

Scope



Summer, 2005
Volume 05, Issue 2

MESSAGE FROM THE PRESIDENT

SAGES At A Quarter Century

This year will mark the 25th anniversary of SAGES founding. This silver jubilee is a fitting time to celebrate our society's remarkable past development and to engage the challenges of the present and future. Somewhat, and perhaps slightly before Gerald Marks and SAGES founding fathers walked the earth, there was Zeus, the supreme god of Greek mythology. Zeus surpassed all others in wisdom, spirit and justice and prevailed upon good people by persuasion. From the head of Zeus sprang Athena, the embodiment of prudent intelligence and protectress of artful skills and crafts promoting prosperity and making flourish the fruits of the earth. From the vision and toil of SAGES pioneers sprang the premier organization promoting the wise and skillful application of modern surgical art to the prosperity of patients. SAGES, with more than 5,000 members, is the largest organization of gastrointestinal surgeons and the 2nd largest organization of general surgeons in the United States.

This coming year also marks the 20th anniversary of SAGES first free standing scientific meeting. Held in Williamsburg, Virginia in 1986, 110 surgeons met with 11 exhibitors and a \$50,000 budget. What a marvelous contrast in scale to our recent 2005 annual meeting in Florida. There were 1,700 attendees from 65 countries (most ever except for World Congress years), 136 exhibiting companies (plus a waiting list), and a meeting budget of more than \$1.3 million. This was undoubtedly one of our most vibrant and successful meetings. 95% of attendees polled considered the meeting highly favorable and applicable to their practice. The educational opportunities were unparalleled: 125 scientific podium presentations, 420 posters, 44 special scientific presentations on emerging technologies, 6 postgraduate



SAGES President
Daniel J. Deziel, MD

courses, the learning center, two named lectureships, an Allied Health Professionals course, a super state of the art exhibit hall, and multiple expert panels and joint symposia with our colleague societies AHPBA, SSAT, ASCRS, ASBS and the ACS. Indeed, this was a precedent setting event since it was the inauguration of "Surgical Spring Week" as SAGES, the ACS and the AHPBA all met at the same venue.

While we rightly celebrate SAGES many accomplishments over the last two decades, we understand plainly that with growth comes maturity, and with maturity comes the responsibility of dealing with ever more complex challenges. SAGES mission is to promote quality patient care and to support qualified surgeons through education, research and incorporation of new technology. This mission must *Continued on page 26.*



Last year's SAGES President Dr. David Rattner welcomes new President Dr. Daniel Deziel.

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SAGES 2005-2006 Officers

Officers and Members of the Executive Committee:



◀ **PRESIDENT** - Daniel J. Deziel, MD



PRESIDENT-ELECT ▶ Steven Wexner, MD



◀ **SECRETARY**
Jo Buyske, MD
(3 year term)



TREASURER ▶
Mark Talamini, MD
(3 year term)



◀ **1ST VICE PRESIDENT**
C. Daniel Smith, MD
(2 year term)



2ND VICE PRESIDENT ▶
Steven Schwaitzberg, MD
(2 year term)

Re-Appointed Board Members:

Gerald Fried, MD
Namir Katkhouda, MD
Jeffrey Marks, MD
William Traverso, MD

2005-2006 Committee Chair/Co-Chair List

Assets/Finance:

Finance Chair: Mark Talamini, MD
Assets Chair: Barry Salky, MD

Awards:

Chair: Bruce Schirmer, MD

By-Laws:

Chair: Brent Matthews, MD

Continuing Education:

Chair: Michael Brunt, MD
Co-Chair: Dennis Fowler, MD

Development:

Chair: Steven Schwaitzberg, MD
Co-Chair: Katherine Mayer, MD

Educational Resources:

Chair: Daniel Jones, MD
Co-Chair: Kenric Murayama, MD

Flexible Endoscopy:

Chair: William Richards, MD
Co-Chair: Brian Dunkin, MD

FLS:

Chair: Nathaniel Soper, MD
Co-Chairs: Gerald Fried, MD,
Lee Swanstrom, MD

Guidelines:

Chair: David Earle, MD
Co-Chair: Robert Fanelli, MD

Legislative:

Chair: Eli Lerner, MD
Co-Chair: Paresh Shah, MD

Membership:

Chair: Tonia Young-Fadok, MD
Co-Chair: Fredrick Brody, MD

Nominating:

Chair: David Rattner, MD

Outcomes:

Chair: John Morton, MD
Co-Chair: Vic Velanovich, MD

Program:

Chair: Steven Eubanks, MD
Co-Chair: Horacio Asbun, MD

Public Info:

Chair: Paul Cirangle, MD
Co-Chair: Bruce Ramshaw, MD

Publications:

Chair: Frederick Greene, MD
Co-Chair: Desmond Birkett, MD

Research:

Chair: Karen Horvath, MD
Co-Chair: Blair Jobe, MD

Resident Education:

Chair: Ray Onders, MD
Co-Chair: Leena Khaitan, MD

Technology:

Chair: Daniel Herron, MD
Co-Chair: Michael Marohn, MD

Liaison Groups:

Bariatric: Sayeed Ikramuddin, MD &
Ninh Nguyen, MD
Ethics: Michael Nussbaum, MD &
Peter Crookes, MD
Int'l Relations: Raul Rosenthal, MD &
Demetrios Linos, MD
Pediatric: Steve Rothenberg, MD &
Thom Lobe, MD
Rural: William Traverso, MD &
Thomas Broughan, MD

Non-voting advisor to the Board:

Jeffrey Peters, MD

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.

Bias in Surgical Education — How SAGES is Striving to Limit It

By L. Michael Brunt, MD, Chair, SAGES Continuing Education Committee

Ed Chekan, MD, Member, SAGES CME Task Force

Erin Schwarz, CMP, SAGES Staff

On September 28, 2004, the Accreditation Council for Continuing Medical Education (ACCME) approved updated “Standards for Commercial Support,” to which all ACCME accredited organizations (including SAGES) will be expected to adhere. Under the previous ACCME guidelines which had been in effect since 1992, faculty and providers of CME activity were required simply to disclose financial relationships with commercial providers of those CME activities. However, because of adverse publicity regarding possible commercial bias in some CME events, primarily involving the pharmaceutical industry,¹ the ACCME has developed much more stringent guidelines to ensure the independence of CME activities from commercial influence. These new guidelines affect the planning and implementation of SAGES CME related activities in a number of ways as outlined below. The principal change from the prior guidelines is that financial conflicts of interest must not only be disclosed but must also be resolved in advance of the planned CME activity. These requirements apply both to the speakers and to the planners of the CME events.² In addition, SAGES must have a mechanism to identify and resolve potential conflicts of interest that may arise during the course of a CME program. As a result, the financial disclosures of speakers at future SAGES meetings will be much more visible than in previous years. Outlined below is a summary of how the updated Standards may affect you and our organization.

How the Standards May Affect You

1. If you submit an abstract to SAGES:

Because abstracts are blinded, peer reviewed and selected based upon the best available scientific evidence, the updated Standards do not substantially affect oral or poster scientific session presentations. However, disclosure must still be made by the first and senior author(s) upon submission in order for the abstract to be considered.

2. If you are invited to give a lecture:

The updated Standards require ACCME accredited organizations to obtain disclosures from all invited faculty for any CME-related activity. Therefore, if you are invited to give a

lecture at a SAGES program, the invitation will be conditional upon return of a completed disclosure form to the SAGES office. If the disclosure form is not submitted by the designated date, the invitation will be rescinded and another speaker will be selected.

