, and the work of this group is driving strategy to move the field forward. The goal of the SAGES Telementoring Task Force is to make this mode of communication available to any surgeon who requires it.

To hear more about this exciting field, come listen to Dr. Yulun Wang, the founder of InTouch Health and a leader in the field of telemedicine technology, give the Karl Storz Lecture at the SAGES 2016 Annual Meeting. He will share his vision of a world where telecommunication enables the performance and distribution of medicine and surgery.

Finally, SAGES is embarking on a pilot program to take the advocacy fight directly to payers. Later this month, a member of our Legislative Committee will be meeting with leaders from Health Care Services Corporation, a health insurance company that owns Blue Cross Blue Shield of Illinois, Montana, New Mexico, Oklahoma, and Texas, to advocate for payment of techniques and technologies that SAGES has supported through the CPT and RUC process. We hope that this effort will help close the gap between achievement of regulatory and coding / reimbursement success and payment by payers. All too often a device can be FDA-approved with a Category I CPT code and an RVU assignment yet payers still refuse to pay for it.

Needed engagement from our membership: I wonder how many of our members truly understand what the SAGES Education and Research Foundation does for our Society. Over the last month, you have received emails telling you about the Foundation's 80 by 20 campaign and may be wondering why you should contribute. Let me explain.

The Foundation was created nearly two decades ago to foster the financial health of our Society. SAGES' mission is "to improve quality patient care through education, research, innovation and leadership, principally in gastrointestinal and endoscopic surgery." We are a society built on the principle that surgeons should perform procedures in the least invasive and most effective way and dedicated to teaching all surgeons how to do these minimally invasive procedures. Our Society's financial strength comes from member dues, the annual meeting, our journal, and careful management of our financial portfolio. The Foundation helps us weather ups and downs in the financial market. During financial upswings, SAGES invests in the Foundation which serves as a reservoir for our education and research efforts. During financial downswings, that investment comes back to us in the form of Foundation grants that support important Society projects when those projects would put an undue strain on our budget.

Since inception, the Foundation has invested over \$3.3 million in SAGES. You may be surprised to know that this investment wasn't in esoteric research that most of our members won't conduct, or only for the Fundamentals programs (FLS, FES, FUSE) which some may believe are more focused on residents. The investment also supports our annual meeting, MIS and flexible endoscopy fellowships, career development awards, the Safe Cholecystectomy program, global healthcare initiatives, and educational initiatives for practicing surgeons as well as fellows and residents. Last year alone, the Foundation invested over \$500,000 in SAGES programs.

In these lean financial times, with corporate giving on the decline, it is more important than ever that SAGES members contribute to the Foundation. Absolute dollar amounts are not important. Membership participation is. When other organizations are considering donating to the Foundation, they want to know what percentage of our own members contribute. They use this as a barometer of the health of our society and our dedication to our mission. Why would they want to invest in us if we aren't willing to invest in ourselves?

This is the reason for the 80 by 20 campaign. The Foundation is working to get 80% of our members to contribute something to the Foundation by 2020. It doesn't have to be a large amount. In fact, they are suggesting that members sign up to contribute \$30 per month on a recurring basis. That's less than two Starbucks Grande Lattes per week! Set your bank account for the contribution and it will quickly be incorporated into your monthly budget. If we can get 80% of our members to contribute, the Foundation will have the resources to support additional projects and research. Having the vast majority of SAGES members contribute will also show our corporate donors the dedication our membership has to our mission. If you value SAGES and all that it offers, sign-up now (<https://www.sagesfoundation.org/donate-now/campaign/>). It's more important than ever.

The SAGES 2016 Annual Meeting: Finally, I would like to say a few words about our upcoming annual meeting in Boston, March 16 – 19, 2016. Our meeting co-chairs, Drs. Robert Fanelli and Ted Trus have put together an amazing program which I truly believe will be like no other. The Masters Series, Project ADOPT, our distinguished guest speaker mentioned above and the Marks Lecturer, Dr. Jo Buyske, are just a few of the unique offerings this year. In addition I want to tell you about a first ever event being conducted concurrently with the meeting; the TEDxBeaconStreet Salon event "Thriving Over Surviving" (www.sages2016.org/tedxbeaconstreet). This official TEDx event will feature twelve unique and inspiring presentations on topics ranging from medical innovation to revolutionary patient care and tell amazing personal stories of challenges and triumphs that will change how you think about healthcare. It is your chance to attend a TED event in person. The event is free when you register for the meeting and available as space allows, so be sure to sign up soon. My hope is that this program will be the beginning of a transformation of our meeting to one that adopts the TED spirit and fosters meaningful communication between presenters and the audience, not just "lectures."

