used to think that SAGES basically existed to serve its educational mission. This was accomplished each year, largely in the form of its annual meeting and many postgraduate courses. Yes, the annual Scientific Session of our Society is among the best surgical gatherings in the world! Yes, the myriad of other issues SAGES addresses each year, such as setting standards for training, practice and privileges are vital! But I now realize that SAGES fulfills a much larger role in the annals of surgical progress.

SAGES, through its members, is the driving force shaping the greatest change in surgical science since the introduction of major surgical techniques. SAGES is only as great as those that dwell within it (members), as America is great because of those that live within it. It is estimated that 35% of all surgical procedures are now performed with minimally invasive techniques... a huge and dramatic change from only a decade ago! Our members, young and old, national and international, academic and private, have led this change, largely through drive, devotion, enthusiasm and importantly... GOOD CLINICAL RESEARCH!

In this age of molecular biology and gene therapy, the importance of clinical research has somehow, and I believe wrongly, been minimized; relegated as a distant second to basic science investigation. Most surgical residents are encouraged to steer their investigational efforts toward “bench” research, not clinical studies. Anyone can do a chart review! No meaningful information there! Spend time in the basic laboratory, clone genes, count mutations, discover a cure for cancer! This, we are led to believe, is real research. The tough part! The suggestion is (though not stated explicitly) that clinical research is second-rate science! On the contrary, more surgical progress has been made, by far, at the bedside than at the bench; cardiac surgery, transplantation, and minimally invasive surgery among them. Yes, basic research is sexy, and it is important, but little progress is made if no one makes the transition from bench to bedside. Continued on page 13.
Help us celebrate the 30th anniversary of the flexible fiber-optic scope…A reminder

1999 signals the 30th anniversary of the major introduction of the FLEXIBLE FIBER OPTIC scope in 1969. According to Dr. Gerald Marks, the first production model of the flexible colonoscope was introduced in December of 1969. Many articles were published previous to this date, but 1969 marks the year of broad introduction.

Because of SAGES role in flexible endoscopy and those of our colleagues in the medical industry, we’re planning a year-long celebration. The first event was a “STROLL DOWN FLEXIBLE ENDOSCOPY LANE” at the entry of the 1999 Exhibit Hall in San Antonio. Several of our industry colleagues participated.

We are planning a SAGES Anniversary tribute at ACS in October by compiling a gigantic album: “A SURGEON’S HISTORY OF FLEXIBLE ENDOSCOPY” for our ACS exhibit. The album will become part of all our educational events this year and form one of the pillars of our history. It will be a collection of reprints of significant publications on flexible endoscopy by SAGES members. WE AGAIN INVITE YOUR PARTICIPATION. Many of our members have already sent us their reprints... but we are waiting for YOURS!

How can you participate?

1. Let us know by Sept 15th that you want to be included.
2. Send us reprints of your most significant publications on flexible endoscopy since 1965. We would like to be able to keep these. But let us know if you need them back.
3. If you can’t send us a reprint, please send the title of the article, the date of publication and the publisher. We will try to obtain a reprint or permission to copy your original.

Articles should be sent to Barbara Berci or Joyce Hasper at the SAGES office.
The following members have been invited to serve as chairperson or co-chair to SAGES committees. We are indebted to all of them for their continued efforts on behalf of the Society.

ASSETS/FINANCE:
Daniel Deziel, MD — Finance chair
Joseph Petelin, MD — Assets chair

AWARDS:
Kenneth Forde, MD — Chair

BYLAWS:
Lelan Sillin, MD — Chair

CONTINUING EDUCATION:
David Rattner, MD — Chair
Brett Sheppard, MD — Co-chair

CREDENTIALS:
Steven Wexner, MD — Chair
Demetrius Litwin, MD — Co-Chair

DEVELOPMENT:
Jonathan Sackier, MD — Chair
Dennis Fowler, MD — Co-Chair

EDITORIAL:
Bruce MacFadyen, MD — Chair

EDUCATIONAL RESOURCES:
David Edelman, MD — Chair
Gerald Fried, MD — Co-Chair

ETHICS:
Thom Lobe, MD — Chair

INTERNATIONAL RELATIONS:
George Berci, MD — Chair
Harry Himal, MD — Co-Chair

LEGISLATIVE REVIEW:
Aaron Fink, MD — Chair
Charles Haynie, MD — Co-Chair

MEMBERSHIP:
Sherry Wren, MD — Chair
Adrian Park, MD — Co-Chair

NOMINATING:
John Hunter, MD — Chair

PROGRAM:
Bruce Schirmer, MD — Chair
Mark Talamini, MD — Co-Chair

PUBLICATIONS:
Kenneth Forde, MD — Chair
Desmond Birkett, MD — Co-Chair

PUBLIC INFORMATION:
Eli Lerner, MD — Chair
Jo Buyske, MD — Co-Chair

RESEARCH:
William Laycock, MD — Chair
Jeffrey Marks, MD — Co-Chair

RESIDENT EDUCATION:
W. Stephen Eubanks, MD — Chair
Keith Apelgren, MD — Co-Chair
C. Daniel Smith, MD — Co-Chair

STANDARDS:
Steven Schwartzberg, MD — Chair
Ramon Berguer, MD — Co-Chair

TECHNOLOGY:
Steven Schwaitzberg, MD — Chair
Ramon Berguer, MD — Co-Chair

EDUCATIONAL RESOURCES COMMITTEE

SAGES NEEDS YOUR HELP!