Additionally, the ACCME's updated Standards require that disclosures be evaluated in advance of the CME activity to determine if any potential conflicts of interest exist. To comply with this provision of the updated guidelines, Dr. Daniel Deziel has appointed a new sub-committee, the Conflict of Interest Task Force, to serve as the review board for faculty disclosures for all CME accredited activities. If the sub-committee identifies a relationship which may pose a conflict of interest, they will be charged with investigating the matter through a variety of means. This may include discussing the issue with the faculty member, reviewing the faculty member's slides for the talk, etc. Note that the guidelines do not prohibit speakers from discussing commercial products or devices. However, it is essential that such presentations be balanced and based on the best scientific evidence available.

Finally, each invited speaker will be asked to display a slide at the beginning of their talk that lists each of their financial relationships with industry sponsors of the meeting.

3. If you serve as a moderator:

Moderators will be asked to serve a more vigilant role at SAGES CME activities. If the moderator perceives a conflict from a speaker, the moderator should provide balance to the speaker's point of view during that session. Also, the moderator or any audience member who perceives a conflict should submit a note that describes the conflict to the Conflict of Interest Task Force for review. Further conflict resolution may be referred, at the CME Chairman's discretion, to the Board of Governors.

4. If you ask a question at the SAGES meeting or other CME activity:

If you ask a question at a CME activity and the question relates to product specific or other information that may be a source of potential conflict, the moderator will ask you to provide verbal disclosure to the audience, in addition to stating your name and institution.

5. If you serve on a SAGES planning committee:

If you serve on any planning committee, such as the Program Committee, the Continuing *Continued on page 13*

Abstract Submission for SAGES '06

THE DEADLINE FOR SUBMISSION OF ORAL, POSTER & VIDEO ABSTRACTS IS SEPTEMBER 16, 2005.

Oral and Poster abstract submissions will be accepted online only this year! To submit oral and poster abstracts electronically, please visit www.sages.org/abstracts for more information and instructions.

Videos must be mailed to the office along with submitting a brief summary of the video via our on line system. **All Videos must be submitted Digitally on CD-ROM.** For complete digital guidelines and video submission instructions, etc., please visit www.sages.org/abstracts or contact

the SAGES office at 310-437-0544, Fax 310-437-0585 or email abstracts@sages.org.

Abstracts which do not conform to the published rules will not be accepted for review.

Upon successful completion of the online submission, you should receive an automatic confirmation of receipt. Video submitters will be sent an email confirmation upon receipt of their video.

Please Remember: Digital Video Submission Required!

Why Membership in the AMA IS Important

Are you concerned about reimbursement? What about medical liability 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.

SAGES has become increasingly involved in these issues over the past few years. The primary point of access for SAGES into this arena is the AMA. Because we have a seat in the AMA House of Delegates (HOD), we are given the opportunity to have representation on both the CPT and RUC Advisory Councils. Establishing our presence at this level gives SAGES credibility as a player in the socio-political field.

While we continue to gain experience and recognition, there is no denying that being a part of a larger organization has its benefits. The AMA is the leader in medical liability reform. The government recognizes the AMA as representing physicians across the country. They take the lead in tracking action on Capital Hill and organizing member associations as well as grass roots efforts.

In order for SAGES to retain its seat in the HOD, a significant percentage of our members also must be members of the AMA. Please check your AMA membership status and keep it current. To join the AMA or renew your membership, visit the AMA website:

<https://membership.ama-assn.org/JoinRenew/search.jsp>

2005 SAGES Resident Courses

SAGES offers several basic and advanced courses a year for surgical residents. For course registration policies, please contact Jackie Reed at (310) 437-0544, ext. 108.

Basic Endoscopy and Laparoscopy Workshop

2nd and 3rd Year Residents

August 25 - 26, 2005, Cincinnati, Ohio
Sponsored by Ethicon Endosurgery

Advanced Laparoscopic Hernia Surgery Workshop

4th and 5th year residents only

Must be a SAGES Candidate Member

September 22 - 23, 2005, Norwalk, CT
Sponsored by Autosuture

Advanced Laparoscopic Techniques Surgery Workshop

Chief Residents and Fellows only

Must be a SAGES Candidate Member

November 4 - 5, 2005, Cincinnati, Ohio
Sponsored by Ethicon Endosurgery

2005 Research Grant Award Winners

Primary Investigator: Lee Swanstrom, MD

Project Title: Endoscopic Prevention of Esophageal Anastomotic Leak with Temporary Placement of An Expandable Plastic Stent In A Porcine Model

Institution: Legacy Health Systems
Grant Support: Karl Storz Endoscopy

Primary Investigator: Avraham Belizon, MD

Project Title: The Differential Effects of Open and Laparoscopic Surgery on Phagocyte Gene Expression in Humans; A Microarray Analysis

Institution: NY Presbyterian Medical Center
Grant Support: Autosuture / Valleylab

Primary Investigator: William Cobb, MD

Project Title: Prospective Evaluation of Intra-abdominal Pressure In Patients at High Risk For Failure of Abdominal Hernia Repair

Institution: Carolinas Medical Center
Grant Support: SAGES Foundation

Primary Investigator: Steven DeMeester, MD

Project Title: Validation of A Rat Model of Barrett's Esophagus and A Comparison of Anti-Reflux Surgery Versus Proton Pump Inhibitors on Gene Expression Patterns

Institution: University of Southern California
Grant Support: Ethicon EndoSurgery, Inc.

Primary Investigator: Elie Goldenberg, MD

Project Title: Use of Endoluminal Therapies for Obese Patients with GERD

Institution: The Emory Endosurgery Unit
Grant Support: Ethicon EndoSurgery, Inc.

Primary Investigator: Eugene Chang, MD

Project Title: The Application of Advanced Imaging In Evaluating Esophageal Adenocarcinoma

Institution: Portland VA Medical Center
Grant Support: Autosuture / Valleylab

Primary Investigator: Rami Lutfi, MD

Project Title: Acid Clearance Physiology after Collis-Nissen Gastropasty, Nissen Fundoplication, and In Healthy Individuals

Institution: Vanderbilt University Medical Center
Grant Support: Ethicon EndoSurgery, Inc.

Primary Investigator: Bethany Sacks, MD

Project Title: Rat Model of Roux-en-Y Gastric Bypass for Morbid Obesity and The Role of Inflammatory Mediators

Institution: University of Pittsburgh Medical Center

Grant Support: Autosuture / Valleylab

Primary Investigator: Dimitrios Stefanidis, MD

Project Title: Validating Robotic Training using A Proficiency-Based Simulator Curriculum

Institution: Tulane Center for Minimally Invasive Surgery
Grant Support: SAGES Foundation

Research Grants

Applications for SAGES Research Grants will soon be available online at <http://www.sages.org/research>. The grant submission guidelines and grant writing tips can also be found using this link. SAGES Research Committee has requested electronic submission of applications. Please e-mail your applications to research@sages.org. If you cannot submit your application electronically, please contact the SAGES office at (310) 437-0544, ext. 109.

Young researchers and small to mid-sized institutions are encouraged to submit applications.

The deadline for submission is December 1, 2005.

Karl Storz IRCAD Traveling Fellowship Award

Eric S. Hungness, MD, Northwestern University

See p. 9 for award description.

Best Resident or Fellow Presentation Awards

SAGES Resident Education Committee and the Exhibit Advisory Council would like to congratulate the following surgeons-in-training for winning Best Resident or Fellow Presentation Awards at the 2005 Annual Meeting:

1st Place - Stephan Kavic, MD - "Laparoscopic Splenectomy in the Elderly - A Morbid Procedure?"