Whether you are a regular SAGES annual meeting attendee or are thinking about attending for the first time, the SAGES 2016 Annual Meeting, March 16-19 in Boston, is one not to be missed. I hope to see you there!

Respectfully submitted,
Brian J. Dunkin, MD
SAGES President

SAGES MEMBERSHIP COMMITTEE UPDATE

The SAGES Membership Committee is helping to expand the SAGES family 365 days each year. The Committee is guided by a committee chair, two co-chairs, 10 subcommittee leaders, more than 25 surgeon members and two SAGES staff members that contribute many hours to drive efforts toward expanding SAGES membership. Collectively the committee attracts, reviews, and recruits hundreds of surgeons from across the world, as well as residents and fellows, allied health professionals and medical students, to help carry out SAGES' work to improve quality patient care through education, research, innovation, friendship and leadership, principally in gastrointestinal and endoscopic surgery.

SAGES is the society where sharing happens. SAGES members experience the value that SAGES has to offer through their involvement. We encourage members to get involved with a committee and to talk about SAGES membership with your colleagues, friends, and associates. Spread the word about your experience as a member; the collegiality, lifelong friendships, state-of-the-art surgical technology and techniques, and the impact participation has made on your career development and in everyday practice. Invite colleagues to visit the SAGES website and sign up for SAGES membership today: <https://www.sages.org/membership/>. New member applications are reviewed quarterly by the Membership Committee.

The Membership Committee has identified five priorities and structured its members into subcommittees to conduct strategic outreach and create initiatives to expand and enhance SAGES membership. The subcommittees are:

- Recruitment
- Retention
- Candidate Membership
- Private/Community Practice
- International Membership

The Membership Committee sponsors events, programs and awards to promote and facilitate interaction among members. We are excited about new content and features that are continually available on SAGES website. Members are encouraged to log in and visit the website regularly. One new feature now available is the FLS logo which appears under "Achievements" on SAGES member profiles to recognize members who have successfully passed the FLS examination. Work is underway to also display FES and FUSE logos for members certified in those programs. Members are encouraged to make time to set up an online profile so their achievements may be viewed by people visiting the "Find a SAGES Member" online directory at www.sages.org. Remember to verify your SAGES contact information to ensure timely receipt of important announcements and information.

Some of the Membership Committee events and programs planned for 2016 include:

- SAGES Medical Student Scholarship Award
- Community Practice Town Hall Meeting
- Candidate Town Hall Meeting
- Membership Booth (at the ACS and SAGES Meetings)
- SAGES Fellowship Certification
- Member-Get-A-Member Campaign
- Each One, Reach One Recruitment Program

For more information, click the "Member Opportunities" tab on the SAGES website when you login as a member.

Remember SAGES membership renewals are due on or before January 31, 2016 to ensure access to *Surgical Endoscopy: The Official Journal of SAGES*. Contact Member Services for more information about SAGES membership programs. at membership@sages.org or call (310) 437-0544, ext 110.



MEMBERSHIP CHAIR, AURORA PRYOR, MD



MEMBERSHIP CO-CHAIR, JOHN MARKS, MD



MEMBERSHIP CO-CHAIR, KENRIC MURAYAMA, MD

SAGES 2016-2017 SLATE OF OFFICERS

SAGES Board of Governors approved the new 2016-2017 Slate of Officers and Board Members during its November, 2015, meeting.



PRESIDENT
Daniel J. Scott, MD



PRESIDENT-ELECT
Daniel B. Jones, MD, MS



1ST VICE PRESIDENT
Liane Feldman, MD



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):

Timothy Farrell, MD
Brent Matthews, MD
Kenric Murayama, MD
Chris Schlachta, MD

NEW MEMBERS:

Pascal Fuchshuber, MD
Anne Lidor, MD
E. Matt Ritter, MD
Danielle Walsh, MD

ROTATING OFF:

Daniel Herron, MD
Matthew Hutter, MD
Leena Khaitan, MD
W. Scott Melvin, MD
C. Daniel Smith, MD



WINTER 2016



2016 SAGES AWARD WINNERS

SAGES Board of Governors approved the 2016 SAGES award winners during its November, 2015, meeting. The awards will be presented during the SAGES Foundation Awards Lunch, Wednesday, March 16, 2016, during the annual meeting in Boston, MA.

