there are three issues of keen interest to SAGES members. SAGES is facilitating them for you. Since the main mission of SAGES is to provide education, it is not surprising to find these issues involve educational opportunities for you. Education involves not just didactics and hands-on-sessions, but also the ability for you to assess the impact of your educational efforts. SAGES has been pursuing these issues through several venues. There are three issues I’d like to discuss with you today - Your Surgical Diary (the SAGES Outcome Initiative), the Surgery in Rural Areas (SIRA) initiative, and the status and development of the Fundamentals of Laparoscopic Surgery (FLS).

Your Surgical Diary - The SAGES Outcome Initiative

The new buzzword in surgical clinical circles is “a surgeon’s diary.” The American Board of Medical Sub-specialties is expanding its evaluation of competency (both for initial certification and re-certification). Besides demonstration of knowledge it has become apparent that a surgeon may be expected to show proof of “lifelong learning.” This proof may be in the form of a prospectively gathered list of procedures along with the outcomes of these procedures. A standardized tool for such a diary has never been validated. Four years ago the SAGES Outcomes Task Force met in Atlanta under the chairmanship of John Hunter. During many subsequent meetings and telephone conferences, SAGES ultimately developed a surgical diary for any operation. The Task Force accomplished this by asking experts in the field to design a standardized template whereby only the critical benchmarks would be accumulated on the SAGES website. In addition to a short Surgical Log for any operation there are specific modules for procedures involving GERD, gallbladder, and inguinal hernia. A morbid obesity tool and perhaps a pediatric GERD tool is being or will be developed. The website first went live almost two years ago and has accumulated 3000 cases. A new website has been perfected and has just gone live. Any SAGES member can sign up and obtain a password to begin collecting their cases anonymously. At any time, the averages of their benchmarks can be compared to those of the entire database in tabular or graphic form.

Since surgeons were not trained to collect a lifelong surgical diary, SAGES has facilitated this change in surgeon behavior by allowing several methods of data entry. Continued on page 18.
**Modest Membership Dues Increase Slated for 2002**

After lengthy and careful deliberation, the SAGES Board of Governors voted a modest dues increase to take place beginning January 2002. Active and active international members will now pay $250.00 per year (up from $200). Candidate Members (residents and fellows) will now pay $60.00 per year (up from $45). SAGES has not had a dues increase since 1997. In the five years since then, we have added four new committees, two major initiatives, a rural surgery task force and a flexible endoscopy task force. The cost of the journal, which is included in dues has risen modestly each year and now accounts for about 30% of dues for active members and more than 60% for candidate members.

The Board is acutely aware that reimbursements are down and costs are up. That is why they refrained from dues increases for almost five years. However, the realities of budgets in 2001 mandated the adjustment. The Board hopes that members are both understanding of and in concordance with this difficult decision.

**New Task Force on Surgeons Residing in Rural Areas**

Incoming President Bill Traverso launched a new initiative for surgeons in rural practice. The leadership wants SAGES to be a resource for surgeons practicing in less populated areas without the GI back-up that many surgeons have in urban settings. SAGES needs to determine what these surgeons need and want, and what can SAGES, as a society, can do to be supportive.

SAGES will:
- Construct a new SAGES task force on rural surgery
- Define the term “rural surgery”
- Profile the educational needs of the rural surgeon through a variety of needs-assessment methods
- Design educational opportunities for rural surgeons which **MAY** include flexible endoscopy courses, CD-ROM, videos, guidelines for credentialing endoscopic procedures
- Surgeons from rural community practices have been invited to serve on the task force which met in Saint Louis for the first time. The task force is co-chaired by Carol E. SCOTT-CONNOR, University Of Iowa and Nicholas W. MORRIS, Powell, Wyoming. At their first meeting, the group determined the primary goals and mission to be:
  - Solidify and recognize the rural surgeons.
  - Give forum to discuss issues in rural surgery.
  - Utilize web site discussion page for tough issues.
  - Establish a network of rural surgeons.
  - Collect and compare data of patient profiles, similarities in practices, etc.

A secondary mission was defined to attempt to send urban surgeons to rural areas to help, thus giving rural surgeons a break to attend CME events.
The membership committee recommended and the board approved 196 new members for SAGES membership at the April meeting.

NEW MEMBERS: Breakdown:

- Active: 47
- Active Intrntl.: 15
- Candidate Intrntl.: 1
- Candidate: 133
- Total: 196

In late July, SAGES will mail a comprehensive membership survey to a random sample of members. If you receive the survey, please be sure to fill it out and return it by August 14th. If you do not receive a survey but would like to participate, please contact the SAGES office at (310) 314-2404 and we will send you one. Results will be published in the next issue of SCOPE.