2nd Place - Bradley R. Davis, MD - "Hand Assisted Laparoscopic Total Mesorectal Excision"

3rd Place - Jedediah A. Kaufman, MD - "Long-Term Outcomes of Laparoscopic Antireflux Surgery For GERD-Related Airway Disease"

SAGES 2006 Awards Nominations

SAGES has three major awards which are open for nomination from the general membership. Nomination forms will be reviewed by the Awards Committee prior to the ACS Clinical Congress in October. The Committee will recommend recipients to the Board of Governors during ACS. Awards will then be bestowed upon the recipients during the 2006 SAGES Annual Meeting next year in Dallas.

You may obtain a copy of the nomination forms by calling, faxing, or e-mailing Stephanie Law in the SAGES office (Phone: 310-437-0544, ext. 104, Fax: 310-437-0585, E-Mail: stephanie@sages.org). 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 2, 2005.

The awards that are open for your nomination are:

Pioneer in Endoscopy Award

- The award is designated for a person in industry, or 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.
- Past winners include: Karl Storz 1995, Bob Quint 1997, Robert Anderson 1999, William Chang and Richard Newman 2001, Kurt Semm 2002, Basil Hirshowitz 2003, George Berci, 2004, Jeffrey Ponsky, 2005.

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.
- The award has been granted only three times, to Sir Alfred Cuschieri in 2001, to Gerald Marks in 2004, and to Ken Forde in 2005.

SAGES Annual IRCAD Visiting Fellowship Award

Sponsored by Karl Storz

This Award is designated to give a fellow the opportunity to study at IRCAD in Strasbourg, France, a private institute that is dedicated to the valorization of basic research against cancer. The visiting fellow will attend a two or three day intensive course and will receive a certificate upon completion.

The Award is available to a fellow in any of the surgical specialties who meets the following requirements:

- Is either a Candidate or Active member of SAGES
- Is enrolled in a Fellowship Council recognized fellowship program

Karl Storz will annually provide for all of the expenses (i.e. room/board, transportation and the cost of the course) for the award winner to attend the course at the IRCAD/EITS Facility.

The winner will be chosen by the SAGES Awards Committee based on merit and their desire to attend. The Applicant must submit the following by September 2, 2005:

- One page statement of why they want to attend the course
- Copy of their current Curriculum Vitae
- Note from their Program Director

Prize for Most New Members Sponsored

SAGES will present an award to the member who sponsors the most **new** members accepted for membership between now and April, 2006. The winner will be recognized during the Annual 2006 meeting in Dallas, Texas. Yes! There's a prize!

Reminder!

If your contact information has changed recently (address, phone, fax, e-mail), you may easily update it online. Just go to www.sages.org and access the members' area to make any changes to your information.

Guidelines

NEW Guidelines currently under development by the SAGES Guidelines Committee:

- **A Clinical Practice Guideline Template** – This document will be used to standardize all SAGES Clinical practice Guidelines
- **A Definitions Master Document** – This document will include all definitions contained in SAGES current guidelines. Each SAGES guideline will reference this new guideline as they are revised and reprinted.
- **Guideline for Laparoscopic Resection of Colon and Rectal Cancer**

ALL CURRENT SAGES GUIDELINES ARE AVAILABLE ON THE SAGES WEBSITE.

If you are unable to access the guidelines on-line and wish a copy sent to you, please contact Stephanie Law at the SAGES office, (310) 437-0544 or via e-mail at stephanie@sages.org

Outcomes

The SAGES Outcomes Initiative PDA software is now available for current users of the outcomes program. To operate the software, you must have a current User ID and Password, Palm OS 3.5 or later, and Microsoft Access 2000 or later. Benefits of the SAGES Outcomes Initiative include real-time benchmarking by comparing your results to the study group instantly; web-based application that can be accessed from the home, office, laptop, etc.; ability to meet present and future data requirements for credentialing, contracting and reimbursement; PDA software with compatibility to Microsoft Access and the web-base application; and **FREE TO ALL SAGES MEMBERS!** For more information about obtaining your copy of the PDA software or to participate, contact Jennifer Clark at (310) 437-0544, ext. 105 or jennifer@sages.org.

Educational Resources

The Educational Resources Committee has developed excellent and beneficial informational tools for surgeons and patients. The recently revised Patient Information Brochures can be ordered through sages.org. Test your skills with the SAGES Web Quizzes, also available on-line and updated monthly.

SAGES Top 14 Project, a revised collection of the top most common minimally invasive procedures performed by surgeons, is now available. The SAGES Nissen and Bariatric Pearls, a procedure specific instructional series, concentrating on different, important steps of a nissen and bariatric procedure, offering instructions, tips, tricks and alternatives for these steps, is available as well. To order, please visit www.cine-med.com or call 800-515-1542.

Membership

The SAGES Membership Committee and Board congratulate 290 new members who joined our ranks in April 2005. Included in this most recent induction period are two members who are the first ASSOCIATE ACTIVE members of SAGES.

Recognition for sponsoring the highest number of new members this period was given to Drs. Diane Rhoden and Thomas Broughan from Tulsa, Oklahoma. They jointly sponsored nine applicants. Award certificates and a prize were presented during the Awards Ceremony at the SAGES meeting in Hollywood, Florida. The prize is a \$500 voucher for the Fundamentals of Laparoscopic Surgery (FLS) program.

Category numbers as of June 2005 are:

| | |
|------------------|------|
| Active | 2940 |
| Associate Active | 2 |
| Candidate | 1188 |
| International | 446 |
| Allied Health | 58 |
| Senior | 353 |
| Hiatus | 6 |
| Honorary | 21 |
| Total Membership | 5014 |

IN MEMORIAM

Dr. Wilbur Lewis, Edmond, Oklahoma
Member Since 1993

Dr. Jorge Foianini, Santa Cruz, Bolivia
Member Since 1993

Flexible Endoscopy

The committee is conducting a survey to poll our members regarding their current and future use of flexible endoscopy in their practice. We hope that you will spend a few minutes of your time to answer these questions in order for the SAGES leadership to obtain a snapshot of surgical practice of flexible endoscopy by SAGES members. To participate, please go to the member's page of the website to access the survey link.

2005/2006 Committee Assignments

Thank you for your interest in getting involved with SAGES and volunteering for a SAGES committee. We received a record amount of requests to join a committee. Letters regarding committee assignments were sent in late June.

FLS

The Fundamentals of Laparoscopic Surgery (FLS) program continues to gain positive momentum. The FLS booth and FLS Learning Center station at the SAGES Meeting in Florida were very popular spots. Attendees viewed the FLS CD-ROMs and tested their skills on the FLS Trainer Boxes. Those who had purchased FLS were also able to take the FLS test. With the American College of Surgeons (ACS) partnering with SAGES to administer FLS as a joint education program, you will be seeing and hearing a lot more about this innovative program designed to address the new need for documentation of surgical outcomes by teaching and assessing both cognitive and technical laparoscopic skills.

FLS is a comprehensive, multi-media CD-ROM-based module that teaches the physiology, fundamental knowledge and manual skills required to perform basic laparoscopic surgery. It also includes a hands-on skills training component and a proctored, validated exam that definitively assesses one's cognitive knowledge and manual skills.

FLS testing is available at seven regional Test Centers or the examinations can be arranged at your local institution.

Testing will also be available in San Francisco in October at the 91st ACS Clinical Congress for those who have previously purchased the program. The FLS program will be available for purchase and viewing at the SAGES booth at ACS.