THE YOUNG RESEARCHER AWARD

Dana Telem, MD

RESEARCHER IN TRAINING AWARD

Rebecca Baucom, MD

SAGES FOUNDATION - GERALD MARKS RECTAL CANCER AWARD

Shuji Saito, MD

IRCAD TRAVELING FELLOWSHIP AWARD

Paul Colavita, MD

SAGES BRANDEIS AWARDS

Pascal Fuchshuber, MD, and Ann Rogers, MD

SAGES FOUNDATION GERALD MARKS RECTAL CANCER AWARD

James L. Alexander, MA, MRCP

SAGES FOUNDATION EXCELLENCE IN MEDICAL LEADERSHIP AWARD

Daniel Scott, MD

SAGES FOUNDATION JEFFREY L. PONSKY MASTER EDUCATOR IN ENDOSCOPY AWARD

Jeffrey Marks, MD

ARNOLD P. GOLD FOUNDATION EXCELLENCE IN HUMANISTIC CLINICAL CARE AWARD

Adrian Park, MD

SAGES INTERNATIONAL AMBASSADOR AWARD

Karl Hermann Fuchs, MD

THE PIONEER IN SURGICAL ENDOSCOPY AWARD

Dr. h. c. mult. Sybill Storz

SAGES DISTINGUISHED SERVICE AWARD

Steven Schwaitzberg, MD

THE GEORGE BERCI LIFETIME ACHIEVEMENT AWARD

Alberto Montori, MD

SAGES 2015 BRANDEIS AWARD WINNER, DR. BRIAN DUNKIN

From May 31 to June 6, 2015, I attended the Brandeis University Leadership Program for Health Policy and Management on the campus of Babson College. It was transformative for me. The program is intense and covers everything from economics to leadership styles, conflict negotiations, and health care policy. What I learned has already improved my performance experience both in SAGES and at my home institution, the Houston Methodist Institute for Technology, Innovation, and Education (MITIE).

For SAGES, what I learned in healthcare policy has been invaluable. I have been working on a new initiative to engage the society in participating in the national quality in healthcare landscape. Spending two days with Stuart Altman, a health policy advisor to every US president since Nixon, gave me a much deeper understanding of the history of our healthcare system and the details of the Affordable Care Act. Additional lectures on Medicare bundled payment programs and value based purchasing were also insightful. This knowledge has helped guide me in our Society's efforts to contribute to the healthcare quality landscape in a more specific and meaningful way.

I also benefited from gaining a deeper understanding of leadership styles (including my own) explored through the program and tools learned for effective negotiating strategies. A recent series of meetings between SAGES and industry have been much more fruitful by employing these strategies throughout our discussions.

At home, I am the medical director of MITIE - an education and research institute with a focus on keeping practicing surgeons abreast of their field. Over 6,000 healthcare professionals come to the institution annually for training. To keep MITIE growing and viable, it is important that I create formulas for economic success. All of the lessons learned through the Brandeis program have helped me in this effort. Understanding the current landscape in healthcare policy and reimbursement is imperative for my work as are the tools learned for leadership and negotiation. Lessons learned during my week at the Brandeis program have been put into practice immediately.

Finally, I must comment on the amazing camaraderie generated during the Brandeis program. Surgeon leaders from multiple specialties and at different stages in their careers are brought together for a week to participate in an intense curriculum that forges friendships that last beyond the program. A number of initiatives have already blossomed out of this community, and I am sure that it will foster collaboration among surgeon leaders in the future.

Thank you to SAGES for the honor of attending the Brandeis program. It has been one of the most fulfilling events I have participated in during my career.



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



SAGES 2016 Schedule at a Glance

Quality, Innovation & Mastery

Program Chairs: Robert D. Fanelli, MD, MHA & Thadeus L. Trus, MD

MARCH 16-19, 2016, BOSTON, MA

REGISTER ON-LINE at www.sages.org/registration



Wednesday, March 16, 2016

PG: Common Bile Duct Stones - IOC to LCBDE
 PG: Getting Behind Advances in Colorectal Surgery
 PG: SAGES SMART - Incorporating the Latest in Enhanced Recovery into your Gastrointestinal Surgery Program
 Symposium: International Hernia Symposium
 All Video All the Time Scientific Session - Bariatrics
SAGES Foundation Awards Luncheon **12:00pm – 1:30pm**
Exhibits / Video Session open **12:00pm – 3:30pm**
 HO: Getting Behind Advances in Colorectal Surgery
 HO: Common Bile Duct Stones
 All Video All the Time Scientific Session - Hernia: Ventral, Inguinal, Unusual
 Workshop: The SMART Way to Implement and Track Success in Enhanced Recovery Programs
 Panel: The Future is Now - How Technology is Changing Surgery
 Panel: What Every Surgeon Should Know about Reflux in the Bariatric Patient
 Panel: Everything you Need to Know about Barrett's Esophagus
 Panel: Tools for the Surgical Educator "Coaching the Teachers"
 Session: OR Team - A 360 Approach to Hernia Surgery, Or How My Patient Had the Perfect Hernia Experience
 Opening Session & SAGES Film
Exhibit Hall Welcome Reception **5:45pm – 7:30pm**