New Tiered Membership Dues Structure for International Members

For many years both the Membership and International Relations Committees have sought a way to structure SAGES individual dues so that surgeons in developing countries could participate in SAGES. These are surgeons whose income levels cannot sustain the regular $200 per year active membership dues. Until recently we were unable to find documented figures indicating the actual income per capita. Documented figures from the U.S. Government’s own calculations gave us accurate data.

As of April our international dues structure includes three tiers of membership dues for active international members. The dues structure is below. For those seeking a complete list of countries within each tier, it can be found on SAGES website or by calling the SAGES office for a list.

<table>
<thead>
<tr>
<th>TIER 1 MEMBERS</th>
<th>$250 per year</th>
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<tbody>
<tr>
<td>Journal Included - Both Hard copy and Online</td>
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<tr>
<th>TIER 2 MEMBERS</th>
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<td>Journal Not Included - Online Access only as available to non members</td>
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In the spirit of fairness, SAGES has made a special effort to offer international membership rates based on available economic indicators. We are aware that physician income is not always a reflection of the local economy. Therefore, we ask that if a member’s economic status warrants, he/she will elect to pay the full membership fee of $250.00 per year. There is a check off for this option on the international membership application.

Member News

Kenneth A. Forde, Class of 1959, has been chosen to receive the Columbia University Physician & Surgeons Alumni Association’s Gold Medal for Excellence in Clinical Medicine. The award was presented May 12, 2001 at the Annual Gala.

The Florida Surgical Society has established a James H. Corwin Distinguished Service Award. Dr. Corwin is a long-time SAGES member and has served on various committees for the past 15 years. Dr. Corwin is a graduate of Jefferson Medical College in Philadelphia and served as president of Florida Surgical from 1985 - 1987.

A Chair in minimally invasive surgery has been created at Cedars Sinai Hospital, Los Angeles. Named “The Karl Storz Chair in Honor of George Berci” the first designee is Edward Phillips. This is a double distinction for SAGES as both the honoree and designee are well known SAGES members.

If you have “good news” about a SAGES member, please send it to Barbara Berci at SAGES for the next issue of SCOPE.
March 13 - 16, 2002 New York!

WORLD CLASS CITY ... WORLD CLASS PROGRAM!

Topics & Highlights: (tentative)
- Introducing new procedures/technologies into surgical practice
- The Importance of Outcomes in Endoscopic Surgery
- Minimally Invasive Vascular Surgery/Interventional techniques
- Endoluminal Endoscopic Surgery
- Laparoscopic Treatments for Morbid Obesity
- Advanced Topics in Antireflux Surgery
- International Issues in Training
- Ethics/All in the Family: The Relationship Between the Medical Device Industry & Surgery
- Surgical Ergonomics
- Pediatric Endoscopic Surgery
- Surgery in Space

General Information:
Abstract Deadline: September 7, 2001
Abstract mailed worldwide in June, 2001. Advance Programs with Registration and Hotel reservations forms will be mailed in Fall, 2001.
Location: New York Hilton & Towers
1335 Avenue of the Americas, New York, New York 10019-6078
Sponsor: SAGES
Society of American Gastrointestinal Endoscopic Surgeons (SAGES)
2716 Ocean Park Blvd., Suite 3000
Santa Monica, CA 90405 U.S.A.
Phone: (310)314-2404 Fax: (310)314-2585
E-mail: SAGESweb@sages.org
Register On-Line after September 15, 2001
Website: www.sages.org
Dates: March 13 - 16, 2002

Keynote Lectures:
Gerald Marks Lecture: Hans Beger, MD
Karl Storz Lecture: Paul Swain, MD
Presidential Address: L. William Traverso, MD

Courses/Events:
- Appropriateness Conference:
  When Is Open Surgery Most Appropriate?
  Formerly known as a consensus forum. 1/2 day course
  Chairs: Drs. John Hunter & Abe Fingerhut.
- Avoiding and Treating Complications of Laparoscopic Surgery
  Full day course presented by SAGES & EAES.
  Chairs: Drs. Nathaniel Soper & Joel LeRoy
- Minimally Invasive Surgical Management of Hepatic Disease
  Half day course presented by SAGES & JSES.
  Chairs: Drs. Frederick Greene & Masao Tanaka
- Laparoscopy in Acute & Emergency Situations:
  Half day course presented by SAGES, ALACE & FELAC.
  Chairs: Drs. Steve Eubanks, Luis Burbano & Jorge Cervantes
- Unedited Video Course:
  A half day course presented by SAGES.
  Chairs: Drs. Michel Gagner & Guy Bernard Cadiere
- Fundamentals of Advanced Minimally Invasive Surgical Procedures
  Half day course for nurses
  Chairs: Ellie Dougherty & Donna Stanbridge
- Basic Science Forum:
  Half day course presented by SAGES & ICEL.
  Chair: R. Larry Whelan, MD

Cooperating Organizations:
IFSES
ALACE CAGS EAES ELSA FELAC GSA JSES

Advance Programs and registration materials will be mailed this Fall.
Every Journal, including our own official journal Surgical Endoscopy, strives to streamline its submission and review process. The goal is to publish the best of those articles which have been peer reviewed with the least amount of time between the actual research and the time of publication. It's not easy!