Please contact the FLS Office at 310.437.0544 ext 115 for more information and to schedule your FLS test. The FLS CD-ROMs, Trainer Box and the newly available Trainer



FUNDAMENTALS
of LAPAROSCOPIC SURGERY

Box Accessory Kit can be ordered by downloading an order form available from the FLS web site

www.flsprogram.org.

Coming Soon: FES

Based on the success of the FLS program, the SAGES Board of Governors approved development of FES, Fundamentals of Endoscopic Surgery. Dr. Jeffrey Marks has agreed to chair this effort. Read SCOPE and mini-SCOPE for more details of development in the future.

View Column continued from page 4.

Education Committee, or Board of Governors that is involved in planning CME activities, you will be asked to submit a disclosure form.

What To Disclose

A Task Force from the SAGES Continuing Education Committee was asked this Spring to make recommendations to the SAGES Board of Governors on this topic. The following guidelines were developed regarding what should be disclosed:

1. A 'relevant financial relationship' is defined as any relationship with a commercial entity providing medical goods and services that is held within the 12 months preceding the CME activity. The ACCME has not set a minimum dollar amount for what should be disclosed. Any relationship that is 'publicly discoverable' should be disclosed and would include:

- a. Grant support, salary, consultant fees, speaker honoraria, ownership interest (stock or stock options)
- b. Any support for which a W2 form, receipt or contract was generated as a result of the transaction.
- c. Use of the speaker's name on a commercial brochure or website that could be used as an advertisement.

2. Significant 'roles' requiring disclosure include:

a. Recipient. Example: You are a Director of Minimally Invasive Surgery or Division Chief and receive surgical equipment for educational programs.

b. Partner. You have an association with a business partner that has a relevant financial relationship with industry *OR* your spouse or other close family member has a relevant financial relationship with industry.

Conclusions

SAGES is committed to providing surgeons with continuing medical education of the highest quality that is free of commercial bias. By taking a proactive approach to these new guidelines and implementing mechanisms for dealing with and resolving potential conflicts in a systematic and timely manner, SAGES will further strengthen the integrity of our educational programs. The SAGES model may also serve as an example for other surgical organizations as they begin to interpret and apply these new guidelines.

If you are interested in reading the full text of the Updated Standards, they are available at: www.accme.org

Click on "Standards for Commercial Support".

References:

1. Hensley S. When doctors go to class, industry often foots the bill. Wall Street Journal, Dec. 6, 2002.
2. Steinbrook R. Commercial support and continuing medical education. N Engl J Med. 2005;352:534-535.

Please be advised, the content in this view column is the opinion of the authors and has not been approved or reviewed by the ACCME.

ONLINE UPDATE

GERDSurgery.Info

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<http://www.gerdsurgery.info/>

<http://gerd.sages.org/>

Following in the footsteps of our popular web site that covers screening colonoscopy, SAGES is proud to announce the launch of **GerdSurgery.Info!** <http://www.gerdsurgery.info/>

This informational web site is aimed at patients suffering from GERD and primary care physicians who treat patients with GERD. The site contains a comprehensive, easy-to-read presentation about GERD and the surgical options for it. Visitors may read the presentation online, watch it as a Flash movie, or download it as a PDF and distribute it that way. We strongly urge people to visit and link to GerdSurgery.Info and its companion site, Colonoscopy.Info.

All SAGES Members can download the PowerPoint file that forms the backbone of GerdSurgery.Info and use it as you see fit (so long as SAGES is credited as the source/author of the information). Use the slides in your presentations, to explain GERD procedures to your patients, or educate your partner primary care physicians about the benefits of surgery for GERD.

To download the file, go to <http://www.gerdsurgery.info/> and follow the links. You will need your SAGES web site user name and password to access the file. If you have forgotten them, go to: <http://www.sages.org/lostpassword.php>
To create them, go to: <http://www.sages.org/signup.php>

SAGES Endorsed Courses

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. For more information and applications, please visit the Endorsed Course Application page at <http://www.sages.org/education/endorsedcourses.html>

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 and Endoscopic Surgeons (SAGES)

Institution: Carolinas Laparoscopy & Advanced Surgery Program "CLASP", Charlotte, NC

Director: B. Todd Heniford, MD FACS; Frederick Greene, MD; Pierce Irby, MD; Chris Teigland, MD; Richard L. White, Jr. MD FACS; Kent W. Kercher, MD; Ronald F. Sing, DO; Brent D. Matthews, MD

Contact: phone: 704-355-4823
CLASP@carolinas.org

Courses: Laparoscopic & Hand Assisted Colorectal Course
· October 28, 2005
Mini Fellowship for Advanced Laparoscopic Surgery
· August 29 & 30, 2005
· November 6, 7 & 8, 2005
Laparoscopic Ventral & Incisional Herniorrhaphy
· December 2, 2005
Open & Laparoscopic & Inguinal Hernia Repair Symposium
· October 7, 2005
Mini Fellowship for Gastric Bypass
· September 18, 19 & 20, 2005
Laparoscopic Renal Surgery
· September 9, 2005
Lymphatic Mapping and Sentinel Node Course
· November 4, 2005
Inferior Vena Cava Filter Workshop
· November 18, 2005
Mini Fellowship for Gastroesophageal Reflux Disease
· October 23 & 24, 2005
Mini Fellowship for Flexible Endoscopy
· November 15, 2005

Institution: University of Minnesota Medical School

Director: Todd M. Tuttle, MD
Contact: Phone: 1-800-776-8636
<http://www.cme.umn.edu>
Contact institution for upcoming courses.

Institution: Creighton University

Director: Charles J. Filipi, MD, FACS
Contact: Sally C. O'Neill, PhD
Phone: (402) 280-1830
Fax: (402) 280-5180
email: cmeded@creighton.edu

Courses: Fourth Annual Esophageal Conference
September 8-9, 2005

Institution: IRCAD-EITS

Director: Jacques Marescaux, MD, FRCS
Contact: Guy Temporal, Project Coordinator
Phone: +33 388 119 000

Fax: +33 388 119 099
email: secretariat@ircad.u-strasbg.fr

Courses: GENERAL SURGERY
Intensive Courses in Laparoscopic Surgery (English-speaking courses)
· September 19th to 23rd
· November 21st to 25th
Digestive Surgery – English-speaking courses
· October 20th to 22nd
Colorectal Surgery – English-speaking courses
· November 4th and 5th
Morbid Obesity – English-speaking course
· September 30th and October 1st

UROLOGICAL SURGERY
Intensive Courses in Laparoscopic Urological Surgery (English-speaking courses)
· December 12th to 16th
Cours Intensifs en Chirurgie Laparoscopique Urologique (French-speaking courses)
· October 3rd to 7th
Chirurgie Laparoscopique Urologique – French-speaking course
· September 16th to 17th « Néphrectomie Radicale »

VASCULAR SURGERY
Laparoscopic Aorto Iliac Surgery – English-speaking course
· October 27th to 29th

GYNAECOLOGY SURGERY
· June 27th to 29th
English-speaking course
Master Suturing: How to overcome our limits in Endoscopic Pelvic Surgery
· September 14th and 15th
English-speaking course
Hysteroscopy
· October 17th to 19th
English-speaking course
Current Techniques in the Treatment of Severe Endometriosis
· December 5th to 7th
French-speaking course
Techniques Avancées en Endoscopie Gynécologique Opératoire