SAGES is considering offering CME credits for our wildly popular Monthly Slide Quiz, which can be found at http://www.sages.org/quiz/

However, we need your feedback! Would this be valuable to you? Do you like these quizzes? What topics would be of interest to you? Please give us three minutes of your time and fill out the short survey about the quizzes. To do so, please go to http://www.sages.org/quiz/quizsurvey.html

Correction!

Recently, examples of the SAGES Colonoscopy and Upper GI Endoscopy Patient Information Brochures were distributed to the membership. Unfortunately, the original printing contained several typographical errors. These errors have been corrected in the 2nd printing and the new brochures are available on the SAGES Website or by contacting the office. Please note the following changes on the sample brochures mailed to you.

Upper GI Endoscopy
Section: “What Can Be Expected During the Upper Endoscopy?” The procedure usually lasts 15-60 minutes.
Section: “What Happens After Upper Endoscopy?” You will be monitored in the endoscopy area for 1-2 hours until the effects of the sedatives have worn off.

Colonoscopy
Section: “What Happens After Colonoscopy?” (Second Paragraph) ... you will be observed until most of the effects of the sedation have worn off (1-2 hours).

SAGES EDUCATIONAL MATERIALS AVAILABLE

More information about the following educational materials is available on the SAGES website at http://www.sages.org or by calling the SAGES office at (310) 314-2404.

PATIENT INFORMATION BROCHURES:
Laparoscopic Hernia Repair
Laparoscopic Anti-Reflux Surgery
Laparoscopic Colon Resection
Laparoscopic Gallbladder Removal
Laparoscopic Gallbladder Removal (Spanish)
Diagnostic Laparoscopy
ERCP
Upper GI Endoscopy
Colonoscopy
Flexible Sigmoidoscopy

How to Order: Order on-line or call the SAGES office (310) 314-2404.

VIDEO LIBRARY:
A complete catalog of educational videos on a wide variety of topics.

How to Order: Order on-line or call CinéMed (800) 515-1542.
MEMBERSHIP COMMITTEE

Member Numbers Grow

While the increased challenges to time and treasure continue to press on general surgeons, SAGES membership continues to increase. Currently our membership includes: 2593 Active Members from the U.S., 248 Active International Members, 643 Candidate Members, 171 Senior Members, and 19 Honorary Members. Total membership is 3674.

APPLICATIONS ON LINE FACILITATE MEMBERSHIP PROCESS

SAGES has been accepting applications on-line for almost one year. The results have been astounding. More than 50% of all new members now apply on-line. While support materials (copies of board certificates, etc.) and sponsorship letters must be sent in hard copy to the office, the process is greatly expedited by the on-line capability. Once the on-line application is received, staff members follow up with each applicant until the support materials are complete. Each application is sent for review by several membership committee members. If submitted with complete support materials, the application process can be completed quickly. Membership applications are reviewed and presented to the Board for acceptance twice a year: once at the annual meeting in March or April and once at the ACS Clinical Congress in October. Deadlines for submission are January 1st for Spring review; July 1st for October review.

MEMBERSHIP LOGO ITEMS:

Want to show how proud you are to be a SAGES member? Here’s a list of items to connect you to your SAGES family. The new boxer shorts will be a topic of discussion in the O.R. changing room! Your feedback on ideas for new products is welcome. Please view our website for the latest products as they become available.

- SAGES Logo T-Shirts
- “Here’s looking IN you, Kid!” T-Shirts
- SAGES Logo Boxer Shorts
- SAGES Logo Baseball Hats
- SAGES Logo Ties (two designs)
- SAGES Logo Lapel Pins

HOW TO ORDER: Order on-line www.sages.org or call the SAGES office for an order form.

PUBLICATIONS COMMITTEE

A NEW AND EXPANDED VISION

With direction from new President, Dr. Jeffrey Peters, the SAGES Board has created a Publications Committee. The administrative complexity of an official journal, as well as the success of the SAGES resident manual have made it evident that SAGES should continue to focus on high quality publications emanating from our Society.

Dr. Peters has appointed Dr. Kenneth Forde as chair of the committee, and Dr. Desmond Birkett as co-chair. Several long-standing members have been appointed to this committee, which will play a very important role in the future growth and recognition of the Society. The charge of the committee is twofold: First, to identify topics, select editors, authors, and oversee a continuing series of SAGES “manuals.”

The second, and equally important charge, would be to oversee the business and administrative aspects of our official journal. This activity would include expansions and selection of editorial board members, review of the economic aspects of the journal, contract negotiations, and an active role in marketing plans.
The Distinguished Service award is designated for an endoscopic surgeon who is a member of SAGES and who has made a significant, long-term educational, research, clinical and/or technological contribution to the field of surgical endoscopy as well as to SAGES. The Board voted the 1999 Distinguished Service Award to Dr. George Berci.