While our editors and editorial staff are working constantly to improve their processes, systems and performance, we ask you, our prospective authors, to do everything possible to expedite your own publication. A complete set of author's instructions are available in every issue and also on-line at: http://link.springer.de/link/service/journals/00464/author.html

There are several deadlines which help expedite publication, in addition to sending your manuscript in as soon as possible.

- Respond immediately to questions from editor
- If your manuscript needs re-write or editing after review, make sure you return it by the request date. Late return can hold up your manuscript by as much as 2 or 3 months since issue planning is done well in advance
- Return your galley proofs by or before the deadline. Since galley proofs are sent closer to the issue publication, your late return of galleys can hold up not only your own publication but could jeopardize publication of the issue

Here are some of the basics to keep in mind in speeding your submission along.

**Manuscript Preparation**

- Papers must be written in English, and authors are urged to aim for clarity, brevity, and accuracy of information and language. Authors whose mother tongue is not English should have their papers checked for linguistic accuracy by a native English speaker.
- Manuscripts must be submitted in their final form. The position of figures and tables should be indicated in the margins.
- Case reports accepted for publication are presented in their entirety in the electronic version of the journal. The printed version of the journal will contain the titles, authors, affiliations, and abstracts of the case reports.

**Manuscript Submission**

Manuscripts (in triplicate) may be submitted to one of the Editors-in-Chief.

**For North America**

Dr. Bruce V. MacFadyen, Jr.  
c/o North American Editorial Office  
Bernadine Richey  
91 Clinton Avenue, South Nyack, NY 10960, USA  
Tel: 845.353.3106 Fax: 845.348.3948  
Email: publishing services@fcc.net

**For Europe**

Sir Alfred Cuschieri  
Department of Surgery  
Ninewells Hospital and Medical School  
Dundee DD1 9SY, UK  
Tel: 441.382.632174 Fax: 441.382.641795  
Email: j.e.k.james@dundee.ac.uk

Authors from all other areas may submit their paper to either editor.

**Checklist for Submitted Articles**

Articles must be complete. They must include the following:

1. Email address as well as postal address, telephone and fax number for corresponding author

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**VIEW - A CRITICAL LOOK AT ENDO SURGERY**

This section of SCOPE explores the science and ethics of surgical endoscopy and attempts to address some controversial questions. Your thoughts and comments will be enthusiastically received. Letters to the editor will be published on a space-available basis.

**do institutional review boards have a role in the evaluation of emerging technology?**

Debbie Youngelman, MD

Medicine and the general public have become enthralled with the concept of minimally invasive procedures. These techniques have been employed in the treatment of cardiac disease, vascular disease and an increasing number of other disorders. As laparoscopic cholecystectomy has become the standard of care for symptomatic biliary disease, similar approaches to the treatment of other surgical problems are continually under development. The push to perform minimally invasive procedures has driven our colleagues in all surgical specialties to alter their operative techniques. SAGES has developed numerous guidelines for training, standards of practice and granting of privileges. They are meant to assure that patients are cared for by competent surgeons with the knowledge and ability to employ minimally invasive techniques.

Many question whether an Institutional Review Board (IRB) is necessary. Continued on page 16.
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15. Article checked by physician whose mother tongue is English

A Note from Our Publisher:
Springer is pleased to announce several important developments in the publication process and online publication of Surgical Endoscopy... its electronic delivery system—Online First. This new service provides SAGES/EAES members as well as all other subscribers with electronic access to the full text of new articles months before they are scheduled to appear in a specific print issue. Online First will significantly reduce the time from acceptance of an article to publication. The publication date of the article becomes the actual online publication date. This information is indicated both in LINK (Springer-Verlag’s electronic portal) as well as in the printed article. Online First articles are in their final form. After electronic publication, authors cannot change the contents of an article, nor can the articles be withdrawn. Only the page numbers, the journal citation line, and the online publication date are added to the subsequent print version.