Institution: Washington University School of Medicine

Director: Brent D. Matthews, MD, L. Michael Brunt, MD
Contact: Peggy Frisella, Course Administrator
Phone: (314) 362-8371
Fax: (314) 747-0591
email: frisellap@msnotes.wustl.edu

Courses: Laparoscopic and Hand-Assisted Colorectal Surgery:
· August 31, 2005
· October 26, 2005
· December 14, 2005
Laparoscopic Ventral Hernia Repair:
· August 26, 2005
Mini Fellowship in Advanced Laparoscopic Surgery:
· September 12-13, 2005
· November 7-8, 2005

Institution: Harvard Medical School, Center for Minimally Invasive Surgery

Director: Daniel B. Jones, MD, FACS

Contact: Phone: (617) 667-5100

Fax: (617) 667-5125

email: djones1@BIDMC.Harvard.edu

Online: www.BIDMC.Harvard.edu/mis

Courses: Patient Safety in Obesity Surgery: July 7-9, 2005

Institution: Minimally Invasive Surgical Centre (MISC), Singapore

Director: Davide Lomanto MD, PhDm, Wei-Keat Cheah, MBBS, FRACS

Contact: Serene Tan

Phone: +65 67725264, Fax: +65 67754007

Online: www.misc-asia.com

Courses: Inguinal and Abdominal Wall Hernia Workshop:
October 24-25, 2005

Basic Laparoscopic Surgery Courses: November 18-19, 2005

Institution: Gem Hospital India Private Limited, Coimbatore

Director: C. Palanivelu, MD

Contact: Phone: 0422-2324100, 2324101, 2324105

Fax: 2320879

Online: http://www.gemhospitalindia.com

Courses: Basic Foundation in Laparoscopic Surgery
Advanced Skill in Laparoscopic Surgery

Institution: Mayo Clinic Scottsdale

Director: Kristi L. Harold, MD

Contact: Phone 1-480-301-4580

Courses: Laparoscopic Gastric Bypass: Sept. 15-16, 2005

Laparoscopic Nephrectomy: Nov. 11, 2005

Laparoscopic Colon Surgery: Dec. 2, 2005

Institution: Minimally Invasive Surgery Center, San Francisco, CA

Director: Zoltan Szabo

Course: Advanced Laparoscopic Suturing & Surgical Skills

Dates: Check with MOET Institute for dates

Contact: Phone: 415-626-3400

www.moetinstitute.com/

Institution: Virginia Commonwealth Medical Center

Director: Eric J. DeMaria, MD

Contact: Carol Ford

Phone: 804-827-028, Fax: 804-828-1933

Email: cvford2@vcu.edu

http://www.lesspainsurgery.com

Courses: Laparoscopic Gastric Bypass Surgery:

· September 12 & 13, 2005

· November 14 & 15, 2005

Laparoscopic Colectomy:

· October 3 & 4, 2005

Institution: Centre for Advanced Laparoscopic Surgery (CALs), Tan Tock Seng Hospital, Singapore

Director: Dr Richard Sim, MBBS, FRCS, Dr James Tan, MBBS, FRCS

Contact: Phone: +65-6357-7661, Fax: +65-6357-7809

email: gloria_seah@ttsh.com.sg

http://www.ttsh.com.sg

Courses: Introduction to Laparoscopy Course:

· July to December 2005

Laparoscopic Nephrectomy Course:

· August 2005

Institution: Minimal Access Surgery Center, New York Presbyterian Hospital, New York, NY

Director: Dennis Fowler, MD; Marc Bessler, MD; Michel Gagner, MD; W. Barry Inabnet, MD; Alfons Pomp, MD; Jeffrey Milsom, MD & Richard L. Whelan, MD

Contact: phone: (212) 305-0577

http://www.masc.cc

Contact institution for upcoming courses.

Institution: Southwestern Center For Minimally Invasive Surgery (SCMIS), Dallas, TX

Director: David Provost, MD

Contact: phone: 1-800-688-8678

www.swmed.edu/home_pages/cmis/conted.htm

Contact institution for upcoming courses.

Institution: Emory University School of Medicine, Atlanta, GA

Director: C. Daniel Smith, MD

Contact: Phone 404-727-1540

www.surgery.emory.edu

Contact institution for upcoming courses.

Institution: MIS Program, Legacy Health System

Directors: Lee L. Swanstrom, MD, Paul D. Hansen, MD, David W. Bliss, MD, Mark H. Whiteford, MD

Contact: www.advancedlaparoscopy.com

Courses: 3rd Annual Updates in Minimally Invasive Surgery,
September 26 - 30, 2005

IN MEMORIAM

Claude H. Organ Jr., MD, FACS

Claude Organ was a member of SAGES since 1985 and a firm believer in endoscopic surgery. Dr. Organ served as president of the American College of Surgeons, which awarded him its highest honor, the Distinguished Service Award in 1999. He also served as chairman of the American Board of Surgery. He had recently retired as the editor of the Archives of Surgery.

While he is well known, respected and beloved for his mark on the surgical community, we may also remember him as a practical man. More than 10 years ago, he wrote an editorial about the need for more cooperation among the many surgery societies and strongly urged all of us to support joint meetings. SAGES is proud that we have carried that banner.

Dr. Organ was chairman of the Creighton Department of Surgery from 1971 to 1982 and taught surgery at the University of Oklahoma from 1982 to 1988. He moved to Oakland in 1989 to establish the University of California, Davis/University of California, San Francisco East Bay Surgery Department, where he was chairman of the department until 2003.

He was the author or co-author of more than 250 scientific articles and book chapters.

Highlights From the 2005 Surgical Spring Week Meeting

A poster presenter explains his research to an interested attendee.



A meeting registrant tries a new product at a booth in the exhibit hall.



Attendees make sure to keep in touch while in Florida.



SAGES leaders and award winners pose between sessions. Left to Right - Dr. Bruce Schirmer; Young Researcher Award Winner Dr. Blair Jobe, Dr. David Rattner, Dr. George Berci, Pioneer in Endoscopy Award Winner Dr. Jeffrey Ponsky, Distinguished Service Award Winner Dr. Thomas Dent, Dr. Rick Greene and Berci Lifetime Achievement Award Winner Dr. Kenneth Forde.



Members of the US Armed Forces stand next to their booth in the exhibit hall.

Guests kick off their shoes and dance the night away at the Beach Main Event & Annual International Sing-Off!



Medical Politics – What is SAGES Role?

We face two major crises this year...tort reform and reimbursement. SAGES has been active in both areas. These issues are multifactorial and require participation on state and national levels in both political and professional arenas.

The glue that cements our ability to interact on reimbursement issues is representation as a specialty in the AMA House of Delegates (see p. 5). Dr. John Coller represents us as our Delegate. Our seat in the AMA allows us to have representation on both the RUC (Relative Value Update Committee) and CPT (Current Procedural Terminology) advisory councils where the pedal hits the metal in terms of reimbursement. The process begins when a procedure is brought forward to CPT to get a code. Dr. Paresh Shah has represented SAGES well at the CPT Advisory Council and has garnered codes for radiofrequency ablation of the lower esophageal sphincter (Stretta), laparoscopic bariatric procedures and the lap band.

Dr. Mike Edye continues the reimbursement battle by serving as SAGES representative to the RUC advisory council. This past year he shepherded SAGES through the survey process required of all codes being presented to the RUC. SAGES teamed with ASGE and AGA on the Stretta code and with ASBS on the bariatric codes. Keep in mind that the values assigned are *relative* values. In other words, any value determined by the RUC is relative to the value of all other codes. For both Stretta and the bariatric codes, SAGES was able to obtain values in line with the survey results. That may seem like a foregone conclusion, but logic does not always prevail. The RUC will now pass the codes and values along to CMS (Center for Medicare and Medicaid Services). The CMS may approve them as presented or alter the value. New codes are published in the annually issued Federal Register at the beginning of each year.

