

Scope



Summer, 2009
Volume 09, Issue 2

MESSAGE FROM THE PRESIDENT

The Business of SAGES and SAGES' Business Development



**SAGES President
C. Daniel Smith, MD**

SAGES is a vibrant and relevant organization that has been powering the balanced and responsible advancement of advanced surgical technologies in general and gastrointestinal surgery for more than 25 years. Over this time SAGES has grown from a small fringe organization to the second largest organization of general surgeons in the country, and with this growth has also come growth in the day-to-day activity of SAGES. For example, over the past decade our operating budget has grown from \$2 million to over \$7 million annually. This is an indication of the work that is necessary to run the organization's day-to-day activities; in other words, the business of SAGES.

At the same time, SAGES has pioneered the advancement of how we teach surgery including developing educational resources such as our Fundamentals of Laparoscopic Surgery (FLS) platform, a significant business opportunity for SAGES. As we look to the future it is good to reflect on the business of SAGES and how we will approach SAGES business development.

To most of us the day-to-day activities, the business of SAGES, remains largely invisible. This is primarily due to the consistent and exceptional performance of our management company, BSC



Management, Inc. BSC Management has been providing management services for SAGES almost since day one. Founded by Barbara Berci, BSC celebrated its 25th anniversary in 2009. Mrs. Berci was SAGES Executive Director from 1984-1998 and remains active as an advisor and consultant. BSC

Management has a staff of 33 plus a regular accounting and CME consultant. Of those, 27 work on SAGES, either full or part time.

Much of the success of SAGES relies on the effectiveness of the relationship between SAGES leadership and its Executive Director, Sallie Matthews. Sallie Matthews was a graduate of Indiana University who moved to Los Angeles in the early '90s with aspirations unrelated to medical association management. Fortunate for us, she started working for BSC Management in 1993 and her creative thinking, problem solving, organizational talents and incredible people skills became immediately apparent to Barbara Berci. Sallie ascended to become SAGES Executive Director in 1998, and then President & CEO of BSC Management in 2008 when Barbara stepped down as CEO. We are fortunate that the business of SAGES is in solid hands with its management company, BSC Management under the leadership of Sallie Matthews and with the guidance of its founder, Barbara Berci.



SAGES has developed a collection of educational resources unavailable through any other organization today. At the center of our educational efforts has been the development of FLS, the only validated surgical skill task trainer available today. FLS Certification is now required by the American Board of Surgery for all general surgery residents before they can achieve ABS certification. With this, FLS has become a significant product in surgical education today. The development of Fundamentals of Endoscopic Surgery (FES) is well *continued on page 27*

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SAGES 2009 - 2010 Officers

Officers and Members of the Executive Committee:



◀ **PRESIDENT**
C. Daniel Smith, MD



PRESIDENT-ELECT ▶
Jo Buyske, MD



◀ **SECRETARY**
(3 year term)
Adrian Park, MD



TREASURER ▶
(3 year term)
Gerald M. Fried, MD
(1 more year in this position)



◀ **1ST VICE PRESIDENT**
(2 year term) Steven D.
Schwaitsberg, MD



2ND VICE PRESIDENT ▶
(2 year term)
Daniel M. Herron, MD.
(1 more year in this position)

Board Members—Three-Year Terms:

Re-Appointments:

L. Michael Brunt, MD
Daniel Jones, MD
W. Scott Melvin, MD
Paresh Shah, MD
Tonia Young-Fadok, MD

New Members:

John Mellinger, MD
Alfons Pomp, MD
Aurora Pryor, MD
(2 year term, fulfilling unexpired
term of Jo Buyske)
Ted Trus, MD

Rotating Off:

Mark Callery, MD
Daniel Deziel, MD
B. Todd Heniford, MD

Karen Horvath, MD
Bruce MacFadyen, Jr., MD
Philip Schauer, MD

2009 - 2010 Committee Chairs/Co-Chairs

Assets/Finance:

Finance Chair: Gerald Fried, MD
Assets Chair: Barry Salky, MD

Awards:

Chair: Lee Swanstrom, MD

By-Laws:

Chair: Daniel Deziel, MD

Conflict of Interest Task Force (CITF):

Chair: David Easter, MD
Co-Chair: Allan Okrainec, MD

Continuing Education:

Chair: Daniel Scott, MD
Co-Chair: Timothy Farrell, MD

Development:

Chair: W. Scott Melvin, MD
Co-Chair: Michael Rosen, MD

Educational Resources:

Chair: Kenric Murayama, MD
Co-Chair: Atul Madan, MD

Endolumenal Task Force:

Chair: David Rattner, MD
Co-Chair: Jeffrey Ponsky, MD

Flexible Endoscopy:

Chair: Ted Trus, MD
Co-Chair: Brian Dunkin, MD

FES:

Chair: Jeffrey Marks, MD
Co-Chair: Brian Dunkin, MD

FLS:

Chair: Nathaniel Soper, MD
Co-Chairs: Gerald Fried, MD & Matthew
Ritter, MD

Global Affairs:

Chair: Horacio Asbun, MD
Co-Chairs: Ramon Berguer, MD,
Raul Rosenthal, MD & Tonia
Young-Fadok, MD

Guidelines:

Chair: Robert Fanelli, MD
Co-Chair: William Richardson, MD

Legislative:

Chair: Michael Holzman, MD
Co-Chair: John Cosgrove, MD

Membership:

Chair: Fredrick Brody, MD
Co-Chair: Peter Marcello, MD

Military Working Group:

Chair: Steven Bowers, MD
Co-Chair: Robert Lim, MD

Nominating:

Chair: Mark Talamini, MD

Outcomes, Safety & Quality:

Chair: Daniel Jones, MD
Co-Chair: L. Michael Brunt, MD

Program:

Chair: Steven Schwaitsberg, MD
Co-Chair: Brent Matthews, MD

Publications:

Chair: Dennis Fowler, MD
Co-Chair: Bruce MacFadyen, Jr., MD

Research & Career Development:

Chair: Aurora Pryor, MD
Co-Chair: Alfons Torquati, MD

Resident Education:

Chair: Leena Khaitan, MD
Co-Chair: John Mellinger, MD

Technology:

Chair: Dmitry Oleynikov, MD
Co-Chair: Ronald Clements, MD

Web Task Force:

Chair: Daniel Herron, MD

Liaison Groups

Bariatric:

Ninh Nguyen, MD
Matthew Hutter, MD

Ethics:

Peter Crookes, MD
Phil Shaddock, MD

Pediatric:

Carroll "Mac" Harmon, MD
Timothy Kane, MD

Advisory Groups

Business Development:

W. Scott Melvin, MD

Communications

Daniel Herron, MD

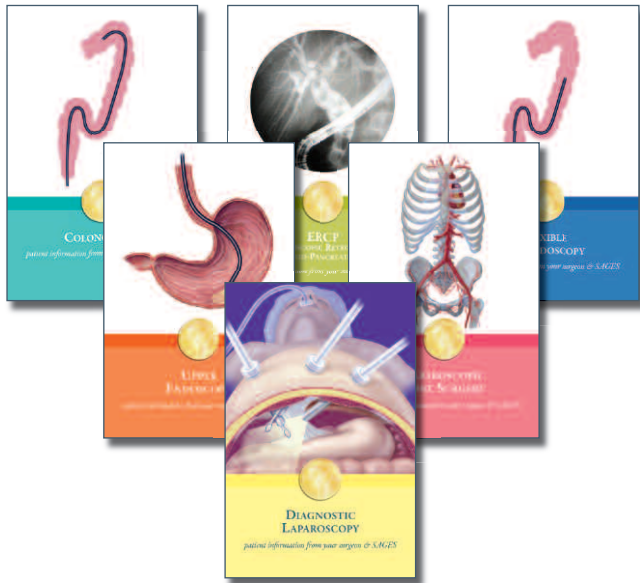
Industry Relations

C. Daniel Smith, MD



NEW from SAGES

Introducing the NEW UPDATED SAGES PATIENT INFORMATION BROCHURES



The SAGES Educational Resources Committee has developed these patient information brochures to assist surgeons in preparing their patients for surgery. Brochures are 8 pages and feature full color illustrations. Patient information brochures are available for the following topics:

- NEW! Patient information brochures:**
- Colonoscopy
 - Upper Endoscopy
 - Flexible Sigmoidoscopy
 - Laparoscopic Spine Surgery
 - Diagnostic Laparoscopy: coming soon!
 - ERCP: coming soon!
(Endoscopic Retrograde Cholangio-Pancreatography)

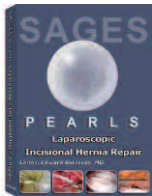
- Also available:**
- Laparoscopic Anti-Reflux Surgery
 - Laparoscopic Colon Resection
 - Laparoscopic Inguinal Hernia Repair
 - Laparoscopic Surgery for Severe Obesity
 - Laparoscopic Ventral Hernia Repair
 - Laparoscopic Adrenal Gland Removal
 - Laparoscopic Gall Bladder Removal
 - Laparoscopic Spleen Removal
 - Laparoscopic Appendectomy

BROCHURE PRICING

- 50 \$65 (\$1.30 each) *members*
- 100... \$115 (\$1.15 each) *members*
- 250... \$225 (\$.90 each) *members*

SAGES PEARLS *coming soon!* PRICE: \$195 members

INCISIONAL HERNIA REPAIR MS1215



Steps

1. Port placement
2. Lysis of adhesions
3. Marking defect and sizing mesh
4. Mesh preparation
5. Rolling and placing mesh into abdomen
6. Retrieving anchoring sutures
7. Tacking
8. Closure

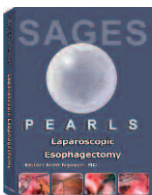
Special Hernia Considerations

1. Subxiphoid
2. Suprapubic
3. Lateral / Flank
4. Parastomal

Complications

1. Bowel injury
2. Bladder injury
3. Hemorrhage
4. Hernia recurrences

MINIMALLY INVASIVE ESOPHAGECTOMY MS1216



Steps of laparoscopic staging

1. Division of left gastric vessels
2. Placement of jejunostomy

Steps of laparoscopy

1. Port Placement
2. Mobilization of the stomach
3. Construction of gastric conduit
4. Attach conduit to surgical specimen
5. Mobilization of distal esophagus

Steps of Thoracoscopy

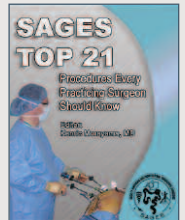
1. Port Placement
2. Mobilization of the esophagus
3. Division of the azygous vein
4. Gastric pull-up
5. Division of the proximal esophagus
6. Placement of the esophageal anvil
7. Construction of the esophagogastronomy
8. Closure of the gastrotomy defect

SAGES TOP 21 *coming soon!* *Procedures every practicing surgeon should know*

MS1108 PRICE: \$280 members

This collection contains the most common minimally invasive procedures performed by general surgeons, as determined by the SAGES Educational Resources Committee.

- 1: Upper Endoscopy
- 2: Colonoscopy
- 3: Laparoscopic Cholecystectomy
- 4: Laparoscopic CBDE
- 5: Laparoscopic Nissen Fundoplication
- 6: Laparoscopic Paraesophageal Hernia Repair
- 7: Laparoscopic Heller Myotomy
- 8: Laparoscopic Inguinal Hernia Repair
- 9: Laparoscopic Ventral Hernia Repair
- 10: Laparoscopic Splenectomy
- 11: Laparoscopic Adrenalectomy
- 12: Laparoscopic Right Hemicolectomy & Appendectomy
- 13: Laparoscopic Sigmoid Colectomy/Low Anterior Resection
- 14: Laparoscopic Roux-en-Y Gastric Bypass
- 15: Laparoscopic Adjustable Gastric Band
- 16: Laparoscopic Ultrasound
- 17: Laparoscopic Distal Pancreatectomy
- 18: Laparoscopic Liver Biopsy and Resection
- 19: Laparoscopic Esophagectomy
- 20: Laparoscopic Gastric Resection
- 21: Laparoscopic Treatment Of Peptic Ulcer Disease



To order, call 800-515-1542 or visit www.cine-med.com.

Ciné-Med®

2009 SAGES Grant Award Recipients

Principal Investigator: Michael Rosen, MD

Institution: University Hospitals Case Medical Center
Title: *Biologic mesh performance in the setting of infected ventral hernia repair*

Supported by: Covidien

Principal Investigator: Rajesh Aggarwal, MD

Institution: Imperial College of London
Title: *The Effect of SAGES Patient Information Brochures on Patient Satisfaction: a Prospective Multi-Institutional Study*

Supported by: Covidien

Principal Investigator: Manish Parikh, MD

Institution: Bellevue Hospital Center/
 NYU School of Medicine
Title: *Does a Preoperative Medically Supervised Weight Loss Program Improve Bariatric Surgery Outcomes: A Pilot Randomized Study*

Supported by: Covidien

Principal Investigator: R. Larry Whelan, MD

Institution: New York Presbyterian Hospital
Title: *A murine study to assess the feasibility and efficacy of combined Polyphenon E and Silibinin therapy during the perioperative period after laparotomy or CO₂ pneumoperitoneum.*

Supported by: Ethicon Endo-Surgery

Principal Investigator: Dimitrios Stefanidis, MD

Institution: Carolinas Medical Center
Title: *Do motion metrics lead to improved skill acquisition on simulators?*

Supported by: Ethicon Endo-Surgery

Principal Investigator: Kumar Bansal, MD

Institution: All India Institute of Medical Sciences
Title: *Cost Effectiveness Analysis and Comparison of Single Stage Vs Two Stage Management of Patients With Concomitant Gall Stone Disease And Common Bile Duct Stones - A Randomized Controlled Trial*

Supported by: Karl Storz Endoscopy

Principal Investigator: Andrew Wright, MD

Institution: University of Washington
Title: *Validation of a Modified Skills Station for Single Site Laparoscopic Surgery*

Supported by: SAGES Education and Research Foundation

Principal Investigator: Bin Zheng, MD

Institution: University of British Columbia
Title: *Spatial Alignment between Images, Hands, and Tools in Single Port Access Surgery: Problems and Solutions*

Supported by: SAGES Education and Research Foundation

Principal Investigator: Edward Auyang, MD

Institution: Northwestern University
Title: *Deconstruction of NOTES for Training and Simulations Development*

Supported by: SAGES Education and Research Foundation

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.