Just a few of the “Berci milestones”:
- In 1962 he developed a miniature TV camera for endoscopy and broadcast live images from inside the body for the first time. His colleagues asked why he would want to do that!
- He brought the Hopkins Rod Lens System to endoscopy (1967) when he found that it had a potential medical application. No Laparoscopic “revolution” would have occurred without a better optical system.
- He introduced the explosion-proof Xenon light source to the endoscopic community (1975).
- He developed the choledochoscope (1974) and a half dozen other GI scopes.
- He developed or invented a wide range of endoscopic instruments unrelated to general surgery including the Berci-Ward laryngoscope, the Kantor-Berci operating laryngoscope, the Gans-Berci pediatric endoscopes and laparoscopic scope (1971), several dozen hand instruments and a video intubating scope.
- He wrote the definitive text on endoscopy in 1976.

His work for SAGES
- Served on the Board of Governors for 9 years.
- Served as Vice President and President.
- Directed 1990 groundbreaking postgraduate course in Atlanta.
- Initiated and directed the first series of Training the Trainers courses in Laparoscopic cholecystectomy in 1990 and 1991.
- Serves on the Board of Directors of the SAGES Education and Research Foundation.
- Editor of Surgical Endoscopy since its inception.

Dr. Berci is Clinical Professor of Surgery, U.S.C. Medical Center, and Director of Endoscopic Research at Cedars Sinai Medical Center in Los Angeles.
1999 Circon Young Researcher Award
Karen D. Horvath, MD

Several years ago, through a generous grant from the Circon Corporation, we established the Annual “Circon Young Researcher Award.” The prize is presented annually to a young SAGES member who is in residency, fellowship, or a faculty member within five years of completion of training. The criteria are accomplished clinical or basic science research; publication or presentation at national meetings; research in the area of either flexible endoscopy or minimal access surgery, including immunology, physiology, or pathology; the nominee must exhibit ongoing potential for endoscopic research; the nominee must be committed to an academic surgical career; the nominee must be a SAGES Candidate or Active member in a residency program, fellowship or within five years of residency.

Dr. Horvath trained in medicine at New York Medical College, is a Ph.D. candidate in physiology, and completed research and clinical fellowships in laparoscopic surgery and surgical critical care at Columbia University and the University of Washington respectively. She has won 11 research grants (including two from SAGES) and published 19 peer reviewed articles. She has co-authored two books. Dr. Horvath serves on SAGES the Research and Membership Committees. She has presented at national society meetings (including SAGES) and taught numerous courses.

1999 SAGES Best Resident/Fellow Presentation Awards

These awards are given to the best oral or video papers presented by residents or fellows during the SAGES Annual Scientific Session. All presentations given at the Annual Scientific Session by residents and fellows are eligible for these awards. The winners are selected by the Resident Education Committee, which is comprised of over 40 members of the society. The awards are generously supported through a grant from the SAGES Corporate Council.

First place was awarded to Nick Taffinder, MD, of the Imperial College School Of Medicine At St Mary’s, London, England, for his presentation entitled, “The Effect Of Second Generation 3D On Laparoscopic Precision.”

Second place was awarded to Daniel Herron, MD, of the Legacy Hospital System, Portland, Oregon, for his presentation entitled, “Predicting Dysphagia After Laparoscopic Antireflux Surgery.”

Third place was awarded to Roger Tatum, MD, of the Northwestern University Medical School, Chicago, Illinois, for his presentation entitled, “Operative Esophageal Manometry During Laparoscopic Heller Myotomy: An Initial Experience.” (no photo available)

The award will not necessarily be given every year but bestowed when the Board determines a worthy nominee, who is approved first by the Awards Committee. This award is intended for those whose efforts have substantively contributed to, changed or improved the field of endoscopy or enabled SAGES to do so.

PIONEER IN ENDOSCOPY AWARD

The Award is designated for a person in industry, not a physician/surgeon. The award will be given to an individual, not to a company. The award will be granted for a significant, long-term scientific or technological contribution to the field of surgical endoscopy.

The award will not be given every year but bestowed when the Board determines a worthy nominee. It is intended for those whose efforts have substantively changed and improved the field of endoscopy.

One person may not receive the award twice, but like the Nobel Prize, it is for a body of work as opposed to an individual achievement.
ANNUAL MEETING

PREVIEW

2000 Meeting Program Chairs and Unit Coordinators Appointed

Program Chairman: Bruce Schirmer, MD
Oncology Postgraduate Course Director: David Rattner, MD
Barrett’s/Motility Postgraduate Course Directors: Mark Talamini, MD and Lee Sillin, MD
Colo-Rectal Hands-On Course Director: Steven Wexner, MD
Hands-On Course Lab Coordinators: Michael Holzman, MD and Fredrick Brody, MD
Poster Chair: Mark Callery, MD
Poster Co-Chair: Scott Melvin, MD
Video Chair: John Minasi, MD
Video Co-Chair: Todd Heniford, MD
Learning Center Coordinator: Steven Schwartzberg, MD
Discussion Coordinator: Jo Buyske, MD
Educator’s Lunch Coordinator: Debbie Youngleman, MD
Resident’s Day Coordinator: Edward Chekan, MD

SAGES 2000
THE MEETING OF THE MILLENNIUM!