Specialty groups interact through the AMA with the RUC to try to improve the distribution of funds and maintain budget neutrality. No less a person than the Chairman of RUC, Dr. William L. Rich, has stated that our problems will not be resolved in this committee but rather on the steps of the Capital. He feels that our long-term answer is moving the political process to input more funds into the system or move away from budget neutrality.

Currently CMS has initiated a five-year review which is being administered through the AMA. This is the process in which many codes across all specialties are reviewed for possible changes. There are five categories of codes being reviewed:

- high volume (10,000 or more cases annually)
- code was not previously reviewed

- procedure has gone from being primarily inpatient to primarily outpatient
- procedure is being performed by different specialty than when valued
- a specialty society has asked that a code be reviewed

The effort is undertaken to evaluate whether or not codes are being under or overvalued, or are no longer applicable due to treatment advancements.

Societies have been asked to survey or comment on codes relevant to their specialty. The CMS has brought forward the lap choly code for review as a high volume code. SAGES is working with the ACS to preserve the current value of the code. Some see this as the lynchpin code for lap surgery, with all other codes being measured against this to determine value. And remember, the value given must fit into the overall budget neutral framework mentioned earlier.

A contingent of SAGES members now makes an annual visit to Washington to directly present our case to our elected political leaders. This is a vital function both for reimbursement issues as well as tort reform. Our visit this year took place on July 12. Check your next mini-SCOPE for an update.

Congress and the Senate are still deadlocked on the issue of tort reform. This has become a very polarized issue and I doubt if there will be a significant breakthrough soon, especially with other medical issues clouding the political landscape (stem cell research, Medicare issues, federal prescription programs, to name a few). Medical tort issues have always been a state's right issue and may remain so for the short term. Things are heating up in New York where Dr. John Cosgrove has become active in Tort issues. This will be a heated summer for John and our other colleagues in New York.

I would like to invite each and every member who has an issue that they would like addressed to contact me so that we can try to help. The politics of medicine are complex and require a dedication to developing skills as much as the procedures that we do. We must move forward in controlling our own destiny and participate in the political process nationally and locally.

In closing, I also would like to personally thank Aaron Fink for his leadership as Chairman for the past several years. He clearly sees the challenges we face and has worked hard to lead us in the right direction.

– Eli Lerner, MD, FACS

April 2005 RUC Meeting Report

Eight new CPT codes for procedures related to the laparoscopic adjustable gastric banding procedure were created by the AMA CPT panel in late 2004 and are due for inclusion in the 2006 CPT code book. (SAGES and ASBS presented the codes to CPT.) For this to happen, the work associated with each code needed to be determined and a Relative Value Unit (RVU) assigned. SAGES and the ASBS presented these codes with recommendations by the Societies to the AMA Relative Value Update Committee (RUC) in April.

After a smaller slate of codes had been approved by CPT in 2003, it was realized that coding and reimbursement difficulties would occur because the language of the service descriptors did not cover situations where bands or ports needed to be removed, revised or replaced. The family of codes was thus completely revised and expanded to include the commonest of these permutations. SAGES and ASBS worked together to make those revisions.

The descriptors of the eight codes are as follows. Their final CPT codes will be assigned prior to publication in the 2006 CPT code book.

- Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric band (gastric band and subcutaneous port components)
- Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric band and subcutaneous port components
- Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric band component only
- Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric band component only
- Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric band component only
- Surgical, gastric restrictive procedure, open; revision of subcutaneous port component only
- Surgical, gastric restrictive procedure, open; removal of subcutaneous port component only
- Surgical, gastric restrictive procedure, open; removal and replacement of subcutaneous port component only

BAND CODES

To determine the work performed in each of these procedures, SAGES and ASBS members were surveyed by email with a standard RUC questionnaire. This instrument records work intensity and time spent in patient care on the day of surgery, during the procedure itself, and post-operatively through the "global period", in each case 90 days. Survey respondents are then asked to select from a list of established CPT codes the one most similar to the new procedure being valued. This process permits the new procedure to be ranked with others of similar intensity, operative duration and having similar peri-operative care requirements.

Thirty survey responses per code is considered adequate if data spread is not excessive. Moreover we had been concerned that for the less frequent situations, such as band revision or port removal, there would be insufficient responses. The Societies' members cooperated magnificently with more than 90 responses for band implantation, and very adequate numbers for the seven other codes. This body of survey data was a powerful tool in support of our recommendations for work values which were all passed by the RUC.

Final acceptance of the recommended work values for each of these procedures rests with CMS (Center for Medicare and Medicaid Services) and exact numbers cannot be revealed until then.

ADJUSTMENTS

There is no discreet code for band adjustments since it is preferable to use an E and M code (usually 99214) once the global period of 90 days has expired. Any adjustments performed in the 90 days immediately after surgery are not separately billable. Where relevant our RVU recommendations allowed for two (2) adjustments within this period.

OPEN BPD

A new code (43845) for open biliopancreatic diversion with duodenal switch was surveyed at the same time as the band codes and the RVU recommendation for this was also accepted by the RUC.

THE FUTURE

The laparoscopic bariatric codes (RY gastric bypass and extended bypass) were valued last year by the same process and similarly strong data were obtained. This establishes these procedures as reliable benchmarks with which new laparoscopic procedures can be compared in the future. The RUC is currently in the midst of a review process in which codes that have been in use for 5 years or more are revisited. It is likely that high volume procedures such as laparoscopic cholecystectomy which has never been surveyed, will come under considerable scrutiny, the perception being that the code is overvalued (i.e. does not justify the RVUs assigned to it), supposedly because operative times and post-operative care have become shorter. (See p. 18 for more details).

THANKS

We were assisted in this endeavor by Jan Martin, a consultant with a vast knowledge of the history and mechanics of the RUC. Jan was responsible for the process of data collection and analysis, and played a key role in the formulation of the work value recommendations. We are deeply indebted to Jan for her knowledge and professionalism. SAGES and the ASBS are also very grateful to the survey respondents for making the effort to complete the large number of surveys.



SAGES

2006 ANNUAL MEETING

at the extraordinary
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APRIL 26 - 29, 2006

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- Technology Pavilion
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- **IPEG (International Pediatric Endosurgery Group) will host its annual meeting concurrent with the SAGES meeting**
- **The ACS will convene their Spring meeting prior to the SAGES meeting**
- **Once again, it will be possible to attend three superb surgical meetings within one week.**

SAGES 2006 preliminary program information will be available fall, 2005. Check the SAGES website, www.sages.org, for updates.