To make rapid online delivery a reality, Springer is implementing a new workflow system for Surgical Endoscopy that will streamline the production process. Online First articles are searchable and citeable by Digital Object Identifier (DOI).

All material accepted for publication in Surgical Endoscopy (e.g., original articles, case reports, techniques, editorials, letters, etc.) will be published Online First. The full text of case reports, will no longer be reproduced in the print edition of the journal.

Note: Access to the full text of any electronically published material in Surgical Endoscopy is restricted to SAGES/EAES members and other bona fide subscribers. If you are a SAGES or EAES member, please contact your society for your current ID and password.

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BOOK CORNER

These books are the proud intellectual progeny of our members. These have been published within the last year or anticipated for publication within the next few months. We congratulate these members on their contribution to the body of knowledge in endoscopic surgery.

<table>
<thead>
<tr>
<th>Book title</th>
<th>Minimally Invasive Abdominal Surgery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Author(s) or Editors</td>
<td>Karl Kremer, Werner Platzer, Hans Wilhelm Shreiber, and Felicien Steichen</td>
</tr>
<tr>
<td>Publisher</td>
<td>Thieme Stuttgart</td>
</tr>
<tr>
<td>Date</td>
<td>New York, 2001</td>
</tr>
<tr>
<td>Brief Description</td>
<td>Covers basic concepts as well as specific techniques. 14 chapters, 80 contributors, 1088 illustrations</td>
</tr>
</tbody>
</table>

UPDATE ON GUIDELINES

The following guidelines were reviewed and revised over the past several months by the Committees on Standards of Practice and Credentials. All three will be available on the SAGES website by the end of July and will be forwarded to all SAGES members, as well.

- SAGES Guidelines for Laparoscopic Surgery During Pregnancy
- Guidelines for Surgical Treatment of Gastroesophageal Reflux Disease (GERD)
- Granting of Privileges for Gastrointestinal Endoscopy by Surgeons
Course announcements for all SAGES resident courses are sent to all U.S. program directors. Each program selects the resident to attend the course. In order to provide equitable service to all residency programs, each program may send only one resident per course.

Because of long waiting lists for participation, as of this date, residents attending advanced resident workshops must be a SAGES member. Candidate membership applications will be sent with the course announcement.

Resident Selection Criteria

Basic Courses: Preference will be given to SAGES members. Additional spaces will be assigned to residents on the waiting list from the previous basic course. Remaining spaces will be assigned on a first come, first serve basis.

Advanced Courses: SAGES candidate membership is mandatory. Additional spaces will be assigned to residents on the waiting list from the previous advanced course. Remaining spaces will be assigned on a first come, first serve basis.

Course Dates & Information

SAGES Basic Endoscopic and Laparoscopic Foregut Course

SAGES will again offer the Basic Endoscopy and Laparoscopy Workshop at the Ethicon Institute in Cincinnati, OH. This August 10 - 11th, 2001 course, chaired by Dr. Jeffrey Ponsky, now has a revised didactic content with increased lab time.

A tentative date has been set for the next basic endo course in Cincinnati. Jan 18 - 19, 2002.

Additional courses in advanced laparoscopic procedures will be posted on our website as they are confirmed. www.sages.org
SAINT LOUIS IS SITE OF LARGEST ATTENDANCE SINCE PHILADELPHIA WORLD CONGRESS!

More than 1,300 SAGES members and surgeon guests crowded the halls of the 2001 SAGES annual meeting. With 6 postgraduate courses, including two hands on labs, lecture halls were brimming full. Social events were “vintage” SAGES. Time for old friends, and new; great food, lifting your glass and fabulous entertainment.

- **The Technical Exhibits** were an important feature as usual. The hall was packed during the 3 hour break each day. Major new technology was showcased here for the first time.

- **The Learning Center** Learn, turn, manipulate, drive, feel, maneuver. Some verbs of surgical learning. More than 80% of those who came to St. Louis stopped in to try the new “gadgets.”

- **The Karl Storz Lecture in Innovative Technology** was presented by Professor Jacques Marescaux. Congratulating him on his futuristic presentation, are (a) Charles Wilhelm, Karl Storz Endoscopy, Professor Marescaux and William Traverso. (B) Drs. Schirmer, Rattner, Marescaux, Soper & Traverso.

- **Dr. Layton “Bing” Rikkers presents the Marks Lecture.** His topic: Medical Publishing. (L to r) Drs. Soper, Rikkers and Gerald Marks.