March 29 - April 1, 2000 Atlanta, Georgia, USA

Postgraduate Courses

• Endoscopic Management of Colorectal Disease (with lab)
• Surgical Oncology – How Much is Too Little?
• Laparoscopic Treatment of Barrett’s Disease and Motility Disorders

Scientific Session Topic Highlights

• Hand-Assisted Surgery • Pediatrics • Ethics & Expert Witnesses •
• Ultrasound • Education, Training, Credentialing & Privileging •
• Hernia • Adhesions and Adhesives • ERCP vs. Lap. CBD •

IPEG Meets in Tandem with SAGES
International Pediatric Endosurgery Group meets March 28-30th

ON-LINE ABSTRACT SUBMISSION UNTIL SEPTEMBER 17, 1999:
http://www.sages.org/abstracts2000

Register on-line after September 15, 1999 http://www.sages.org/registration
SAGES, 2716 Ocean Park Blvd. Suite 3000, Santa Monica, CA 90405 • Fax (310) 314-2585 or e-mail: SAGESmail@aol.com
1999 Meeting Review

San Antonio Biggest Meeting Since World Congress!

Almost 1300 surgeons crowded the halls and meeting rooms of the Henry Gonzales Convention Center in San Antonio at the end of March for the 1999 SAGES Annual Scientific Session and Postgraduate Course. Playing to "standing room only," video sessions and panels covered everything new in endoscopic surgery. More than 75 exhibitors demonstrated the unique union between industry and surgeons with more than half of them debuting new products. Here are some visual highlights of the meeting.

Hands-On Course

If it Takes a Village... To raise a child, how many villagers does it take to teach a hands-on course? A whole lot of faculty devoting their time and talent. Thanks to those who made it an educational success. Standing first row extreme right: Course Chair Dan Smith, M.D.

The Scientific Program was dazzling

Board Members and Past Presidents get together after the Presidential Lecture. Left to right: William Traverso, MD, Kenneth Forde, MD, Jeffrey Peters, MD, Gerald Marks, MD, David Edelman, MD, George Berci, MD, Bruce Schirmer, MD, Nathaniel Soper, MD, Professor Michael Trede, Sherry Wren, MD, Lee Swanstrom, MD, John Hunter, MD.

Gathering before the Meet the Professors lunch are (left to right) "Professors" N. Soper, Steve Martin of Karl Storz Endoscopy, G. Berci, M. Gagner, C. Scott-Conner, John Davis of Karl Storz Endoscopy, T. Lobe and S. Rothenberg.

Wild West Spirit and

Posters Everywhere and Experts to ask "Why did you do it that way?"

Poster "experts" Drs. Dan Smith and Jeffrey Milsom ponder the next query for the presenter.

Karen Horvath (below, center) answers some questions from visitors to her poster.

Questioned by experts (above, l to r) Larry Whelan, Kenneth Forde and George Berci, Dr. Tonia Young-Fadok presents the results of her research in the Poster Experts Session.

Learning Center... “just a little to the right...”

W arren Smith, PhD, below, tests stress reaction at the ergonomics station.

Dr. Aye Wjin (above, center) practices at one of the stations.

Time to relax and reflect

Greeting the leadership at an evening hosted by Ethicon Endo-Surgery are (l to r) Scott Habig, Ethicon Endo-Surgery; SAGES President John Hunter; Frank Lyman, Ethicon; Ed Standon, Ethicon.

Dr. John Hunter (left) Congratulates Professor Michael Trede on a superb Marks Lecture. Left to right Dr. Hunter, Professor Trede and Gerald Marks, MD.

Nathaniel Soper (right) applauds Erich Muhe after the Karl Storz Innovative Technology Lecture. Dr. Muhe’s presentation outlined the high personal cost of innovation.
NEW TECHNOLOGY... A PERFECT MATCH!

A Vintage SAGES Evening...and the Fabulous Annual Sing-Off!

Drs. Manabu Yamamoto and Goro Kaneda from Japan present a spectacular number which had the crowd on its feet swaying.

Farewell Event... No stuffy banquets here!

BioEnterics Crew relaxes with some surgeon cowboys. The company was one of the sponsors of the far west Rodeo event. Extreme right Ellen Duke, Vice President and Bart Bandy, Director of Marketing.

More Relaxation...

The Evening at La Villita reflected both sides of the border. Viva la Mexico! These dancers & musicians captivated the crowd.

Larry Heaton, President of United States Surgical - A Division of TYCO Healthcare, marvels at the skill exhibited by “Cardsharks” John Hunter, Daniel Deziel, Jeffrey Peters and Joseph Petelin.

The closing event rodeo finds Jackie Ponsky comfy on the mechanical bull.