SAGES

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THINK *spring*

2006 SAGES Meeting Outline

Tentative As of July 2005

Tuesday, 4/25/06

- 7:00 AM - 6:00 PM SAGES Committee Meetings
1:00 PM - 5:00 PM SAGES/IPEG Pediatric Fellows
HO Course Lectures Chair: Tim Kane, MD

Wednesday, 4/26/06

- 7:30 AM - 12:00 PM SAGES/MIRA Robotics Course
(Chairs: Scott Melvin, Santiago Horgan, MD)
7:30 AM - 5:00 PM SAGES Bariatric PG Course
(Chairs: Eric DeMaria, MD, Ninh Nguyen, MD)
7:30 AM - 12:00 PM SAGES/ACS Joint Programming:
IBD, Education
1:00 PM - 5:00 PM SAGES Digital HO Course
(Chair: Steve Schwartzberg, MD)
1:00 AM - 5:00 PM SAGES Pediatric Fellows HO
Course Lab (Chair: Tim Kane, MD)
5:00 PM - 6:30 PM SAGES/IPEG Exhibit Opening
Reception

Thursday, 4/27/06

- 7:00 AM - 8:00 AM SAGES/IPEG Video Breakfast
(Chairs: Blair Jobe, MD, Mark Wulkan, MD)
8:00 AM - 11:00 AM SAGES Advanced Techniques
HO Course (lab only) (Chair: William Laycock, MD)
8:00 AM - 5:30 PM SAGES Endoluminal HO Course
(Chairs: Nat Soper, MD, Ed Lin, MD)
8:00 AM - 5:30 PM SAGES Simulation HO Course
(SLS) (Chairs: Randy Haluck, MD, Col. Richard Satava, MD)
10:00 AM - 2:30 PM Exhibits, Posters
12:30 PM - 2:00 PM The Fellowship Council Lunch
(Chair: Lee Swanstrom, MD)
2:00 PM - 5:30 PM SAGES Colon PG Course (Chair:
Morris Franklin, MD)
6:30 PM - 9:00 PM SAGES/Industry Hernia Session
6:30 PM - 9:00 PM SAGES/Industry Int'l Video
Session (Asia) (Chair: Plato Esartia, MD)

Friday, 4/28/06

- 6:30 AM - 7:30 AM Industry Breakfasts
7:30 AM - 11:00 AM SAGES Scientific Session
Plenary Session
Presidential Address
Gerald Marks Lecture
Inguinal Hernia Panel (Chair: Adrian Park, MD)
SAGES/ASGE Endoluminal Panel
(Chair: David Rattner, MD)
SAGES/IPEG Adolescent Bariatric
Surgery Panel (Chair: Tom Inge, MD)
10:00 AM - 2:30 PM Exhibits, Posters, Learning Center
2:00 PM - 5:30 PM SAGES Scientific Session
Oral/Video Sessions
SAGES/ASCRS MIS Colon Panel
(Chair: John Marks, MD)
GERD Panel (Chair: Leena Khaitan, MD)
2:00 PM - 5:30 PM SAGES Resident's Day (Chairs:
Emily Winslow, MD, Ben Poulouse, MD)
6:00 PM - 7:00 PM SAGES Meet the Leadership
Reception
7:30 PM - 11:00 PM Main Event & Sing-Off

Saturday, 4/29/06

- 6:30 AM - 8:00 AM SAGES Int'l Video Breakfast
(Europe)
8:00 AM - 11:30 AM SAGES Scientific Session
Plenary Session
Karl Storz Lecture
Awards Ceremony
Reoperative Surgery Panel (Chair:
Keith Gersin, MD)
8:00 AM - 11:30 AM SAGES Allied Health Course (Chair:
Ted Trus, MD)
10:00 AM - 1:00 PM Exhibits, Posters, Learning Center
11:30 AM - 12:00 PM SAGES Business Meeting
12:30 PM - 2:00 PM SAGES Educator's Lunch (Chair:
Raymond Onders, MD)
12:30 PM - 3:00 PM SAGES Emerging Technology
Lunch/Session (Chair: Dan Herron, MD)
2:00 PM - 5:00 PM SAGES Scientific Session
Oral/Video Sessions
Complications Video Panel (Chair:
Jo Buyske, MD)
Solid Organ Panel (Chair: Mark Callery, MD)

THINK *surgery*

The Legal Check-up: A Prescription for the Health of Your Practice

By Keith M. Gregory

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Note: Greenberg and Bass, SAGES attorneys (contract and general counsel), have generously offered to provide a legal practice review at a discounted fee for our members. Because we are committed to expanding the range of services we make available to our members in all facets of their practices, we are conveying this information to our members. This article does not constitute an endorsement of Greenberg and Bass or its services.

Most physicians recommend that their patients receive a physical check-up at least once a year. During this process, the doctor will monitor pulse and blood pressure, take blood tests and check reflexes. Hopefully, everything will be fine and the physician will pronounce the patient fit and ready to combat life for another year.

What about the health of your medical practice? When is the last time your practice received a check-up to determine its fitness? Greenberg & Bass has developed a Legal Check-Up for SAGES members to assist in determining the health of their practice from a legal perspective. This article provides a brief recap of the subject areas covered in the Legal Check-Up, each of which can impact the viability of your practice. Following is a copy of the Legal Check-Up. Take the quiz yourself to assess your practice's legal health and well-being.

The Legal Check-up covers the following key areas:

- Business issues: legal structure, compliance, contracts
- Management issues: expansion, succession planning
- Employment issues
- Intellectual property and website issues

The first subject area deals with a practice's legal structure and requires the owner or partners to consider if the practice is complying with certain state mandated requirements whether functioning as a corporation, limited liability company, partnership or sole proprietorship. The owner/partners are asked to consider if the practice is structured properly. For example, a medical practice might be operating as a sole proprietorship, without the benefit of certain advantages that are gained by operating as a corporation or limited liability company.

Contract issues are also included in this section. It is imperative for medical practices to provide vendors, service providers and suppliers with purchase orders and invoices that include terms and conditions that are acceptable pursuant to the Uniform Commercial Code.

Finally, succession and estate planning are also addressed in this section. Every physician owner of a medical practice should have an estate plan in place. If the practice is owned by more than one person, then the partners should enter into an agreement that protects their rights should any disagreements arise which may cause them to terminate their business arrangement.

Employment issues are a primary concern for medical practices. The Legal Check-Up not only covers the obvious — for example, the maintenance of an employee manual — but also raises critical issues arising from employee email communications and conducting business over the internet.

Today's medical practices are becoming increasingly more dependent upon intellectual property. As a result, it is critical for practices to consider issues that concern the intellectual property that they either have been licensed to use, or have developed for themselves or others to use. Medical practice owners and partners should not allow the use of intellectual property without insuring that it is protected from unauthorized use or infringement. The Intellectual Property/Website Section of the Legal Check-Up covers these and other essential issues.

Section II of the Legal Check-Up covers several distinct issues — from mergers and acquisitions to commercial leasing of real and personal property. While the areas covered are diverse, an affirmative response to any of these questions warrants significant attention. As noted on the Check-Up, if the answer is "Yes" to any question in this section, consult with qualified counsel concerning that issue.

Annual physical check-ups provide the peace of mind that one's personal health and well-being is sound. The health of your medical practice deserves nothing less. Take the Legal Check-Up and make a positive move toward ensuring the health and well-being of your practice.

Legal Assistance Program Designed for SAGES Members

An elective program available to SAGES members.

Greenberg and Bass offers an alternative for SAGES members who need assistance with routine legal questions.

Provides access to a full range of legal professionals who can address multiple business issues that can impact a medical practice, such as:

- partnership and shareholder agreements
- buy/sell agreements
- forming or dissolving a professional corporation
- property and equipment leases
- contract reviews and negotiations
- employment contracts
- employment policies and compliance

- protection of intellectual property
- estate planning services

Introductory offer – complete the G&B Legal Check Up and receive a complimentary assessment of your practice’s legal health and wellbeing.

Participants can elect to receive timely articles regarding legal and business issues of interest to SAGES members.

A one-time fee of \$500 provides a SAGES member with up to three hours of legal advice from Greenberg & Bass.

If more than three hours are required, the participant can retain Greenberg & Bass at the firm’s hourly rate, less a 10% professional discount.