- **Twenty Years of Excellence** are celebrated at a dinner honoring our founding members. Some of them gather here. (L to r) Standing: Drs. Ted Schrock, Joe Bowden, John Coller, Gerald Marks, Ken Forde, Fred Ackroyd. Seated: Byron Gathright, Whitney Boggs, Tom Dent.
Lunch and Learn...Saturday
From the sublime to the ridiculous...Dr. Tom Russell of the American College of Surgeons (above, left) gives the keynote lunch lecture on cooperation between ACS and SAGES. On the heels of a superb lecture by Dr. Russell, Drs. Jeffrey Ponsky (l) and Ed Phillips (r) take joy in hosting a lunch entitled “shambles I have known” which turned out to be a series of great lessons in complications-avoidance.

SAGES, Rattle and Roll! SAGES annual International Sing Off in it pre-Broadway run featured from the U.S., Japan, Netherlands, Italy and parts unknown. Featured once again The Peters Girls and the SAGETTES competed with the original lap rappers for the cudos. The Japanese team won again and everyone has adopted their Anthem “We are the World... We are the SAGES”

Go West, Young Man!
We don’t remember who said it but we did it at the SAGES Saturday night event in Saint Louis. At the Western Expansion Museum and Gateway Arch about 200 folks gathered to celebrate the end of the meeting and to explore the opening of America’s west, not to mention a trip to the top of the arch!

The Bioenterics sponsors gather with Dr. Michael Brunt (4th from left) to fete a great meeting and the extraordinary relationship of SAGES and its industry partners.

Kevin Condrin prepares to ride to the top of the 600 foot Gateway Arch. Otherwise entitled “All Alone in a Tram.”

A western style buffet was testament to SAGES collegiality and commitment to good food.

Awarded Honorary Membership in SAGES Dr. Joszef Sandor is congratulated by SAGES Membership Chair Dr. Sherry Wren (l) and Awards Committee Chair Dr. Frederick Greene.

Nat Soper congratulates Bart Bandy on his past year as President of SAGES Corporate Council.
As a service to members, SAGES offers Course and Program Directors the opportunity to have their courses reviewed and endorsed by the Continuing Education Committee.

These courses 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).

**Course:** Pancreas Cancer 2001, Seattle, WA  
**Director:** L.W.illiam Traverso, MD  
**Date:** August 24-25, 2001  
**Contact:** www.pancreascancer2001.com

**Course:** Laparoscopic Bariatric Surgery (LBS) Preceptorship Program at the Alvarado Center for Surgical Weight Control, San Diego, CA  
**Director:** Alan Wittgrove, MD & G.Wesley Clark, MD  
**Date:** Monday - Thursday, Bi-weekly  
**Contact:** Phone: 303-745-0463 x 237

**Course:** Minimally Invasive Approaches to Gastroesophageal Reflux Disease, Cleveland, OH  
**Director:** Jeffrey Ponsky, MD  
**Date:** June 15, 2001  
**Contact:** Phone: 216-444-4831

**Course:** Workshop in Surgical Ultrasound, Cleveland, OH  
**Director:** Allen Siperstein, MD  
**Date:** September 13-14, 2001; November 8-9, 2001  
**Contact:** Phone 216-444-4831

**Course:** Advanced Videoscopic Surgery Training Course, San Francisco, CA  
**Director:** Lawrence Way, MD  
**Dates:** Dates in 2001: 5/3-5/5, 6/7-6/9, 9/20-9/22, 10/25-10/27, 11/15-11/17, 12/13-12/15  
**Contact:** Fax: 415-476-9557

**Course:** Advanced Laparoscopic Suturing & Surgical Skills, San Fransico, CA  
**Director:** Zoltan Szabo  
**Dates:** Check with MOET Institute for dates  
**Contact:** phone: 415-626-3400

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).

**Institution:** Minimally Invasive Surgery Center, Mount Sinai School of Medicine  
**Courses:** Michel Gagner, MD, Jeffrey Milsom, MD, Alfons Pomp, MD, Stephen Dolgin, MD, Daniel Herron, MD  
**Contact:** Phone 212-241-6737, Website: www.mssm.edu/misc

**Institution:** University of Illinois  
**Course Dir.:** Santiago Horgan, MD  
**Contact:** Phone 312-355-1493

**Institution:** MCV Hospitals & Physicians, Virginia Commonwealth University  
**Course Dir.:** Eric J. DeMaria, MD and Brian Kaplan, MD  
**Contact:** Phone: 804-827-0045, www.vcu.edu

**Institution:** Minimally Invasive Surgery Center - University of Pittsburgh  
**Course Dir.:** James Luketich, MD and Philip Schauer, MD  
**Contact:** Phone 412-647-2845