Drs. Manabu Yamamoto and Goro Kaneda from Japan present a spectacular number which had the crowd on its feet swaying.

SAGES board and staff kick... with western repartee. But when did they have time to rehearse?

“The Peters Girls” (daughters of the incoming President) won the evening with their charm, talent and good humor.

Members of the SAGES leadership spontaneously react to the singing of their colleagues from Japan.
New! SAGES First Video CME Course: Laparoscopic Solid Organ Surgery

This video course incorporates the lectures from the SAGES Annual Meeting Hands-On Course with a pre- and post-test to evaluate learning results. Eleven experts in the field of Solid Organ Surgery share their knowledge and perspectives during this 5 CME credit hour course. More information is available on-line at www.sages.org or by calling the SAGES office at (310) 314-2404.

SAGES Introduces Institutional Course Endorsement (As of August 2, 1999)

The courses sponsored by these institutions meet the guidelines established in the “SAGES Framework for Post-Residency Surgical Education and Training” and are endorsed by the Society of American Gastrointestinal Endoscopic Surgeons (SAGES).

Courses sponsored by these institutions may be found at www.sages.org and by calling the SAGES office at (310) 314-2404.

SAGES Endorsed Course Applications

As a service to members, SAGES offers Course Directors the opportunity to have their courses reviewed and endorsed by the Continuing Education Committee. Recently, the Committee revised the SAGES Course Endorsement Application and created a new type of application called the “Institutional Course Endorsement Application.”

Individual course endorsement is appropriate for a course that will be offered one time. Individual endorsement is also appropriate if the exact same course is to be offered multiple times, provided that the faculty, course content, and objectives are the same, and that the dates are known at the time of application. Institutional course endorsement is appropriate when multiple courses are offered at the same institution. Institutional applications do not need to include course dates at the time of application. Specific criteria for Institutional Course endorsement is detailed on the application form and on-line at the SAGES web site.

Some benefits of Course Endorsement

• Courses are listed on the SAGES website.
• Courses are listed in SCope, SAGES bi-annual newsletter.
• SAGES Endorsed course list will be mailed or faxed to interested surgeons upon request (average of 25 requests per month).
• The Course Director may include the SAGES Endorsement statement on promotional brochures and course materials.

Applications may be downloaded from the SAGES website: http://www.sages.org or you may call the SAGES office to have an application sent to you.
AMA passes historic resolution

At the recent AMA meeting, the House of Delegates passed a historical resolution to form a national labor organization for physicians.

Over the past several years physicians and patients alike have experienced a loss of control when it comes to healthcare. The burgeoning of managed care has been named as the culprit. Often, the policies of these groups have limited patients' choices for physician services. Doctors have felt hamstrung by the red tape and restrictions required to deliver quality patient care in a timely manner. Previous AMA resolutions and Congressional bills supported by SAGES have addressed individual concerns such as patient access to physicians (Hatch bill) and misleading wording on claims denials (AMA resolution).

In a statement released June 23, AMA Chair and SAGES member Randy Smoak immediately reassured the public that there are no plans to ever interrupt the delivery of healthcare stating: "This is not for all physicians. This will not be a traditional labor union. Your doctors will not strike or endanger patient care. We will follow the principles of medical ethics every step of the way."

Dr. Smoak went on to define the goals of the union in this way: "Our objective here is to give America's physicians the leverage they now lack to guarantee that patient care is not compromised or neglected for the sake of profits. By forming an affiliated labor organization, eligible physicians will be able to fight for quality patient care while remaining faithful to the AMA's historic and unwavering commitment to ethics and professionalism."

Work on the formation of the organization has already begun. Check this column for updates or visit the AMA webpage at www.ama-assn.org.

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**President's Message continued from page 1.**

Which is easier to perform, a PCR (polymerase chain reaction) or a RCT (randomized clinical trial)? The former is commonly accomplished by college or even high school students these days. The latter is rarely performed, and then only with difficulty by the most accomplished investigators.

All research, in its broadest terms, is aimed at advancing the understanding of a field or disease. It eventually focuses on a better outcome for the patient. There is no reason to suggest that the foundation on which clinical research is constructed (basic science) is more important than the final blocks which complete the formation.

It has been suggested that the pace of discovery has slowed [Wurtman RJ. Nature Medicine 1995; 1:1122]. Between 1935 and 1965, a myriad of diseases became treatable including hypertension, hypothyroidism, depression, leukemia, Parkinson's, bacterial infection and inflammatory diseases, mostly via new pharmacologic agents. Transplantation and cardiovascular surgery emerged in the surgical arena. Despite advances in molecular
Upcoming Courses

SAGES course information is now on our webpage (www.sages.org) including dates of upcoming courses, course schedules, registration confirmation, maps and contact information. If your program director has not been receiving announcements for and invitations to our courses, please call the SAGES office at 310-314-2404 to add your program or the new name of the Program Director to our database.