Thursday, March 17, 2016

SAGES Scientific Sessions & Videos
Exhibits/Posters/Learning Center **open 9:30am – 4:00pm**
 Military Surgical Symposium **Full Day**
 PG: Preventing Bile Duct Injuries; Creating a Culture of Safety in Cholecystectomy
 PG: The Skinny on New Weight Loss Techniques
 PG: Hernia - Abdominal Wall Reconstruction
 Masters Series: Foregut Disease - GERD, Achalasia and Obesity
 Debate: Robotically Assisted Hernia Repair
Keynote: Karl Storz Lecture - Yulun Wang, PhD
Educator's Luncheon "How do I Incorporate FEC/Flex Endoscopy Training into my Residency Program?"
Free Lunch in the Exhibit Hall for All Attendees
 Masters Series: Hernia (*Collaboration with AHS*)
 HO: Hernia
 HO: Endolumenal Bariatrics
 Panel: What SAGES Can Do For You - The Enduring Value of Membership
 Panel: Using Simulation to Improve Quality and Safety in Surgical Care (*joint panel with ASE*)
 All Video All the Time Scientific Session - MIS Mixed Bag
Refreshment Break/ Happy ½ Hour in Exhibit Hall
 Panel: Quality of Surgery: How will you be Rated? Why you should Care?
 Forum: Community Surgery Forum
Industry Educational Events
TEDxBeaconStreet Salon "Thriving over Surviving" (non CME)

Friday, March 18, 2016

SAGES Scientific Sessions & Videos
Exhibits/Posters/Learning Center **open 9:30am – 4:00pm**
Presidential Address - Brian Dunkin, MD
Keynote: Gerald Marks Lecture - Jo Buyske, MD
 Panel: Uh oh! What do I do? Management of Endoscopic Misadventures
FC Luncheon "The Value of a Surgery Fellowship to My Patients and My Career"
Free Lunch in the Exhibit Hall for All Attendees
 Masters Series: Expert Colorectal Surgeons Share Their Experiences
 Panel: Complications in Bariatric Surgery, Early Diagnoses is Paramount to Salvaging a Morbid Condition
 Debate: Robotic Debates - Residents, Robots or Both?
 Panel: Difficulties and Complications in Ventral Hernia Repair
 Panel: Telementoring - A New Paradigm in Surgical Training
 All Video All the Time Scientific Session - Foregut
 Panel: MIS in Acute Care Surgery
 Session: Emerging Technology (*non CME*)
 Resident/Fellow Scientific Session
Refreshment Break/ Happy ½ Hour in Exhibit Hall
 Masters Series: Flexible Endoscopy
 Panel: MIS in Endocrine Surgery: PNET (*joint panel with KSELS*)
 Panel: Hot Topics in Japan as Compared with the United States (*joint panel with JSES*)
 Panel: Program of the Americas - If I can do it, should I do it?
 All Video All the Time Scientific Session - Mixed GI/HPB
Main Event & International Sing-Off

Saturday, March 19, 2016

SAGES Scientific Sessions **8:30am – 3:00pm**
Exhibits, Learning Center **CLOSED**
 PG: Introduction to the SAGES Masters Program - Assuring Competency From the Get-Go
 PG: FUSE - Preparation and Refresher Course
 Panel: Complications in Robotic Surgery, "Danger, Will Robinson!"
 Session: OR Team - Only Teams Can Prevent OR Fires
 Session: OR Team - Duodenoscopes, Infections and Reprocessing. What have we learned?
 Panel: Oy what a Mesh!
 Session: OR Team - What's Bugging You?

SAGES MEETING 2016
 Hynes Veterans Memorial Convention Center, Boston, MA
 March 16-19, 2016
EARLY HOUSING & REGISTRATION
DEADLINE: FEBRUARY 12, 2016

HOW DO I REGISTER & BOOK HOUSING?
 Register on-line! www.sages.org/registration/
 Book your Hotel at www.sages2016.org/travel-information/hotel/
 Email: registration@sages.org

HOSTED BY Society of American Gastrointestinal and Endoscopic Surgeons (SAGES)
 web: www.sages2016.org | Twitter: @SAGES_Updates | Email: sagesweb@sages.org

FLEXIBLE ENDOSCOPY COMMITTEE

SAGES 2016 FLEXIBLE ENDOSCOPY COURSE FOR FELLOWS

The SAGES Flexible Endoscopy Course for Fellows will take place **September 16-17, 2016, in Houston, Texas**, at the Methodist Institute for Technology, Innovation and Education (MITIE). The 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 will open Summer of 2016. For more information please visit: <http://sages.org/mis-fellows-course>.

SAGES VIDEO ATLAS OF ENDOSCOPY

The SAGES Video Atlas of Endoscopy is a free educational resource with nearly 200 video vignettes of normal and abnormal findings in the GI tract as viewed through the endoscope. Each clip is approximately 60 seconds or less and designed to give the viewer multiple examples of the same type of finding. The result is a product that provides a viewing experience similar to that of doing hundreds of endoscopy procedures.