2009 SAGES Career Development Award Recipient

Principal Investigator: Ronan Cahill, MD

Institution: European Institute of Surgical Research and Innovation
Title: *Assurance of oncological providence for localised resection of early stage colon cancer by lymphatic mapping and sentinel node biopsy*

Supported by: SAGES Education and Research Foundation

Best Resident/Fellow Presentation Awards – Scientific Session

The SAGES Resident Education Committee would like to congratulate the following surgeons-in-training for winning the Best Resident/Fellow Presentation Awards at the 2009 Annual Meeting:

1st Place:

Melina Vassiliou, MD – *Treatment of Ultra-Long Segment Barretts Using Focal and Balloon-Based Radiofrequency Ablation*

2nd Place:

Atif Iqbal, MD – *Long Term Outcome After Endoscopic Stent Therapy for Complications After Bariatric Surgery*

3rd Place:

Marek Polomsky, MD – *A Population-Based Analysis of Emergent Vs. Elective Hospital Admissions for an Intraothoracic Stomach*

Also in the Top 6:

Noam Belkind, MD – *Port Site Local Anesthetic Injection Does Not Decrease Postoperative Pain Level or Narcotic Use: A Randomized Blinded Study*

Robert Lancaster, MD – *Laparoscopic Colectomy is Safer Than Open Colectomy: A Propensity Score Matched, Risk-Adjusted Analysis from 183 Hospitals*

George Spaun, MD – *A Multitasking Platform for NOTES: A Bench Top Comparison of a New Device for Flexible Endoscopic Surgery and Standard Dual Channel Endoscope* Supported by a NOSCARG Grant (2006)

Best Resident or Fellow Presentation Award – Resident and Fellows Scientific Session

Geoffrey Kohn, MD – *Volume-Outcome Relationships and Other Influences of Outcome in Bariatric Surgery-Justification of the Current Paradigm*

2010 Research Grant Application and Career Development Award

Research Grants

The SAGES Research Grant Application is available on the SAGES website at <http://sages.org/leadership/committees/research/>. The Research Awards are open to any principal investigator who is a SAGES member, including Candidate members. SAGES would like to especially encourage grant funding to young investigators/candidate members in the hopes that funding through SAGES will lead to extramural funding. The purpose of these grants is to stimulate original research in gastrointestinal and endoscopic surgery. The study may be either “bench” research or clinical. In the spirit of supporting the goals of our membership, applicants are encouraged to review: Urbach DR, Horvath KD, Baxter NN, Jobe BA, Madan AK, Pryor AD, Khaitan L, Torquati A, Brower ST, Trus TL, Schweitzberg S. A research agenda for gastrointestinal and endoscopic surgery. *Surgical Endoscopy* 2007 for a recent review of key research questions.

Career Development Award

The focus of this SAGES Foundation supported award is to provide funding for a young surgeon or surgeon-in-training for the development of critical skills required for their academic career in gastrointestinal and endoscopic surgery. The intent of this award is to delay the start of a faculty role or ongoing residency training for supplemental training/traveling fellowship or intense research time. This grant will provide the awardee with a unique educational opportunity that would not otherwise be available. Eligible applicants must be SAGES candidate members (including residents and Fellows), or SAGES members early in their faculty appointment (within five years of completed training). Additional information for this Award is available at: <http://sages.org/leadership/committees/research/>

For more information on SAGES Research Grants or the Career Development Award, please contact Maribeth Balon at the SAGES office at research@sages.org or at (310) 437-0544, ext. 125.

The deadline for Research Grant and Career Development Award applications is Friday, November 6, 2009 at 5:00 PM Eastern.

SAGES 2010 Awards Nominations

SAGES has four 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 2010 SAGES Annual Meeting next year in Washington, D.C.

You may obtain a copy of the nomination forms by visiting the SAGES website: <http://sages.org/about/awards/> or by calling, faxing, or e-mailing Mr. Wootae Kim in the SAGES office (Phone: 310-437-0544, Fax: 310-437-0585, E-Mail: admin@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 25, 2009** (deadline extended). 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, MD 2002, Basil Hirshowitz 2003, George Berci, MD 2004, Jeffrey Ponsky, MD 2005, Gregory Stiegmann, MD 2006, John Abele 2007, Gerald Marks, MD 2008, Robert Croce, 2009.

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.
- Past winners include: Sir Alfred Cuschieri in 2001, Gerald Marks in 2004, Kenneth Forde in 2005, George Berci in 2006, Jeffrey Ponsky 2009.

SAGES Annual IRCAD

Visiting Fellowship Award

Sponsored by Karl Storz Endoscopy

This Award is designated to give a fellow the opportunity to study at IRCAD, 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 an Active or Candidate member of SAGES, who is enrolled in a Fellowship Council recognized fellowship program.

Karl Storz will 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:

- One page statement of why they want to attend the course
- Copy of their current Curriculum Vitae
- Note from their Program Director
- Past Winners include Eric Hungness, MD 2005, Carlos Galvani, MD 2006, Kevin Reavis, MD 2007, Patricia Sylla, MD 2008, Timothy Kennedy, MD 2009.

The Excellence in Clinical Care Award

- The award is designated for a surgeon who may or may not be a member of SAGES
- The award is for a clinician who is recognized by the surgical/GI community for excellence in patient care and surgical practice.
- The award will be granted for significant surgical/endoscopic skills, contributions to community and volunteerism.
- 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 clinical care.
- One person may not receive the award twice, as it is for a body of work as opposed to an individual achievement.

Thanks Bruce

It is with a sense of deep admiration and appreciation that we recognize the contributions of Dr. Bruce MacFadyen over the last decade to *Surgical Endoscopy* and wish him all the best as he steps down from his role as Editor of our publication. The character of any peer reviewed journal emanates from its lead editor and Dr. MacFadyen has been the consummate leader. He has sought perfection, as well as constant improvement of our publication. Since 1999 Dr. MacFadyen has worked diligently to assure that *Surgical Endoscopy* plays a significant educational role not only for our membership, but for all those involved in the entire spectrum of endoscopic and gastrointestinal surgery. He has worked diligently with his counterpart Sir Alfred Cuschieri, the EAES editor of *Surgical Endoscopy*, to enhance our publication and to make it a leader in surgical peer reviewed literature into the 21st century.

The addition of video abstracts is one example of creativity that has occurred under Bruce's watch. This unique con-

cept is now mirrored in other prestigious medical journals. Yes, imitation is the sincerest form of flattery! Bruce has also worked very effectively with our publisher, Springer, to improve the impact factor and to assure that *Surgical Endoscopy* is considered the "crown" jewel of publications from Springer.

We know that the entire membership of SAGES joins with us in recognizing the outstanding achievements of Dr. MacFadyen as he completes his decade as Editor of *Surgical Endoscopy*. **Under the vigilant watch of Bruce MacFadyen** our publication has reached a new echelon and is poised to continue to serve as a significant benchmark for all of us to maintain into the future. Bruce, we salute you, and we thank you!

– Frederick L. Greene, MD, Chair, Past Chair, SAGES Publications Committee

– Mark Talamini, MD, Immediate Past-President and Editor-designee, *Surgical Endoscopy*

Why Membership in the AMA is Important

Are you concerned about reimbursement? What about healthcare reform? Do you wonder about patient's diminishing access to quality care? If you answered yes to any of these questions then your membership in the American Medical Association (AMA) is important.

Your AMA Membership – What it Means for SAGES

In order for SAGES to retain its seat in the HOD, a significant percentage of our members also have to be members of the AMA. Maintaining your membership in the AMA allows SAGES to:

- Keep our seat in the AMA House of Delegates (HOD)
- Have representation on the CPT Advisory Committee
- Have representation on the RUC Advisory Committee

But that is just a part of it. The AMA is still the physician organization with the most influence with:

- Center for Medicare and Medicaid (CMS)
- US House of Representatives
- US Senate

While SAGES continues to gain experience and recognition in the legislative arena, there is no denying that being a part of a larger organization has its benefits. The government recognizes the AMA as representing physicians across the country. They take the lead in tracking action on Capitol Hill and in organizing member associations and grass roots efforts to affect positive change.