Basic Endoscopy & Laparoscopy Workshop Feb. 11 - 12, 2000:

This course, coordinated by Dr. Jeffrey Ponsky, is supported by a generous educational grant from Ethicon Endo-Surgery. The workshop is designed for PGY 2 and 3 residents, but PGY 4-5 residents are also welcome. This course has been held semi-annually since 1992 and is always oversubscribed. The course will be held at the Ethicon Endo-Surgery Institute in Cincinnati, OH. Please contact Cindi Lopez in the SAGES office for more information.

Advanced Laparoscopic Surgery

This course, supported by a generous educational grant from Karl Storz Endoscopy, is designed for PGY 4 and 5 residents. The course, coordinated by Dr. Fredrick Brody, will be held Nov. 5, 1999 at Cedars-Sinai Medical Center in Los Angeles, Nov. 6, 1999 at Mt. Sinai Medical Center in New York, and Nov. 12, 1999 at the Cleveland Clinic in Ohio. Registration information was mailed in early August, 1999.

Program Directors’ Survey

Drs. Jeffrey Marks and Michael Nussbaum recently compiled a survey on the structure of residency programs and the role of endoscopy and laparoscopy in them. The complete report is being compiled at the time we go to press. Detailed results will be published on the SAGES website in early fall. Initial review indicates the study found that 50% of the 91 Program Directors who responded would like to allow tracking within residency. However, only 9% of the programs currently have a policy of assigning rotations based on the resident’s intended field.

Of the 91 programs, approximately 60% had a formal endoscopy rotation and only 20% had a formal laparoscopy rotation. Additionally 36% of residency programs offer only didactic lectures in flexible endoscopy, whereas 66% offer didactic lectures in laparoscopy.

Fundamentals of Laparoscopic Surgery Update:

The Fundamentals of Laparoscopic Surgery project developed out of a need to introduce the basic skills of laparoscopic surgery to residents who do not have an opportunity to practice the procedures within their residency program. The project co-chairs, Drs. Lee Swanstrom and Nathaniel Soper, are creating an interactive CD-ROM that connects to a trainer box to teach residents both cognitive and physical laparoscopic skills. This project is underwritten by a generous educational grant from Karl Storz Endoscopy.

The CD will feature narration with corresponding text on topics such as equipment set up and trouble shooting, abdominal access and trocar placement, tissue handling and exiting and postoperative care. In addition to the chapters, the CD will feature photos, illustrations and video clips.
Grant applications for the year 2000 will be available in late August, 1999. The submission deadline is November 24th, 1999. This year’s application will feature a list of grant writing tips, explaining methods of statistical analysis and stressing the applicant’s research qualifications.

**Flexible Endoscopy Grant**

Most grants distributed by SAGES are supported by generous educational grants from our colleagues in industry. In 1999, SAGES supported from its own funds a $15,000 grant on flexible endoscopy. The study was submitted by Dr. Sherry Wren and was titled “A Phase I/II Trial Of Submucosal Colonic Injection With Onyx-015 To Treat Metastatic Lymph Node In Patients With Colorectal Cancer” using SAGES long-term research funds. Because of SAGES continuing commitment to flexible endoscopy and the excellent grant submitted by Dr. Wren, it was deemed of sufficient import to fund the study ourselves.

Historically, research funds donated by industry are restricted grants supporting laparoscopic research. The research committee encourages the submission of flexible studies and is actively seeking funds for endoscopy research in the future.

**Colonoscopy Study**

The prospective colonoscopy research project, headed by Dr. Steven Wexner, has enrolled 188 participants and logged 4,700 cases. The number of cases per surgeon shows an appropriate bell curve. By August of 1999, Dr. Wexner expects to have approximately 8,000 cases. The results should be available for presentation at SAGES meeting in 2000. This project has been generously underwritten by an educational grant from Olympus Corporation.
SAGES Task Force on Outcomes is pleased to announce that all SAGES members may now register to participate in the on-line outcomes initiative being managed through Outcome Sciences, LLC. The following tools, which may be modified from time to time, are currently available:

**Surgical Log:** A “generic” audit form which can be used for most general surgical procedures to collect standard outcome data such as infection rates and length of stay. This generic tool can be easily used to generate a “report card” type summary which will track the participant’s outcomes confidentially as well as allow comparison of his or her data to aggregate data for self-assessment. The reporting function will be available beginning September 15, 1999.

**Disease Specific Modules:**

- **Gastrointestinal Esophageal Reflux Disease:** The GERD module is currently available for use by all SAGES members interested in collecting disease specific outcome data on GERD. The reporting function will be available on line beginning September 15, 1999.

- **Laparoscopic Cholecystectomy:** The Lap Chole module will soon be available for use by SAGES members interested in collecting disease specific outcome data on LAP CHOLE. The module with reporting function will be available on line beginning September 30, 1999.

Data submission to the SAGES Outcomes Database is confidential, with all physician and patient identifiers stripped from the data prior to submission. You may register to participate by calling Mr. Joe Branca, Outcome Sciences, LLC, 617/573-4088. Please have your log in and password selected prior to calling. These should be 6-10 characters each (numeric, alpha or a combination) and should be easy for you to remember. A brief training session may take place at the time you register, so please allow at least 15 minutes for the call.