The SAGES Video Atlas of Endoscopy is divided into six categories:

- 1) Airway (as seen during upper endoscopy)
- 2) Esophagus
- 3) Stomach
- 4) Duodenum
- 5) Small Bowel
- 6) Colon



FES, FLS AND FUSE TESTING AVAILABLE!

WEDNESDAY, MARCH 16 - SATURDAY, MARCH 19 AT THE 2016 SAGES MEETING



For more details or to schedule your test:

Fundamentals of Endoscopic Surgery™ - www.fesprogram.org

Fundamentals of Laparoscopic Surgery™ - www.flsprogram.org

Fundamental Use of Surgical Energy™ - www.fuseprogram.org

WINTER 2016

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/.



GUIDELINES COMMITTEE

The SAGES Guidelines Committee has been engaged in extensive collaborative efforts on a number of revisions. These include:

- 1. ENDOSCOPIC PRIVILEGING GUIDELINES**
- 2. TRANSANAL MINIMALLY INVASIVE SURGERY (TAMIS)**
- 3. GUIDELINES FOR LAPAROSCOPIC VENTRAL HERNIA REPAIR**
- 4. VTE PROPHYLAXIS DURING LAPAROSCOPIC SURGERY**

The committee is in the process of finalizing editorials to older guidelines in order to provide updates to the latest research and findings in relevant fields. Updated guidelines and editorials can be found on the SAGES website in the coming months at www.sages.org/publications/guidelines/.



WINTER 2016

OPEN TO MIS WORKING GROUP UPDATE

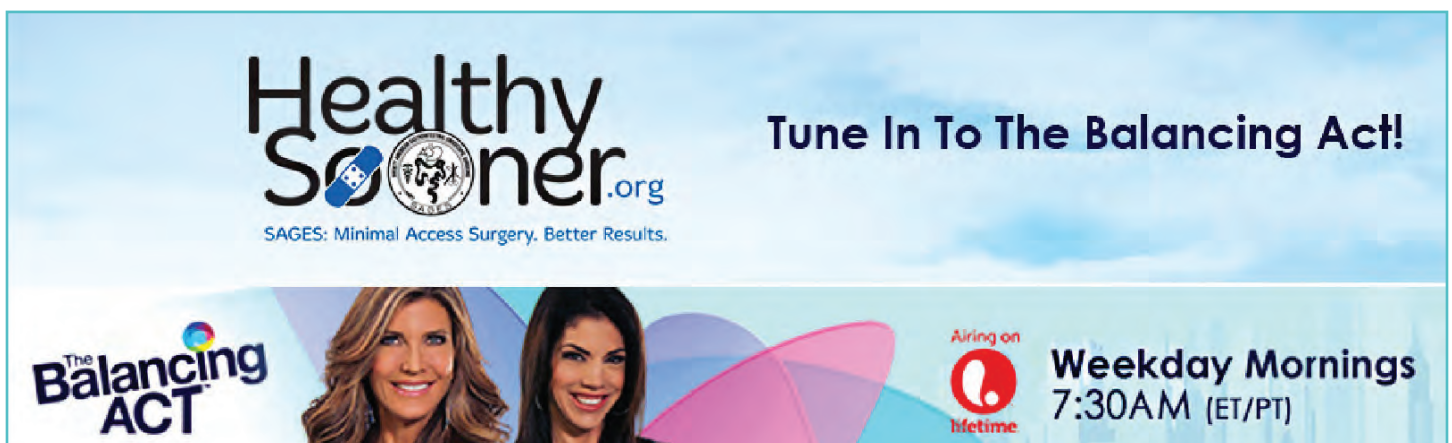
The mission of the Open to MIS Working Group is to improve value of patient care through enhanced adoption and access to minimally invasive surgical and endoscopic techniques. The following initiatives are currently in progress:

HEALTHY SOONER TRADEMARK APPLICATION

The Open to MIS Working Group has submitted trademark applications for the Healthy Sooner brand in both the United States and Canada. We expect the mark to be officially registered in early 2016.

NATIONAL TELEVISION SEGMENT – LIFETIME TELEVISION – “THE BALANCING ACT”

Working with Lifetime HBO, a 6-minute segment was produced to raise awareness about the benefits of MIS. The segment featured Dr. Archana Ramaswamy as a SAGES member and Open to MIS Co-Chair. An additional “Behind the Brand” promotion segment was also created that directly promoted the SAGES brand. Both segments aired in September of 2015 and were accompanied by a national e-mail marketing, social media and PR campaign. The segments can be viewed at <http://www.sages.org/healthy-sooner/>.