Keep the SAGES voice strong. Please 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>



12th World Congress of Endoscopic Surgery

A World of Technique

April 14 - 17, 2010

World Congress Presidents:

Gerald M. Fried, M.D. (CAGS)

David W. Rattner, M.D. (SAGES)

World Congress Program Chairmen:

Daniel M. Herron, M.D. (SAGES Co-Chair)

Barry A. Salky, M.D. (SAGES Chair)

Christopher M. Schlachta, M.D. (CAGS Chair)

Preliminary Program Outline

(as of July, 2009):



An IFSES Endorsed Event

Wednesday, April 14, 2010

Half Day Postgraduate Course: Bariatric New Techniques / Revisions / Endolumenal / Single Port Access Surgery

Half Day Postgraduate Course: MIS & Cancer – Endocrine / Solid Organ

Half Day Hands-on Course w/Lab: Colon Surgery

SAGES Foundation Awards Lunch

Half Day Postgraduate Course: Bariatrics Around the World

Half Day Postgraduate Course: MIS & Cancer - GI

Half Day Hands-on Course w/Lab: Advanced Suturing and Anastomotic Techniques

Exhibits Opening Welcome Reception 5:00 - 7:00 pm

Advance Program and registration/housing information will be available in Fall, 2009.

Check the World Congress website often for updates:
<http://12thworldcongress.org>

If you are not a SAGES or CAGS member and would like to receive all World Congress email updates, please register your email address at <http://12thworldcongress.org>

Thursday, April 15, 2010

World Congress Scientific Sessions

Half Day Hands-On Course: Digital Video

Half Day Postgraduate Course: Challenging Hernias

Half Day Hands-on Course w/Lab: FLS

Half Day Postgraduate Course:

Avoid Pitfalls in Cholecystectomy and CBD Exploration

Exhibits/Posters/

Learning Center Open

10:00 am - 2:30 pm

Educator's Lunch:

Utilizing SAGES Educational Offerings for Residents

Device Development Lunch

Half Day Hands-On Course w/Lab:

Endolumenal / NOTES®

Half Day Hands-On Course w/Lab: Single Port Access

Half Day Postgraduate Course:

Laparoscopic IBD & Colectomy

Half Day Postgraduate Course: MBA for Surgeons

Symposium: Robotics – What's New?

Symposium: Metabolic Surgery – Current Status

Debate: Barrett's – How to Follow, How to Treat

Industry Symposia

Hosted by **SAGES & CAGS**

Society of American Gastrointestinal and Endoscopic Surgeons
and Canadian Association of General Surgeons



Gaylord National Hotel and Convention Center

National Harbor, Maryland

(outside Washington, DC)

Friday, April 16, 2010

World Congress Scientific Sessions

SAGES Presidential Address

Gerald Marks Keynote Lecture

Symposium: NOTES® - Alive and Well, or RIP?

**Panel: Laparoscopic Education –
Do MIS Fellowships Have a Future?**

Panel: Endolumenal Therapies

**Exhibits/Posters/
Learning Center Open** **10:00 am - 2:30 pm**

Video Complications Lunch

Presidential Debates

SAGES/ALACE Session:

Go Global – Report from the Field

CAGS/SAGES Session:

Simulation in the Training of Surgeons

Residents/Fellows Scientific Session

Emerging Technology Session

Panel: Single Port Access Surgery

Meet the Leadership Reception

Saturday, April 17, 2010

World Congress Scientific Sessions

**Panel: Live from Fallujah:
Video Conference Military Coalition in Iraq**

Panel: Hernia Debates

Karl Storz Keynote Lecture

CAGS / Royal College of Surgeons Lecture

**Exhibits/Posters/
Learning Center Open** **10:00 am - 1:00 pm**

Lunch in Exhibit Hall for All Meeting Attendees

Fellowship Council Lunch

SAGES/EAES Session: Peer Review Training

Panel: FES Roll-Out

Panel:

Uh, Oh, What Now? – Video Session with the Experts

IFSES Panel: Surgical Education Around the World

World Congress Main Event & International Sing-Off

Plan now to stay Saturday night!

2009 Luncheon Packed With Awards

As SAGES and the SAGES Foundation grow each year, the accomplishments and number of outstanding leaders increases as well, as is evident in this year's SAGES Foundation Awards Luncheon. In an event that normally presents four major awards, the Awards Luncheon program this year was full with the addition of three new awards. Much was squeezed into the one-hour event, but the luncheon progressed in a timely fashion and the most respected minimally invasive surgeons were recognized and lauded by 200 of their peers, friends, and family. In total, the luncheon helped to raise more than \$47,000 to benefit future minimally invasive research and educational opportunities!

Honors this year went to:

Jeffrey L. Ponsky, MD – SAGES George Berci Lifetime Achievement Award

Robert Croce – SAGES Pioneer in Endoscopy Award

Lee Swanstrom, MD – SAGES Distinguished Service Award

Michael Rosen, MD – SAGES Young Researcher Award

Timothy Kennedy, MD – SAGES Karl Storz/IRCAD Fellowship Award

Bruce MacFadyen, Jr., MD – Jeffrey L. Ponsky Master Educator Award, a SAGES Foundation Award

B. Todd Heniford, MD & Adrian Park, MD – Gore & Associates Outstanding Achievement Award, a SAGES Foundation Award

To see the winners of the Career Development Award, Traveling Fellowship Awards and the 2009 Research Grants, please go to pages 4 - 5.

Without a doubt, the success of our events is largely due to the support we receive from sponsors. The minimally invasive field would not be where it is at without the partnership between surgeon and industry. Therefore, the SAGES Foundation would like to give special thanks to the \$5,000 Honorary sponsors **Adolor, Applied Medical, Atrium Medical, Covidien, and Ethicon Endo-Surgery**; and the \$2,500 Patron sponsors **Karl Storz Endoscopy, Symbionix and Stryker!** This has been a precarious year for everyone, so we sincerely thank you for your loyalty and commitment to our shared mission.

New Corporate Supporters

As everyone is aware, the economy has impacted everything, particularly charitable giving. Like so many nonprofit organizations, the SAGES Foundation has seen a decline in the amount of support we have received this year from both SAGES members and industry. It is for this reason that we are particularly grateful to those who are joining the Foundation's growing circle of friends or recommitting as a loyal partner again. The SAGES Foundation is more than ecstatic to recognize the following new companies for their wonderful commitment to our mission and also welcome an old friend back into the fold!

Aesculap – \$25,000

Ethicon Endo-Surgery – \$1,000,000

Lifecell – \$15,000

Power Medical Interventions – \$35,000

SAGES Foundation's First Run A Real Winner

Since many SAGES members begin their day with a refreshing jog in the morning, it made sense to turn the SAGES Foundation's next fundraising and awareness benefit into a fun, athletic event. So on April 23, in the midst of a very busy conference week, more than 50 people – SAGES members, families, and industry representatives – arrived at the front of the Sheraton Phoenix in the wee hours of the early morning to participate in the first SERF Meets Turf 3K Run/Walk.

The runners whizzed past Phoenix landmarks such as Patriot's Square Park, the America West Arena (home of the Phoenix Suns), and Chase Field. In just a little over 10 minutes, the first two runners flew past the finish line with the third place winner only a few seconds behind. All participants received a T-shirt and a bottle of water thanks to a generous grant from **Ethicon Endo-Surgery**. Even those who donated so they could avoid running were given complimentary shirts at the SAGES membership booth.

Congratulations to the top runner, Dr. John de Csepel, and thank you to all who made this first-time run a bigger success than initially imagined! Next year's run may be a 5K (as scheduling allows), so those interested should prepare for a slightly more challenging route!