For SAGES members who do not have access to the Internet, or choose to submit data in hard copy format, please contact Ms. Megan Morgan Sims, Senior Project Leader, at 617/573-4088 or via e-mail mmorgan001@sprintmail.com to discuss your options.

SAGES is grateful to Ethicon Endo-Surgery for its generous educational grant in support of the development of this program.

**President’s Message continued from page 13.**

biological and genetics, few such major advances characterize the 1980s and ’90s.

What is clinical research? When we think of it, most of us conjure up an image of a retrospective chart review, rather than the more rigorous studies on the mechanisms and management of human disease. A few examples of the latter include the discovery of AIDS, the relationship between NSAIDS and colorectal cancer, and the discovery of the Helicobacter as the causative agent in peptic ulcer disease. In reality, clinical research can be distilled to the simple concept of advancing the understanding of a field. By this measure, SAGES has excelled!

What are the characteristics of clinical researchers? All have a passionate curiosity about disease, all have interest and are deeply involved in patient care, all have the patience to slowly accrue data and watch trends unfold, and finally, many labor in relative poverty. Federal and corporate funding for clinical research pales in comparison to that dedicated to basic science. Perhaps, most importantly, all have developed original ideas as a result of experience and commitment to patients, which allowed them to see patterns where no one else had seen them before [Goldstein JL. J Clin Ins 1997; 90:2803]. That these are typical characteristics of SAGES members is evident to anyone close to our Society!

There are many barriers to good clinical research. Inadequate training in research methods, lack of appropriate mentors, the prolonged time required for clinical studies, and competing commitments all stand in the way. More recently, social and political barriers have arisen, including concerns about the accessibility of medical records, informed consent and laxity of institutional board review. SAGES should play a role in dismantling these barriers!

SAGES, through its members and with the support of our corporate colleagues, can and should continue to advance the field of minimally invasive surgery. Its role and position in supporting excellent clinical research is a noble one. Our members in both academic and private practice who have given us, through their intellectual generosity, the understanding to better treat our patients deserve both our thanks and our encouragement.

After all, the hospital, the operating room and the wards should be laboratories, laboratories of the highest order, and we know from experience that where this conception prevails, not only is the cause of higher education and medical science best served, but also the welfare of the patient is best promoted.

-William Stewart Halsted, The Training of the Surgeon

June 27, 1904

Jeffrey H. Peters, MD, President
IN MEMORIAM

SAGES thinks of itself as an extended family. We have lost these family members since December, 1998. Our thoughts and prayers are with their families.

**Name:** Benjamin W. Butler, MD
**Of:** Holland, OH
**Member since:** 04/28/1988

**Name:** W. Douglas Fowler, MD
**Of:** Lake Charles, LA
**Member since:** prior to 1987

**Name:** Evalea Glanges, MD
**Of:** Arlington, TX
**Member since:** 10/17/1990

**Name:** Albin J. Janusz, MD
**Of:** Aberdeen, SD
**Member since:** 04/24/1991

**Name:** William I. Lewis, MD
**Of:** Nashville, TN
**Member since:** 03/11/1995

**Name:** Harry C. McDade, MD
**Of:** Littleton, NH
**Member since:** 10/21/1987

**Name:** Ralph F. Meinhardt, MD
**Of:** Elizabethtown, NC
**Member since:** 10/30/1991

**Name:** James W. Stratton, MD
**Of:** Worcester, MA
**Member since:** prior to 1987

PERSPECTIVE...

As Executive Editor of SCOPE and Past Executive Director of SAGES, I have been presenting a series of profiles on surgeons who are the heart and soul of SAGES. They are not in any particular order, but are presented as events suggest them. In my 14 years with SAGES I have never written over my own by-line, but this series is special.

**Barbara Saltzman Berci**

A profile...

**James F. Lind, M.D., C.M., FRCS (C), FACS**

Jim Lind is at once a brilliant and esteemed academic surgeon and a no-nonsense guy. Everyone whose life he touches is enriched by that connection. Ask any resident who ever sweated to get it right for the chief... the same group of residents who gathered from the corners of the U.S. to form the James F. Lind Surgical Society as a tribute to their mentor and friend. Ask any colleague. Many in surgery consider him one of Canada’s most enduring gifts to the U.S.

Born in Saskatchewan, he earned his medical degree from Queen’s University after serving as a navigator for the R.C.A.F. during World War II. He served in the Royal Canadian Navy Reserve as an Air Observer and Medical Officer from 1949 to 1965. Not content to limit his knowledge to surgery, he also undertook fellowships in pathology, anatomy, and medicine. He practiced surgery in Norfolk, VA after 1979 when he came to Eastern Virginia Medical School. He held many university and hospital appointments until his retirement in 1994 as Professor and Chairman, Department of Surgery, Eastern VA Medical School.