Legal Check Up

Take this quick survey to help determine your practice’s current health and well-being.

Questions? Contact:

Keith Gregory, 16000 Ventura Blvd., Suite 1000 Encino, CA
91436 kgregory@greenbass.com 818-382-6200

Yes No Don't Know

SECTION I: Business Issues

- Are your corporate or limited liability company minutes up-to-date?
- Are corporate, state, county and city fees and licenses paid?
- Are purchase orders, invoices and other business forms regularly updated?
- Are company policies, mandated documents and legal notices properly displayed?
- Are you considering a succession plan for your practice?
- Does your estate plan provide proper protection for personal and business assets?

Yes No Don't Know

SECTION I: Employment Issues

- Do your employment manuals and policies reflect recent changes in the law?
- Are employee records properly maintained?
- Do you maintain a secure record of all electronic communications?

- Do you have written policies that restrict electronic communication and inform employees that their emails may not be confidential?

Yes No Don't Know

SECTION I: Intellectual Property/Website Issues

- Do you collect information through your website?
- Can patients/visitors buy any products or services through your website?
- Does your website provide any educational material?
- Do you use specially designed software to run your practice or website?
- Do you have a legal policy on your website?

Yes No Don't Know

SECTION II

- Have you merged with or acquired another practice in the past 2 years?
- Does your practice lease office or other equipment?
- Does your practice execute employment and independent contractor agreements?
- Does your practice maintain a website?

If you checked DON'T KNOW to more than 3 questions in SECTION I, or YES to any question in SECTION II, consider seeking counsel to help avoid exposure to potential legal and business risks.



The SAGES cookbook includes:

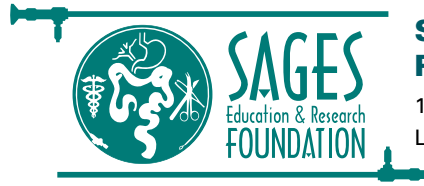
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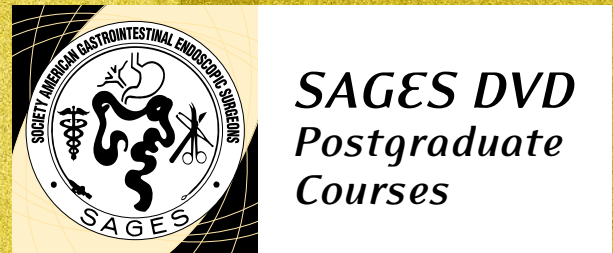
Please note that \$10.00 of your \$40.00 payment is considered to be the value of the cookbook. The SAGES Education and Research Foundation is a tax exempt organization as determined by the Internal Revenue Service under Code section 501(c)(3). Therefore, your net contribution of \$30.00 per cookbook is tax deductible to the extent permitted by law. Please consult your legal or tax advisor with any questions.



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President's Message continued from page 1.

unfold in a sociopolitical milieu that is shifting and often uncertain yet omnipresent. Many of SAGES recent important and successful initiatives are known to the membership, such as the Fundamentals of Laparoscopic Surgery (FLS) program which, in partnership with the ACS, is now available to assess basic knowledge and technical skills, and SAGES representation on the AMA's CPT and RUC committees that advise CMS on coding and reimbursement. Let me mention some key newer initiatives.

SAGES has begun development of the Fundamentals of Endoscopic Surgery (FES) project. Similar in concept to FLS, this project is designed to establish basic knowledge and technical skills in flexible endoscopy. Our society was, of course, founded on endoscopy. However, basic endoscopic ability for surgeons has taken on renewed importance as technology, enabling a multitude of interventions via transluminal endoscopic approaches, is quickly developing. Standard surgical diseases once treated by open operations and now predominately by laparoscopic operations may soon be treated by transluminal routes via natural orifices. Endoscopic treatments for GERD are well known; transluminal appendectomy, cholecystectomy and other procedures are under development and have been accomplished. There is a critical need for surgeons to be up to speed on their basic flexible endoscopic skills so that they can safely and appropriately progress with new capabilities in flexible endoscopic surgery. To this end, SAGES and the ASGE have formed a Transgastric Surgery Working Group that will meet in July, 2005 to begin to define the pathway that will take these therapies from the present to the clinical arena.

Individual surgeons must be able to document their cases using an accepted outcomes tool. The American Board of Surgery (ABS) now requires a practice component for the maintenance of certification. In addition to passing a test, surgeons will have to submit their cases on the platform of a nationally validated outcomes study in order to qualify for recertification. The ACS also is directing intense effort toward competency assessment. SAGES will collaborate with both the ABS and ACS to determine how the well established SAGES Outcomes database can interface with these and other requirements. The SAGES outcomes tool is available free of charge to all SAGES members and is easy to use. I encourage all members to take advantage of the benefit this tool can provide you in the expanding competency arena.

Finally, SAGES recognition as an important stakeholder in surgical training continues to grow. The ABS has created three new advisory councils to provide more complete participation for various specialty areas in general surgery. SAGES appointed a representative to the GI Advisory Council which met in June, 2005. In this capacity, SAGES will work with the Board in providing oversight of post residency fellowships and will advise and consult on the need for subspecialty certification in various areas.

SAGES at a quarter century can be proud of its many achievements and equally proud of its current ambitious agenda and future vision. Remarkably, there are now members of the society who were not yet born when the organization was conceived in 1980. Truly then, we have arrived at SAGES: the Next Generation.

– Daniel J. Deziel MD, SAGES President

First Foundation Tribute Dinner To Honor Ken & Kay Forde and Celebrate 25th Anniversary of SAGES

The SAGES Education & Research Foundation will host its first annual Tribute Dinner during the 2006 Annual Meeting in Dallas next April. The dinner will take place on Thursday Evening, April 27th. Kenneth and Kay Forde are, in many respects, two of the parents of SAGES. The Foundation, in establishing the annual event wanted to salute the luminaries who have provided the framework on which SAGES and endoscopic surgery have been built.

Kenneth A. Forde, MD, FACS, served as President of SAGES, 1983-1984. Ken was a vital force in the founding of SAGES and is considered a voice of wisdom and reason for almost 25 years. He served SAGES as its first Membership Committee Chairman, Journal Editor for 10+ years, Credentials Committee Chair, ACS Governor, and now as an officer of the SAGES

Foundation. He is currently Jose M. Ferrer Professor, Department of Surgery, College of Physicians & Surgeons of Columbia University, Vice Chairman, Department of Surgery, New York Presbyterian Hospital - Columbia Campus, New York, NY.

Kay was an early supporter of the vision of SAGES. No one can ever give "his all" for an organization without the support of his partner. She served as editorial assistant for five years and, unbelievably, until 2004 (when she was recovering from surgery) had never missed a SAGES meeting. A nurse by profession, she has been a pillar in the growth of both SAGES and the Foundation.



Kay & Dr. Kenneth Forde.

Hold the date! Don't miss this tribute and celebration!

Save these Dates!

SAGES Upcoming Annual Meetings

April 26 - 29, 2006 **Dallas, TX**
with IPEG. Held consecutively with the ACS Spring Meeting

April 19 - 22, 2007 **Las Vegas, NV**
Held consecutively with the ACS Spring Meeting

March 26 - 29, 2008 **Philadelphia, PA**

Other Meetings and Congresses

10th World Congress of Endoscopic Surgery
September 13 - 16, 2006 **Berlin, Germany**

15th EAES Congress
TBD, 2007 **Budapest, Hungary**

11th World Congress of Endoscopic Surgery
September, 2008 **Yokohama, Japan**



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