In Memoriam – SAGES Members

Thad J. Boss, MD

Rochester, New York

December 2008

James S. McDonald, MD

Orlando, Florida

March 2009 (notified)

Margret Oddsdittir, MD

Reykjavik, Iceland

January 2009

John P. Pryor, MD

Philadelphia, Pennsylvania

December 2008

12th World Congress of Endoscopic Surgery

April 14 - 17, 2010, National Harbor, MD

WCES Call for Abstracts

DEADLINE FOR SUBMISSION IS OCTOBER 2, 2009.

*(Please note that this deadline is 3 weeks later than in previous years.
Deadline will not be extended and no late submissions will be accepted.)*

Dear Colleague,

You are invited to submit paper and video abstracts to the Scientific Session, to be held during the 12th World Congress of Endoscopic Surgery, jointly hosted by SAGES & CAGS. The meeting will be held April 14 - 17, 2010 in National Harbor, MD at the Gaylord National Resort and Convention Center. You must be a member of any of the IFSES Member Societies, or have a member of any of the IFSES Member Societies sponsor you to submit an abstract. Visit <http://www.ifses.org/member.htm> for a list of IFSES Member Societies.

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

All paper and video abstracts MUST BE SUBMITTED ONLINE VIA THE SAGES ABSTRACTS SUBMISSION SITE. Please visit the following web page for paper submission instructions, digital guidelines, video submission instructions, etc.:

<http://www.sages.org/meetings/abstracts>

***Important Notice: The following Abstract Submission Policies will be firmly enforced:**

- No Previously Published Submission: The abstract submitted must present original work that has not and will not be published or presented prior to the 2010 WCES meeting.
- No Dual Submissions: The abstract must not have been submitted to any other upcoming meeting in North America.
- No Previously Presented Data: All abstracts must be new and original content OR include at least 50% new data if previously presented at a meeting.
- Manuscript Submission: Accepted Oral Abstract Presenters must submit a complete manuscript to Surgical Endoscopy.
- Digital Poster Submission: If selected for a Poster Presentation, a digital version of the poster must be submitted.

2010 Emerging Technologies Session

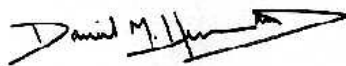
Submission for "Emerging Technology" abstracts will open in early November and will run until February 2010. These abstracts will then undergo an expedited review process. Please visit <http://www.sages.org/meetings/abstracts/> for detailed instructions and submission deadlines

If you have any questions, please contact the SAGES office at 310-437-0544 • FAX: 310-437-0585 or email: abstracts@sages.org.

Sincerely,



Barry Salky, MD
SAGES Program Chair



Daniel Herron, MD
SAGES Program Co-Chair



Christopher Schlacta, MD
CAGS Chair

hosted by

SAGES
&
CAGS



AMA Annual Meeting – 6/2009

Michael Maves opened the Meeting by reiterating the need for health care reform.

He announced a new project for members – a new portal to help members with coming EMR requirements. This is a new platform partnered with CoVision. It contains (to name a few) E-Prescribe, claims process tools, Microsoft Medical Products, Health Call, Quest Labs, Navinet, Anthion, and others. The AMA is working in collaboration with the Michigan State Medical Society on this project and will unveil it soon. He also sadly announced the discharge of 100 AMA employees, which he felt was a sign of the times.

Nancy Nielsen gave a report to the House of Delegates primarily about the AMA stance in health care reform. She stated that physicians are being watched by the nation and are heavily engaged in debate concerning the future form of reform. We stopped the SGR and won the battle. Now we want to stop it completely once and for all. She reported that we blocked development of another insurer's scheme to slow or reduce payments for out-of-network services and won a substantial settlement from United Health Care. Under her leadership, we asked President Obama and others to help with liability reform. She noted battles still being fought, citing the need for passage of legislation that would allow physicians to balance bill for Medicare and allow for meaningful nationwide medical liability reform as a method of reducing medical costs. She discussed the need for quality of services to patients allowing for variation of diagnostics and treatment and control of costs. She cited the example of Medicare not having software to determine who has had mammograms. Private insurance does have that ability and uses it to control costs with unnecessary repetition of exams. Dr. Nielsen feels that we should help Medicare develop those systems and iron out variations in quality of care. She looks to the specialty organizations to become more involved in similar areas as health-care reform develops. In order to accomplish that goal, antitrust relief will be needed so that we can communicate to each other without fear of legal action.

President Barack Obama presented a major speech to the AMA about health care reform. Obama, the first U.S. president to address the House since Ronald Reagan in 1983, cited countless priorities that are consistent with the AMA's health system reform principles, such as covering the uninsured, making insurance more affordable, increasing the value physicians receive from health care spending and enhancing prevention and wellness for all patients. He also commended the AMA for joining with other health care stakeholders to help reduce the rate of growth in health care spending by 1.5 percent over the next decade.

The President said any health system reform bill must include ways to help replicate best practices, incentivise excellence and

close cost disparities. He emphasized the need to scale back defensive medicine by exploring ways to help reduce physicians' fears of lawsuits. However, he felt that an economic cap would not be policy since it takes away the right of a patient to recover financially for injuries. And he said the practice of paying incentives to doctors based on the volume of tests and services they provide—many of which are unnecessary—needs to go. "You did not enter this profession to be bean-counters and paper-pushers," Obama said. "You entered this profession to be healers. And that's what our health care system should let you be."

His answer to insurance is to allow people who are happy with their current programs to keep them. He would set up an insurance exchange based on the Federal model for those without insurance or those unhappy with what they currently have. He would not allow patients with changing health conditions or new disorders to be removed from a carrier's plan. He will support either a public or a private option to cover the remaining people who are not insured, whichever wins approval of Congress. He also supports the right of private contracting for health care.

He also stated that the Comparative Effectiveness data is there for us to use to improve patient care and is not being developed to be used as guideposts for containing the cost of care.

Although it did not appear to be the case on broadcasts of his speeches or newscasts, he actually had twelve standing ovations from the House of Delegates – a very warm reception.

J. James Rohack became the new AMA President. His emphasis is on the importance of change. Stressing the unmistakable and urgent need for health system reform, Dr. Rohack promised physicians that the AMA is committed to offering guidance, expertise and a powerful voice on behalf of the profession to help the powers that be make the right decisions. He urged all Americans to be a part of this evolution.

"When survival is threatened, those who change survive," Dr. Rohack said. "The evolutionary gain is not always to the swift, the strongest or most intelligent, but to the most adaptable."

"In this extraordinary moment in our history, we as physicians must not only anticipate change, or respond to change, or adapt to change. We ourselves must be the change we hope to see in our health care system. I'm excited about it and confident we can do it."

Throughout the centuries, Dr. Rohack said, as the science of medicine has evolved, the art has remained the same. He challenged physicians to keep it that way.

"We must hold true to our ethics as the evolution of the American health care system unfolds," Dr. Rohack said. "And never forget that we as a profession exist for the patients we serve."

The House of Delegates debated long and hard over many

measures. The most important was that of a new health system reform policy. Under the new policy, the AMA supports health system reform alternatives that are consistent with AMA principles of 'pluralism, freedom of choice, freedom of practice and universal access for patients.' When the issue was debated, Dr. Nancy Nielsen, immediate past president of the AMA, noted that "people did not want to close the door on alternatives."

We (SAGES) meet with the Digestive Diseases Council at each meeting and are deeply involved with them on common issues, such as the changing landscape of Outpatient Surgical Centers and the relationship between Medicine and Industry. We will be leading that Council for the next two years and as your repre-

sentation, will be happy to bring any of your concerns forward.