**Institution:** University of Illinois  
**Course Dir.:** Santiago Horgan, MD  
**Contact:** Phone 312-355-1493

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**Institution:** Minimally Invasive Surgery Center - University of Pittsburgh  
**Course Dir.:** James Luketich, MD and Philip Schauer, MD  
**Contact:** Phone 412-647-2845
Thoracic/Pulmonary Refresher: Multi-disciplinary Management of Central Airway Tumors

**Nov. 10, 2001**, Surgical Education/New Educational Concepts

**Nov. 30 - Dec. 1, 2001**, Laparoscopic Bariatric Surgery Workshop

**Feb. 19 - 24, 2002**, Minimally Invasive Surgery for Morbid Obesity and GERD Related Topics Ski Seminar (Beaver Run Resort and Conference Center, Breckenridge, Colorado)

**March 8 - 9, 2002**, Laparoscopic Bariatric Surgery Workshop

**April 19 - 20, 2002**, Minimally Invasive Surgery for Esophageal Disease

**May 5, 2002**, Photodynamic Therapy Workshop

**May 31 - June 1, 2002**, Laparoscopic Bariatric Surgery Workshop

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**Institution:** The Ohio State University  
**Course Dir.:** Scott Melvin, MD  
**Contact:** Phone 614-293-7399  
**Courses:**  
- June 15, 2001, Minimally Invasive Bariatric Surgery  
- November 2, 2001, Minimally Invasive Bariatric Surgery  
- December 7, 2001, Endoluminal Treatment of GERD

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**Institution:** Emory University School of Medicine, Atlanta, GA  
**Course Dir.:** C. Daniel Smith, MD  
**Contact:** Phone 404-727-1540  
**Courses:**  
- August 24, 2001, Laparoscopic Ventral and Incisional Hernia Repair  
- September 21, 2001, Hand-assisted Laparoscopic Surgery for General and Renal Surgeons  
- December 7, 2001, Laparoscopic Ventral and Incisional Hernia Repair  
- December 15, 2001, Hand-assisted Laparoscopic Surgery for General and Renal Surgeons

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**Institution:** Carolinas Laparoscopy & Advanced Surgery Program “CLASP”  
**Course Dir.:** Frederick Greene, MD & B. Todd Heniford, MD  
**Contact:** Phone: 704-355-4823  
**Courses:**  
- June 1, 2001, Sentinel Node

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**Pediatric Endo Course to Be Held**  
**Course Title:** Advanced Miniature Access Surgery for Pediatric Surgeons in Training  
**Location:** Miniature Access Surgery Teaching, Training, and Research Center, Children’s Hospital of Buffalo and State University of New York at Buffalo, Buffalo, New York  
**Date:** September 21-22, 2001  
**Contact:** Philip L. Glick, M.D., Surgeon-in-Chief, Children’s Hospital of Buffalo  
**Contact Info:** 716-878-7301 fax: 716-888-3850; e-mail:glicklab@acsu.buffalo.edu

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**2001 Research Awards**

- Mark Callery (l) Research Chair presents a grant to Brent Matthews, grantee, with Cress Whitfield (r) of W.L.Gore.
- Mark Callery (l) Chair, presents a grant to Steven Bowers and William Fisher, grantees, with Tim Nolan of U.S. Surgical.
- Giselle Hamad (l) is congratulated on her research award by representatives of Styker Endoscopy.
- Several Ethicon grants are presented. (l to r) Joe Cullen, grantee, Mark Callery Research Chair, Bob Honigberg, Ethicon, Leena Khaitan, Marina Kurian, Jacob Langer, Bill Laycock, all grantees.
Applications for 2002 grants will be sent by September 15th and will be available online in the members-only area of the website. (www.sages.org) The deadline for application deadline is Monday, November 5th, 2001.

**Winners of SAGES 2001 Research Awards** (Presented at the SAGES meeting in Saint Louis)

<table>
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<tr>
<th>Primary Investigator:</th>
<th>Joseph J. Cullen, MD</th>
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<tr>
<td>Project Title:</td>
<td>The Role Of Free Radicals In Biliary Tract Motility</td>
</tr>
<tr>
<td>Institution:</td>
<td>The University Of Iowa</td>
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<tr>
<td>Grant Support:</td>
<td>Ethicon Endo-Surgery, Inc.</td>
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<tr>
<th>Primary Investigator:</th>
<th>Samuel R.G. Finlayson, MD</th>
</tr>
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<tr>
<td>Project Title:</td>
<td>Utilization and Outcomes Of Laparoscopic Surgery: A Population Based Assessment</td>
</tr>
<tr>
<td>Institution:</td>
<td>Dartmouth Medical School</td>
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<tr>
<td>Grant Support:</td>
<td>Ethicon Endo-Surgery, Inc.</td>
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<th>Primary Investigator:</th>
<th>Leena Khaitan, MD</th>
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<td>Prevalence Of Reflux In The Hypopharynx Following Medical And Surgical Treatment: A Prospective Study</td>
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<th>Marina S. Kurian, MD</th>
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<th>Jacob C. Langer, MD</th>
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<td>Biochemical And Mechanical Blockade Of Transient Lower Esophageal Sphincter Relaxation Mediated Gastroesophageal Reflux Disease</td>
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<th>Ninh T. Nguyen, MD</th>
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A W A R D S & H O N O R S