When SAGES was organized in 1981, Jim Lind was one of its founders. As an academic surgeon who knew more about the gastrointestinal tract than most GI and surgery departments combined, he was a valuable and respected leader who had embraced flexible endoscopy. While Gerry Marks was the visionary, Ken Forde was the statesman, and John VanSant was exchequer of the soon-to-be-treasury, Jim Lind was the no-nonsense nuts and bolts guy who kept the young Society on track, recruited new members, and helped keep the ranks in order while they changed the world of surgery.

His resume lists 14 visiting professorships, 17 major awards and honors, pages of medical committees, 40+ Society memberships and offices held, and a pound or so of publications and presentations... all of which is his professional legacy par excellence.

His legacy as a human being is that he is a loyal friend, an honest broker, a devoted family man, and has one of the great senses of humor. He always says what he means (wincing is sometimes permitted) and he always means what he says.

His devotion to SAGES in its formative years as founder, membership chairman, and President was a priceless endowment that is still paying great dividends. We all have been and continue to be enriched by his warmth, honesty and accomplishments.
PRACTICE TIPS

The American College of Surgeons offers a wide variety of materials and workshops to help surgeons deal with the challenges of surgical practice as we enter a new millennium. Below are some helpful resources. More information can be obtained by visiting the College Website at www.facs.org.

• “Practice Management for the Young Surgeon.” Edited by Charles D. Mabry, MD, FACS, and Irving L. Kron, MD, FACS. “Designed to be a practical guide to practice selection and the business side of surgical practice, the 116-page manual addresses four topical concerns: The Surgical Marketplace, Choosing a Practice, Legal and Contractual Issues, and Personal Financial Management for Young Surgeons.” Also a good resource for surgeons in practice. Copies of Practice Management for the Young Surgeon can be purchased from the College at a cost of $20/each for 1 to 5 copies, and $15/each for 6 or more copies.

ACS 1999 WORKSHOPS

• Audit-Proof Your Surgical Practice. A one-day workshop designed for surgeons and office managers. “It focuses on how to avoid an audit by identifying the warning signs that your office may unknowingly “signal” every day when submitting claims to carriers.” Participants will also review the latest changes in Medicare.
  
  September 14 – New York, NY
  November 4 – Atlanta, GA

For information or to register by phone for these workshops, call Socioeconomic Affairs Department, 312/202-5150, or E-mail: lclark@facs.org.

• How to Analyze and Improve Your Practice Performance. A one-and-one-half-day workshop designed to help surgeons and office managers become more results-oriented in their practice. Workshop topics include: financial reporting to analyze your practice performance, collection policies and procedures to improve results, expense analysis for production-based budgeting, financial systems assessment and management, accounting procedures, information on technology systems, outcomes and benchmarking analysis, personnel management guidelines, task analysis and needs assessment, methods to improve patient satisfaction, business development and marketing.

  September 15-16 – Atlanta, GA

For additional information or to register by phone for these workshops, call Socioeconomic Affairs Department, 312/202-5150, or email: lclark@facs.org.

GUIDELINES UPDATE

The Credentials Committee is completing revisions to “Granting of Privileges for Ultrasonography.” This guideline will cover privileging for both conventional ultrasonography and endoscopic ultrasonography.

The Standards committee has several guidelines in various stages of revision. The Guidelines for the Clinical Application of Laparoscopic Biliary Tract Surgery are awaiting final approval by the Board of Governors. These guidelines should be available in late summer, 1999. With input from both the committee and full Board of Governors, the Global Statement on Interpretation of Intraoperative Imaging Studies is being revised. This statement will be brought to the committee over the summer for approval.

A task force was created to revise the ERCP guideline. This guideline will undergo an intense review and revision process. It is anticipated to go to the SAGES Board for approval at ACS in October.

Additionally, the Guidelines for the Surgical Practice of Telemedicine, the Guidelines for Collaborative Practice on Endoscopic/Thoracoscopic Spinal Surgery for the General Surgeon and all the of the guidelines initiated by ASGE and co-endorsed by SAGES are being reviewed to assure they reflect current thinking.
SAGES Web Page is fast emerging as the primary communications vehicle for the Society. With about 15,000 visitors to the site each month SAGES information and educational materials are being disseminated to a broad and international audience of surgeons, non-surgeon physicians, patients and press.

Some new highlights:

- Orders for the SAGES Manual can be placed directly from the site. [http://www.sages.org/sagesmanual.html](http://www.sages.org/sagesmanual.html)
- Applications for SAGES endorsement of continuing education/CME course can be downloaded from the site in the Adobe Acrobat format. Requires the free Adobe Acrobat Reader to be installed on your system. [http://www.sages.org/endorsedcourses.html](http://www.sages.org/endorsedcourses.html)
- Attention! SAGES Members: If you haven’t signed up for access to the Member’s Only page, please do so. In addition to obtaining the most current member listings and other features, you can order SAGES Video Programs and Patient Information Brochures at a significant discount! Go to [http://www.sages.org/amform.html](http://www.sages.org/amform.html) to register and [http://www.sages.org/members/](http://www.sages.org/members/) once your account has been activated.
- The SAGES Job Board is online. Open positions are posted here and you are encouraged to post your open position with us. [http://www.sages.org/jobboard/](http://www.sages.org/jobboard/)