This group is an example of where the groundwork continues on defining the relationship between Medicine and Industry and where we need to be as an organization. Once again, the new modified package of restrictions has been referred back to CEJA for more modification after debate over the concept of what "ethical" implies and will be considered again next year after further revision. It was noted in the official report to the House of Delegates that there was some self-modification of behavior over the past year which was considered favorable.

Below are Key Health System Actions advanced at the meeting.

Health Reform Principles

Adopted policy supporting health system reform alternatives that are consistent with AMA principles of pluralism, freedom of choice, freedom of practice, and universal access for patients.

Medicare Physician Payment Reform

Adopted a set of principles that should be upheld in the development of any Medicare physician payment reform efforts, including ensuring that reform efforts promote improved patient access to care are designed with input by the physician community, ensure payment rates that cover the full cost of sustainable medical practice, include participation options for all physicians and ensure an appropriate level of physician decision-making authority over any shared savings distributions.

Patient-Centered Medical Home

Clarified AMA support for the patient-centered medical home as a model for providing care to patients without restricting access to specialty care, and will urge the Centers for Medicare and Medicaid Services to work with the AMA and specialty societies to design incentives to increase care coordination among physicians.

Right to Privacy Contract

Included in the AMA's top advocacy priorities in 2009: the right of patients to privately contract with physicians, and the ability of physicians to collectively negotiate with health plans.

Medical Liability Reform

Adopted policy to press for effective medical liability reform as part of comprehensive health reform legislation.

Eliminating Restrictions on Pre-existing Conditions

Adopted policy to support health insurance coverage of preexisting conditions with guaranteed issue in the context of an individual mandate.

Incentives Rather Than Penalties for HIT Adoption

Adopted policy cautioning policy makers on the high costs of adopting health information technology (HIT) and advocating for greater adoption of HIT through incentives to e-prescribe and implement and maintain electronic medical records (EMR), without penalty for the non-adoption of these systems.

Physician Workforce

Adopted policy that enhancements to bolster the physician workforce must be part of any comprehensive federal health system reform, including advocating for expanded funding for entry and continuing training positions in specialties and geographic regions with documented medical workforce shortages.

Continuing Education

SAGES 2009 Annual Meeting Evaluations

All SAGES members received emails with links to evaluations for the sessions, panels, postgraduate and hands-on courses that you attended. Your feedback is vital to enhancing the program for next year and the years to come. As a part of our ACCME compliance process, SAGES will be following up with you in October 2009 to determine if you have changed your practice due to the information that was presented at the Annual Meeting. Please take time to complete these online surveys when you receive them.

The Continuing Education Committee would like to thank attendees of the Postgraduate courses for participating via the Audience Response System (ARS). This important initiative was implemented in order to assess changes in knowledge and competence, performance and outcomes. Annual Meeting attendees are strongly encouraged to participate in the online postgraduate surveys in October so that we may conclude the assessment. This will help to ensure that SAGES is meeting its overall educational objectives.

Educational Resources

The Educational Resources Committee has developed new excellent and beneficial informational tools for surgeons and patients while enhancing existing projects. The committee is completing the revision of the SAGES catalog of Patient Information Brochures. The newly formatted brochures feature a new sleek interface to the previously approved information. Topics now available in the new format include: Anti-Reflux Surgery, Colon Resection, Inguinal Hernia Repair, Ventral Hernia Repair, Surgery for Severe Obesity, Adrenal Gland Removal, Gallbladder Removal, Spleen Removal, Spleen Removal, Appendectomy. These NEW brochures are available for purchase via cine-med.com/sages.

Another great project is the SAGES Case of the Month, which features an interesting or unusual case presentation which may include images or video. This module has been designed for the surgeon and general practitioner, providing a quick and easy to use method of sharing relevant information and experiences.

Classic SAGES Educational Projects such as the Top 14 and the Pearls catalog are currently being enhanced, with new implementations scheduled to release in the next year. The SAGES Top 14 will soon become the Top 21. Upcoming Pearls issues currently in development include Lap Cholecystectomy, Incisional Hernia, Lap Band, and Gastric Sleeve. The SAGES video library is now freely available at <http://sages.org/education>

For details on all official Enduring Material or to order, please visit www.cine-med.com/sages/ or call 800-515-1542.

Flexible Endoscopy

2009 SAGES Flexible Endoscopy Surgery Courses for MIS Fellows

SAGES will be holding two MIS Flexible Endoscopy Courses for MIS Fellows. The first course will be taking place September 24th & 25th at Case Western University in Cleveland, Ohio. The second course will take place November 12th & 13th at The Ohio State University in Columbus, Ohio. We are asking Fellowship Directors to nominate one MIS fellow from their program to attend the hands-on course. Only one nominee per program will be accepted and the nominee must be a SAGES Candidate Member. Space is limited and therefore registration will be on a "first-come, first-serve" basis. For those selected, SAGES will provide the following: lodging, meals, course fees, and ground transportation. If you are interested please contact Maribeth Balon at the SAGES office Maribeth@sages.org to request an application form.

SAGES and Olympus Project: STEP

SAGES and Olympus America have partnered together to develop a hands-on program which would expose surgical training programs around the United States to Flexible Endoscopy. STEP: Surgeons Training Endoscopic Proficiency, will begin its pilot program in the Fall of 2009.

Recognizing the current trends in surgery, the American Board of Surgery has recently increased the residency training requirements for flexible endoscopy. This has created a burden for residency program directors that often lack both the equipment and curricula to train residents in the fundamentals of flexible endoscopy. In an effort to promote surgeon's involvement in flexible endoscopy and to help program directors to train their residents, SAGES and Olympus have developed the STEP program. They have invited 35 institutions to participate in the program with the intention, if the program is successful, of eventually covering all residency training programs.

STEP will provide institutions with a complete flexible endoscopy set-up (tower, monitor, light source, colonoscope, Upper scope and instruments) along with a curriculum developed by the experts at SAGES. This will be first phase in providing surgeons the tools and skills necessary to advance their surgical training.

FES

The FES Task Force continues to forge ahead on the development of the didactic, technical skills, and assessment components of the FES Program with the goal of launching the educational component at the SAGES Annual Meeting in April 2010.

An assessment tool designed to measure technical skills in flexible endoscopy - Global Assessment of Gastrointestinal Endoscopic Skills (GAGES) has been developed. Moreover, an abstract featuring the GAGES validation process was accepted and presented at the ASE Annual Meeting in April 2009.

At the April SAGES Meeting, a learning center station featuring prototypes of the FES skills modules on the Symbionix GI Mentor II was available for review and feedback. Work continues on the final development and evaluation of the technical skills modules, and the validation process is in progress.

The FES didactic component is in the process of being formatted into a web-based learning management system, and a final content review is in the works. The cognitive portion of the assessment is currently undergoing validation testing, starting with an enthusiastic group of beta test candidates at the SAGES meeting in April, and the NOSCAR meeting in July, and continuing at selected sites across North America later this year. Many thanks to all that participated in the beta testing.

FLS

The Fundamentals of Laparoscopic Surgery (FLS) Program continues to grow and succeed in its mission to provide a uniform curriculum for acquisition of basic knowledge and technical skills in laparoscopy, along with a reliable and valid assessment of knowledge and skills.

The American Board of Surgery has a new requirement of FLS certification for all surgical residents seeking board certification in general surgery. This goes into effect July 1, 2009, and applies to those completing a general surgery residency in the 2009-2010 academic year or thereafter. More information about the new requirement is available at <http://absurgery.org>.