The feature aired to 98 million households on Lifetime Television and also aired an additional 200 times in national broadcast syndication across 100 plus stations around the country in major markets.

DEVELOPMENT OF HEALTHY SOONER APP

A combined effort between the Communications Committee and the Open to MIS Working Group, we have begun production of an App for patients and referring physicians to access patient information brochures and physician tools to access MIS surgeons for referring physicians. The App will incorporate enhanced recovery pathways in addition to patient information and physician tools to help referrals to MIS surgeons.



SAGES APPEALS MEASURE:

HOSPITAL VISITS AFTER HOSPITAL OUTPATIENT SURGERY

Earlier this year, SAGES applied for and was granted membership to the National Quality Forum (NQF), a not-for-profit membership based organization that endorses consensus standards for performance measurements. A task force of the Quality, Outcomes, and Safety (QOS) Committee has been created to review these measures on behalf of the SAGES membership.

Recently, the NQF endorsed 22 new measures related to Surgery. The task force reviewed these measures and had significant concerns over one measure which would greatly affect our surgeons. Measure #2687, Hospital Visits after Hospital Outpatient Surgery, quantifies the frequency with which patients discharged after an outpatient procedure return to the Emergency Department (ED) within a 7 day period. As written, this is an all-cause measure, with no discernment of relationship to the procedure or of patient demographics.

The task force recognized many potentially significant problems with using this as a measure of quality for the surgeon or the institution. The all-cause nature of the measure would unfairly assign a poor outcome when the purpose of the patient visit may be unrelated to the procedure. Also, this measure makes no provision to address the potential disparities of outcomes among populations. Despite available evidence linking socioeconomic and language disparities to post procedure ED presentation, the measure chooses to dismiss these concerns. The task force felt that even the perception of those discrepancies could lead to a potential barrier to access for these patients.

Based on all of these concerns, an appeal was filed on behalf of SAGES to the NQF. The QOS Committee task force was subsequently invited to participate in a phone conference with the NQF Project Management Team. This occurred on November 6, 2015, with SAGES represented by QOS chair Anne Lidor, QOS Committee members Jonathan Dort and Sheetal Nijhawan, and SAGES education manager Erin Schwarz. While the task force was appreciative of being given a forum to present an evidence based objection to the measure, no acceptable resolution was reached. The QOS Task Force therefore moved forward with the formal appeal process. As part of our new participation in the NQF, the QOS Committee will continue to robustly represent the interests of all SAGES members and keep them informed of these critical events.

Jonathan Dort, MD, FACS

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 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 to designate SAGES as your specialty society for representation purposes.

WINTER 2016

SAFE CHOLECYSTECTOMY TASK FORCE UPDATE



SAGES WEB-BASED SAFE CHOLECYSTECTOMY EDUCATIONAL PROGRAM

On October 24, 2015, a subgroup of the Safe Cholecystectomy Task Force met in Chicago, Illinois to continue the work of the Safe Cholecystectomy Education Program geared for surgical residents, fellows and practicing surgeons. The goal is to develop an interactive web-based multimedia-enhanced didactic curriculum along with an assessment that enhances a universal culture of safety for cholecystectomy. The didactic program consists of 12 education modules and accompanying self-assessment questions. Currently the content is still being finalized and reviewed by peers.

2016 INTERNATIONAL HEPATO-PANCREATIC-BILIARY (IHPBA) 12TH WORLD CONGRESS

SAGES and the Americas Hepato-Pancreato-Biliary Association (AHPBA) are partnering to present a symposium at the International Hepato-Pancreatic-Biliary (IHPBA) meeting in Sao Paulo Brazil in April 2016 on "Safe Cholecystectomy." Dr. Michael Brunt and Dr. Horacio Asbun will chair the "Safe Cholecystectomy" session and will review strategies of the SAGES Safe Cholecystectomy Program. The program aims to enhance a universal culture of safety for cholecystectomy in order to reduce bile duct injuries. For more information on the SAGES Safe Cholecystectomy Program, please visit: <http://www.sages.org/safe-cholecystectomy-program/>.

PUBLICATION OF DELPHI CONSENSUS IN SURGICAL ENDOSCOPY'S NOVEMBER 2015 ISSUE

The Surgical Endoscopy Journal published the results of the 2014 Safe Cholecystectomy Task Force Delphi survey "SAGES Expert Delphi Consensus: Critical Factors for Safe Surgical Practice in Laparoscopic Cholecystectomy," authored by Drs. Phillip H. Pucher, L. Michael Brunt, Robert D. Fanelli, Horacio J. Asbun and Rajesh Aggarwal. The article 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.

You may find the article in Surgical Endoscopy, November 2015, Volume 29, Issue 11, pp 3074-3085.