Nominations for 2002 Awards

Two of SAGES’ major awards are open for nomination from our membership at large. You may obtain a copy of the nomination form(s) by calling or faxing Sallie Matthews in the SAGES office. We encourage you to participate in this process so that we may honor those who have contributed a great deal to endoscopic surgery and to SAGES. Please submit all nominations no later than September 15.

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, as it is for a body of work as opposed to an individual achievement.

The George Berci Lifetime Achievement Award in Endoscopic Surgery

- This is the highest honor SAGES bestows.
- It is bestowed for a lifetime contribution as an innovator in the field of endoscopic surgery which may be scientific, technological or educational.
- It is designated to be granted to an endoscopic surgeon who may or may not be a member of SAGES.
- The award will not necessarily be given every year, but bestowed when the Board determines a worthy nominee.

Awards for research and education were presented at the SAGES Annual Meeting in Saint Louis last April. Some of the photos appear on page 13. The photos below represent a few of those honored by SAGES this year.

Dr. Kenneth Forde received the prestigious Distinguished Service Award for 2001. His plaque read: Visionary founder, role model, innovative researcher, humanitarian, statesman For defining service above and beyond...

Two Pioneers in Endoscopy Awards were presented at the April Meeting. They were presented to William Chang of Stryker Endoscopy and Richard Newman of Welch Allyn, Inc. They were honored for their pioneering work in imaging. (L to r) Dr. N at Soper, William Chang, Richard Newman, Frederick Greene and Kenneth Forde.

Dr. Bruce Schirmer, SAGES’ Vice President, presented the first “George Berci Lifetime Achievement Award in Endoscopic Surgery” to Sir Alfred Cuschieri, MD, ChM, FRCD Ed, FRCDS Eng, FRCP SGlas(hon) Fr Biol of Scotland. His award read: “For attempting the impossible. For achieving the incredible. For sharing your knowledge unselfishly with your colleagues and the entire world of surgery.”

The Circon Golden Scope, 2000 Young Researcher to Daniel Jones, MD (center). Left to right Stephanie B. Jones, MD, Dr. Jones and N at Soper, President.
should have a role when new procedures are introduced. IRBs serve to protect the rights and welfare of research subjects, and to ensure their informed consent to any research for which they volunteer. These boards are usually guided by local or institutional and federal regulations. Research may be defined as the collection of data for review and subsequent publication or general dissemination of knowledge. This must be delineated from practice of accepted therapy. The Belmont Report defines "practice" as interventions that are designed to enhance the well being of a patient with a reasonable expectation of success. Departing from standard or accepted practice does not in itself constitute research, nor does the introduction of a new or untested procedure constitute research. It is recommended that the early evaluation of these procedures be conducted as formal research in order to determine safety and efficacy. Medical practice committees are encouraged to insist that a major innovation be incorporated into a formal research project. Multi-institutional studies regarding results of research and success of new or emerging procedures are considered research and are clearly subject to the approval of each local IRB.

Application for approval to one's local IRB can be both time consuming and frustrating. The written protocol must include justification for use of the new procedure, a clear description of the procedure, risks, expected benefits or outcomes and an informed consent document which delineates this information for the patient in lay language. This information will be reviewed by both medical personnel and lay members of the IRB. IRB approval is required when newly established procedures are compared to standard procedures in a randomized manner. An example of this is the comparison of open inguinal herniorrhaphy to laparoscopic inguinal herniorrhaphy in a prospective randomized fashion. Retrospective studies or chart review for publication are also subject to IRB approval. These are usually handled in an expedited fashion or are considered exempt from full review.

IRB review may sound overbearing, but in many circumstances it is appropriate. It is not meant to deter the incorporation of emerging techniques into one's practice but to ensure safety and proper patient inclusion and education through appropriate informed consent. IRB approval assures ethical conduct and allows for publication of one's results without questioning the appropriateness of one's practice or methods.