To help ensure surgical residents have access to FLS, The Covidien Educational Fund continues its success across North America with over 230 surgical residency programs and 60 fellowships participating thus far. Qualified programs that have not yet applied for this grant are encouraged to visit <http://flsprogram.org> or contact the SAGES/FLS Office at 310-437-0554, ext. 130 or e-mail fls@sages.org for an application.

The opportunity for FLS testing continues to grow with the increased demand. There are now 37 FLS Test Centers in the U.S. and Canada, with testing still held at the SAGES and ACS Annual Meetings. In April, a highly successful "Train the Proctor" workshop was held at the SAGES Annual Meeting which prepared 32 new proctors for 21 additional sites to become Test Centers later this year. More Proctor workshops are planned for the coming year and will be announced as dates and locations are finalized.

A curriculum review task force continues efforts on FLS 2.0, which will include new videos, illustrations, updated material and a module focused on patient scenarios. Thanks to another dedicated group, the validation of new test questions began with beta testing at the April SAGES meeting. A third group is busy validating two new manual skills tasks for the FLS Trainer Box set to debut in the next six months.

Go Global

Piura, Peru

From May 17th through May 21st 2009, SAGES Go Global conducted its fourth laparoscopy course at the Jorge Réategui Hospital, in Piura, Peru, under the direction of Edmundo Dedios, MD. The SAGES Team included surgeons Ted Trus, MD from Dartmouth University, Kevin M Reavis, MD and Brian R Smith, MD from the University of California, Irvine and Long Beach VA Medical Centers and database coordinator Kelly Reavis, MS MPH. The four day program consisted of morning didactic sessions with the entire surgery faculty on topics ranging from the management of intraoperative complications during laparoscopic cholecystectomy to setting up and maintaining an outcomes database. These sessions were followed by laparoscopic cholecystectomy cases and FLS practice sessions. Two surgeons, Dr. Francisco Ortega and Dr. Victor Jara received focused intraoperative mentorship and training by the onsite SAGES faculty surgeons as well as faculty from the University of Toronto who provided live instructive feedback via Skype web based videoconferencing. Each case was followed by proctor and surgeon evaluations with feedback to improve the outcome of each subsequent case and set the stage for these surgeons to proctor their peers in the safe techniques of laparoscopy in the future. A review of the hospital's endoscopic capabilities also took place with lessons in upper endoscopy. This may lead to future training in upper endoscopy in order to address the high incidence of gastric neoplasia found in Peru. We would like to express our gratitude to the people of Peru, Dr. Edmundo Dedios, Chief of Surgery, his assistant Jose Luis Fernandini, Dr. Francisco Ortega, Dr. Victor Jara, and the entire staff at Jorge Réategui Hospital, in Piura, Peru, whose kindness and hospitality made our trip a memorable experience. Our utmost appreciation also goes to Jacqueline Narváez for her tremendous efforts to ensure a first rate program and her management skills in every aspect of the Go Global program.

Kevin M. Reavis, MD, University of California, Irvine Medical Center

SAGES gratefully acknowledges the following companies for their generous support towards the SAGES Go Global initiative: Covidien, Ethicon-Endosurgery Inc., and the SAGES Research Foundation

SAGES gratefully acknowledges the following companies and individuals for their generous contribution in kind: Karl Storz Endoscopy-America, Horacio Asbun, MD, Ramon Berguer, MD, David Earle, MD, Mark Pleatman, MD, and Julio Teixeira, MD.

continued on page 16

Guidelines Committee

Guidelines

Five recently revised publications are available online. A complete list of all currently published SAGES guidelines can be found on the SAGES Publications page at <https://sages.org/publications/>:

- *Guidelines for Institutions Granting Bariatric Privileges*
- *SAGES Guidelines for Laparoscopic Appendectomy*
- *Guidelines for Office Endoscopic Services*
- *SAGES Guidelines for the Use of Laparoscopic Ultrasound*
- *SAGES Guidelines for Clinical Application of Laparoscopic Bariatric Surgery*

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

Legislative Update

Thanks to the hard work of Drs. Paresh Shah and Michael Edge as SAGES representatives to the CPT and RUC respectively, effective 1/1/2010, there will be two new codes for laparoscopic paraesophageal hernia and a code for sleeve gastrectomy.

In April, the Senate Finance Committee released a document entitled, "Transforming the Health Care Delivery System: Proposals to Improve Patient Care and Reduce Health Care Costs". The white paper lays out various policy options including a proposed 5 percent bonus for certain services provided by general surgeons in underserved rural areas. On May 14, SAGES and 19 other surgical organizations submitted comments on the policy initiatives proposed in "Transforming the Health Care Delivery System." The surgical community's 20-page response, addresses a full range of proposals, including Medicare physician payment reform, workforce shortages, and public health insurance. In its comments, the surgical community expresses support for a transitional payment reform system that would replace the current structure with one based on type-of-service and opposition to proposals that would finance increased payments for some physician services through reduced payments for others, including surgical care. A copy of this letter is available at <http://www.facs.org/ahp/surgfinance051509.pdf>

For more information about SAGES legislative activities, please contact Shelley Ginsberg in the SAGES office, 310-437-0544 or via email at shelley@sages.org.

Membership Committee

Thank you! SAGES would like to extend its sincere gratitude to all members for allowing us to be your professional organization. We appreciate your support and promise to continue providing exceptional service, education, camaraderie, research and publications that will enhance your professional career.

Are you relocating this summer? Remember to contact our Membership Dept to update your contact information!

Our Membership Dept staff is available for questions about your membership at 310-437-0544 x110 or email membership@sages.org.

Membership numbers as of June 2009:

Active	3662
Associate Active	14
Candidate	1296
International	667
Allied Health	63
Senior	415
Honorary	21
Hiatus	8
Total Membership	6146

Online/Website Update

The SAGES Web Task Force was created with the purpose of leveraging available technological resources to expand the SAGES digital community and to enhance the on line education and communication functionality of the SAGES web presence.

This mandate has lead to the commission of three major projects:

The SAGES Wiki (Closest comparison – Wikipedia): A surgical "Wikipedia" editable by all SAGES members. This has significant potential to become the most authoritative and frequently accesses surgical reference on the web. The SAGES Wiki will be open for public viewing but may be edited only by SAGES membership.

The SAGES Image Library (Working Title. Closest comparison - Flickr): A central depository of SAGES related images to be shared amongst SAGES members. Members will be able to submit new images, download existing images for professional use, edit/revise and re-upload existing images. Proper use of a SAGES Image Library Image will require that credit be given to both SAGES and the submitting author.

The SAGES Video Sharing Module (Working Title. Closest comparison – YouTube): A central "searchable and fully navigational" depository for SAGES related videos. SAGES members will be able to submit, view, and rate videos on the site.

We are excited about the potential of all three projects as they each bring us closer to achieving the level of connectivity that is the future of SAGES.

Outcomes

Dear SAGES Members,

On December 31, 2009, we will be phasing out the SAGES Outcomes Initiative. SAGES thanks all of the participants who have diligently entered in their outcomes data over the years. The web-based surgical registry helped to establish benchmarks for the efficacy and complication rates of surgical procedures by collecting over 30,000 members' outcomes.

Current participants will be re-directed to the American College of Surgeons web-based surgical outcomes program,

which is already free to all ACS members. If you are not currently a member of the ACS, you will be allowed a free trial to use the ACS outcomes program. For non-ACS members to use the program, simply log-on to the SAGES Outcomes Initiative and follow the link. The free trial for non-members will be available until the end of the year at which time you must join the ACS to continue to use the program.

Please note that data entered into the SAGES Outcomes Initiative will NOT be transferred over to the ACS system.