SAGES 2016 POSTGRADUATE COURSE: PREVENTING BILE DUCT INJURIES; CREATING A CULTURE OF SAFETY IN CHOLECYSTECTOMY

Dr. Michael B. Ujiki and Dr. L. Michael Brunt will chair the Postgraduate course at the SAGES 2016 Annual Meeting. The overarching goal of the session is to describe strategies for enhancing a culture of safety during cholecystectomy that may lead to reduction of bile duct injury. The full day session will take place on Thursday, March 17, 2016 and registration is required. Visit www.sages2016.org for additional information.

SMART COMMITTEE UPDATE



As surgeons, we have long been on the forefront of using leading-edge surgical techniques to improve outcomes. In more recent years, SAGES has recognized the opportunity to build on our excellent operative care through the integration of Enhanced Recovery principles, a multidisciplinary, patient-centered perioperative approach which has shown to improve outcomes, efficiency and cost-savings.

To help embrace this opportunity, SAGES formed the SMART™ (Surgical Multimodal Accelerated Recovery Trajectory) Task Force two years ago, and its members include subspecialty surgeons, anesthesiologists and nurses. The goal is to provide the education and materials needed for our members to adopt a strong, evidence-based Enhanced Recovery Program (ERP) into their practices.

This past fall, the committee launched several important SMART™ Enhanced Recovery Program resources for our membership:

- The [SAGES SMART™ Enhanced Recovery Program website](#), a living resource of best ERP practices and guidelines for SAGES members.
- The [SAGES / ERAS® Society Manual of Enhanced Recovery Programs for Gastrointestinal Surgery](#), a companion to the website, provides more in-depth guidance on implementation of ERP concepts.
- The SAGES/ERAS Society Canada course [ERAS 2015: Creating a Culture of Enhanced Recovery](#) was held in November and was a tremendous success.

SAGES SMART INVITES YOUR ENTIRE SURGICAL TEAM TO SAGES 2016!

SAGES SMART: IMPLEMENTING THE LATEST IN ENHANCED RECOVERY PROGRAMS
WEDNESDAY, MARCH 16, 2016
SAGES 2016 MEETING, BOSTON, MA

SPECIAL MEETING RATE FOR ALLIED HEALTH PROFESSIONALS
PG COURSE: SAGES SMART - INCORPORATING THE LATEST IN ENHANCED RECOVERY INTO YOUR GASTROINTESTINAL SURGERY PROGRAM

Enhanced recovery pathways facilitate patients' speedy return to normal function. Through the SAGES SMART program, patient care providers from all health care disciplines can gain critical knowledge on enhanced recovery and learn how to overcome the barriers to implementation.

WORKSHOP: THE SMART WAY TO IMPLEMENT AND TRACK SUCCESS IN ENHANCED RECOVERY PROGRAMS

This session will allow surgical teams to receive small-group consultation with expert faculty, including how to implement an ERP at your institution and how to trouble shoot specific issues.

Surgeons, nurses, anesthesiologists and administrators are invited to attend. Allied Health Professionals receive a special SAGES 2016 meeting rate.

Boston 2016

REGISTER AT
WWW.SAGES2016.ORG



WINTER 2016

The Fellowship Council

IMPORTANT DATES FOR THE 2016 MATCHING PROCESS



ADVANCED FELLOWSHIP SURGICAL TRAINING
Streamlined Universal Fellowship Application and Matching Process
www.fellowshipcouncil.org