President’s Message

A stumbling block for many SAGES members has been the real (not just perceived) lack of time for data entry - both for themselves or their office personnel. Therefore, there are currently three methods to enter data. First, the data can be entered through the SAGES website. This includes the opportunity for multiple follow-up periods for each patient. Second, SAGES has developed a palm digital assistant (PDA) method, whereby handheld computers such as the Palm Pilot™ or Visor™, or any palm device running the Palm OS™ software can enter data. The PDA method builds a database on your own desktop, which is periodically e-mailed to the SAGES national database. A third method is available for those institutions that are already collecting data in prospective databases. Any large database, as it is being prospectively gathered, can be converted to e-mail data to the SAGES national database.

In addition to motivating participants for data entry, there has been an additional hurdle. With the emphasis of HIPAA on patient privacy all cases entered have to be patient de-identified. The PDA does this automatically by random scrambling of each participant’s case identification number.

An added feature is the ability to print out the benchmarks for a participant’s own operations, either by date and/or by CPT code. Sign-up by calling the SAGES office (310) 314-2404 between 8 am - 5 pm, Pacific Standard Time. Your SAGES contact is Erin Simmons. This service is available free to any SAGES member.

SIRA – Surgery In Rural Areas

In rural areas the bulk of gastrointestinal disease is assessed and treated by one specialty — general surgery. The American Board of Surgery reported that among general surgeons applying for re-certification, the most common operation was flexible endoscopy (13%) of a surgeon’s caseload. This percentage was even higher in rural areas. Since SAGES was begun by surgeons using flexible endoscopy, SAGES felt there was an educational opportunity here and surveyed surgeons from rural areas in Iowa, Montana, and Wyoming. These surveys were performed by the Chair and Co-Chair of the Surgery in Rural Areas Initiative — Carol Scott-Connor of Iowa City, and Nicholas Morris of Powell, Wyoming. The results of both surveys were surprising and remarkably similar. Approximately 50% of the cases performed by a general surgeon were flexible endoscopy — primarily screening colonoscopy and upper endoscopy. At the 2001 SAGES Annual Meeting in Saint Louis, SIRA had its first meeting where over 40 surgeons from rural areas attended. As a result, there will be a hands-on flexible endoscopy course at the SAGES 2002 World Congress meeting designed for the needs of surgeons in rural areas. These surgeons do not need basic training in endoscopy as they are already experts. However, they would benefit by knowing cutting edge updates on equipment or treatment opportunities through the flexible endoscope.

Do you wish to participate? If you are a surgeon in a rural area you are invited to attend the next SIRA meeting to be held in New Orleans during the American College of Surgeons Annual Clinical Congress in October. Call the SAGES office for information at (310) 314-2404 between 8 am - 5 pm, Pacific Standard Time. Your SAGES contact is Barbara Berci.

Fundamentals of Laparoscopic Surgery (FLS).

After four years of development, FLS is almost completed! What is FLS? SAGES created the Fundamentals of Laparoscopic Surgery as an educational and assessment opportunity for general surgery residents as well as practicing laparoscopic surgeons. Lee Swanstrom and Nat Soper began these efforts in 1997. FLS is best understood as two parts. The first part is for preparation and training. There is a didactic experience based on a five hour CD-ROM containing ten didactic chapters utilizing the latest and greatest updates on equipment or treatment opportunities. The second part is for assessment. The FLS test is designed to measure a surgeon’s ability to perform the assigned tasks. The test is given at the SAGES World Congress meeting and tests your ability to perform laparoscopic tasks in a standardized manner. The test is given on the 3rd day of the World Congress meeting. You must score at least 80% to pass.

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**President’s Message continued from page 18.**

...ing photos, video clips, and animations. The CD-ROM also hosts a demonstration of five manual skills designed to assess a surgeon’s MIS skills, validated by Gerald Fried of McGill University. Both of these items are for initial preparation and training. The second part of FLS is for testing the impact of this training for knowledge and manual skills. The didactic and manual skills tests will be given at eight regional testing centers. The five manuals skills will be assessed on a specialized training box developed by Carl Westcott of Wake Forest University. The didactic test will be timed and must be completed in one sitting. Both didactic and manual skills scores will be mailed shortly after the test.

The long-term goals of the project are to assure that surgeons performing laparoscopy have the basic knowledge and technical skill to perform laparoscopic procedures safely and that residents completing a general surgery residency are knowledgeable and proficient in the basics of laparoscopic surgery. Currently there are eight regional testing centers that are about to roll out the Manual Skills Testing. Do you or your training program wish to participate? Call the SAGES office for more information about when FLS will be available to you (310) 314-2404 between 8 am - 5 pm, Pacific Standard Time or see the FLS website at www.fls-test.org. Your SAGES contact is Kelly Wettengel.

Remember the mission of SAGES is your education.

_L.William Traverso, MD_  
SAGES President 2001 – 2000