2016 Fellowship Council Accredited Fellowships Available

2017-2018 Fellowship Year

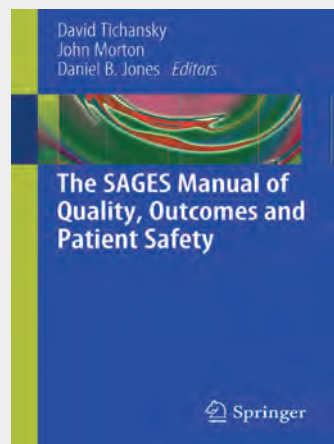
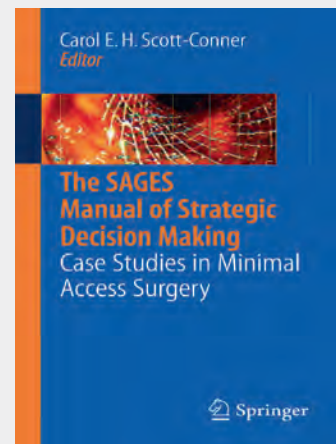
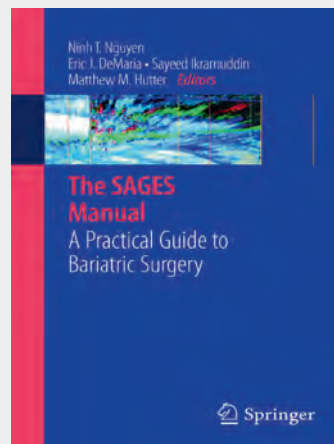
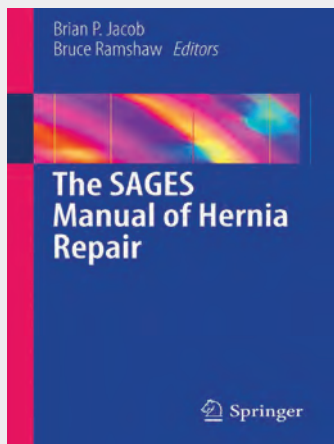
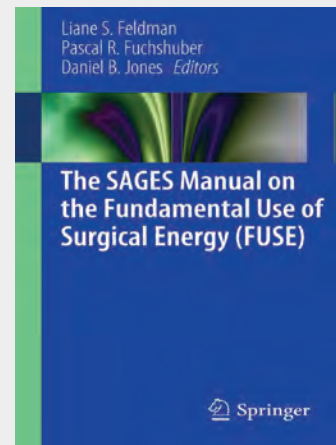
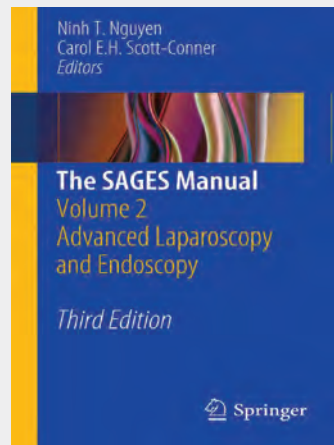
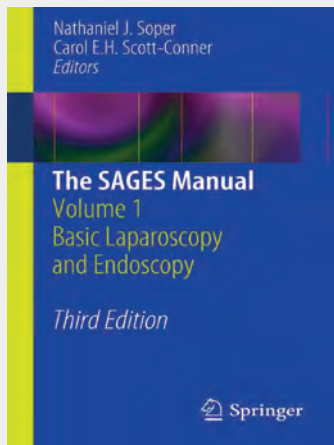
- Advanced Gastrointestinal Surgery
- Advanced GI Minimally Invasive Surgery (MIS)
- Advanced GI MIS / Bariatrics
- Bariatric Surgery
- Flexible Endoscopy
- Hepato-Pancreato-Biliary Surgery

2016 Fellowship Application and Matching Calendar

Fellowship Application Process Opens	December 1, 2015
Fellowship Application Closes	February 16, 2016
Letters of Recommendation Deadline.....	February 16, 2016
Inform Applicants of Interview Status	March 18, 2016
Rank Order Deadline.....	May 26, 2016
Date for Announcement of Fellowship Matches.....	June 14, 2016
Fellowships Begin.....	August 1, 2017
	<i>(July 30, 2017 at program's discretion)</i>

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.)



TEDxBeaconStreet

x = independently organized TED event

Thriving Over Surviving

We are thrilled to announce a special TEDxBeaconStreet Salon event “Thriving Over Surviving” in Boston on March 17 at 7:00 PM.

Running concurrently with the SAGES 2016 Annual Meeting, join us for a unique evening of inspiring presentations about medical innovation, revolutionary patient care and personal stories that will change the way you think about healthcare.

Talks will feature:



Robert Waldinger, MD, Clinical Professor of Psychiatry, Director of Harvard Study of Adult Development



Peter Pronovost, MD, PhD, FCCM, World-Renowned Patient Safety Champion



Daniel Kraft, MD, Physician-Scientist, Inventor, Innovator



Danielle Ofri, MD, PhD, Author



Eric K. Johnson, MD, Skydiver



Shad Deering, MD, National Expert in the Use of Simulation for Patient Safety



Al Millar, International Street, Circus and Corporate Entertainer



Dana Rosser, Founder of FacingObesity.com, Homemaker



Justin Constantine, Lieutenant Colonel, War Trauma Survivor



Trine Engebretsen, MD, MS, Organ Transplant Recipient



Deforia Lane, PhD, MT-BC, Music Psychologist



Matthew Hueman, MD, FACS, LTC, MC, Warzone Medic

LEARN MORE AT WWW.SAGES2016.ORG/TEDXBEACONSTREET

#sages2016 #thrivingoversurviving
#tedxbeaconstreet



Surgical Spring Week
SAGES 2017
Scientific Session & Postgraduate Courses

Save the Date

SAGES 2017 MEETING

HOUSTON, TX

MARCH 22-25, 2017

PROGRAM CHAIR: HORACIO ASBUN, MD

PROGRAM CO-CHAIR: MELINA VASSILIOU, MD

Houston

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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

WINTER 2016