The NOSCAR database will remain and be accessible through a separate web portal. For any questions, please contact Jennifer Clark by email at jennifer@sages.org or by phone at 310-437-0554, ext. 105.

SAGES Members who are also ACS Members go to:
<https://acspbls.resiliencesoftware.com/sages-registration>

Research & Career Development

For more information about the 2010 research grant applications and the Career Development Award, see page 6.

Career Development Workshop

The Career Development Workshop, to be held in January 2010, has been designed by the SAGES Research Committee in order to provide its membership with education and personalized training on obtaining the skill set required for academic success. The overarching goal of this 1½ day program is to provide fellows and junior faculty with a venue for interaction with experienced faculty with a track record of successful publication, funding, and mentorship. This experience will serve to “set the bar” for a formalized career development effort at the participants home institution. Topics will range from developing and organizing research studies to successful grant and manuscript writing strategies. Each participant will bring the specific aims portion of a research grant that will be edited, revised, and improved for submission to SAGES and/or other funding sources. Small group discussions on such protocols will provide practical training in research methodology, proposal writing, and manuscript preparation.

For additional information, call (310) 437-0544, ext 125 or e-mail at research@sages.org

Resident Education Committee

The Resident Education Committee is offering 9-11 resident courses in 2009. Invitations are sent to residency program directors approximately three months prior to the course. Only one resident per program may apply. The basic courses are open to 2nd and 3rd year residents, with SAGES candidate members receiving priority. The advanced courses are geared for 4th and 5th year members who must be SAGES members. For more information about the courses offered, please see page 23 or visit: http://sages.org/meetings/resident_courses/

4th International Conference on Natural Orifice Translumenal Endoscopic Surgery (NOTES®)

This year, the 4th International Conference on Natural Orifice Translumenal Endoscopic Surgery (NOTES®) was held in Boston, Massachusetts, July 9-11, 2009, at the Westin Copley Place. A joint initiative supported by the American Society for Gastrointestinal Endoscopy (ASGE) and the Society of American Gastrointestinal and Endoscopic Surgeons (SAGES). This was an exceptional event with over 300 participants and featured NOTES® working groups, working group reports, original abstract presentations (oral, video, and poster), uncut videos, NOSCAR® research updates, Industry presentations, a hands on lab, hands on demo, panel discussion (Endolumenal therapy, NOTES, & Single Incision Laparoscopic Surgery), and Networking Opportunities. Thank you to all of our Industry participants!

Congratulations to all Award Recipients:

Best Oral Abstract

S05: An Alternative Approach to Peritoneal Insufflation:
NOTES®

Peter N. Nau, MD - The Ohio State University

Best Video Abstract

V01: Heller Myotomy and Intraluminal Fundoplication: A
NOTES® Technique
Silvana Perretta, MD - IRCAD-EITS - France

Best Poster Abstract

P08: NOTES® Transvaginal Sleeve Gastrectomy:
Initial European Experience
M.G. Laukoetter, MD University of Muenster, Germany

Dates for the 5th International Conference on Natural Orifice Translumenal Endoscopic Surgery (NOTES®) will be announced in late fall.

Great News from the Journal:

Surgical Endoscopy's Impact Factor, as recently announced by Thomson Reuters, ISI increased from 2.242 in 2007 to 3.231 in 2008. The journal is now ranked 18 out of 148 titles listed in the category of Surgery. This increase clearly shows that not only is *Surgical Endoscopy* a trusted and reliable source of information for readers—it is also the place where authors can submit their best work and know their results will be read and cited by their peers and colleagues. **Thanks to all members who made this increase possible, and with your continued support we look forward to another increase in 2009.**

2009 MEETING HIGHLIGHTS

The SAGES Foundation Hosted the 3rd Annual SAGES Awards Luncheon. More than 250 attended to honor those in research, education and leadership.



Barry Salky presents the 2009 Pioneer in Endoscopy Award to Robert Croce of Ethicon



2009 Young Researcher Award Winner Presented by Aurora Pryor, MD, Research Committee Chair & representatives from Olympus-Gyrus ACMI to Michael Rosen, MD



Dimitrios Linos (l) and Raul Rosenthal present a traveling Fellowship Award to Pankaj Garg, MD of Fortis Super Specialty Hospital, India



George Berci, MD (left) congratulates his friend and colleague, Jeffrey Ponsky on winning the Berci Lifetime Achievement Award.



Mark Talamini, President (left) and Barry Salky (right) Congratulate Lee Swanstrom (center) on earning the SAGES Distinguished Service Award.



Dimitrios Linos (l) and Raul Rosenthal present a traveling Fellowship Award to Marcos Berry, MD, of Clinica Las Condes, Chile



Rajesh Aggarwal, MD, Imperial College of London (left) and Manish Parikh, MD, Institution: Bellevue Hospital Center/NYU School of Medicine (right) are congratulated by Matthew Fahy, Covidien, on receiving SAGES research grants.



Mark Talamini (L) congratulates Bruce MacFadyen (center) on winning the Jeffrey Ponsky Master of Education Award, a SAGES Foundation Award. Dr. Ponsky (r) looks on.



Dimitrios Linos (l) and Raul Rosenthal present a traveling Fellowship Award to Fernando Arias, MD, Fundacion Santa de Bogota, Colombia



Professor John Cameron (left) is presented with a plaque commemorating his Gerald Marks Lecture by President Mark Talamini.



Michael Brunt (left), 2009 Program Chair receives congratulations and thanks from President Mark Talamini.



Mark Talamini (left) President of SAGES is presented with his presidential gavel and appreciation after the President's Lecture by incoming President Dan Smith.



L. Michael Brunt, MD (left - 2009 Program Chair), Mark Talamini, MD and Steven Schweitzberg, MD (right - Program Committee Chair) thank former astronaut David William, MD (2nd from right) for delivering the 2009 Karl Storz Lecture.



Dr. Catherine DeAngelis (right) is thanked for delivering the Health Policy Lecture on Conflicts of Interest by President Mark Talamini.

An important part of the SAGES meeting is the camaraderie and thoughtful exchanges that take place during evening and daytime events. Some photos help to make the point:



SAGES leaders and colleagues from Covidien break bread at the Dessert Botanical Garden.



President Mark Talamini was joined and supported by three generations of Talamini's and his wife Carol during the conference.

Exhibit Reception:



The Art Museum was the backdrop of an informal evening. Sharing the evening are SAGES and Ethicon leaders.

2009 MEETING HIGHLIGHTS

More than 2000 surgeons crowded the Exhibit Floor during the Thursday evening Reception at the 2009 Meeting.



SAGES continues its reputation as “like no other meeting” at its Friday night event at Corona Ranch. From the food and beverage to a rodeo (complete with President Mark Talamini on a horse) to the even-better-than-before Sing-off, laughter, dancing and a whole lot of western food added one evening of relaxation to a stellar scientific meeting.





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. 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).

For more information and applications, please visit the Endorsed Course Application page at https://sages.org/education/endorsed_courses/applications.php. For an updated listing of endorsed courses, visit: http://sages.org/education/endorsed_courses/

Cleveland Clinic

Course Director: Philip Schauer, MD and Jihad Kaouk, MD

For More Information Contact:

Cleveland Clinic

3050 Science Park Drive AC 313

Cleveland, OH 44122

Phone: 216-448-0786

Contact: Lisa Politi-Wilk

Email: politil@ccf.org Fax: 216-448-0782

CUHK Jockey Club Minimally Invasive Surgical Skills Centre

Course Director: Professor Enders Kwok-Wai Ng

For More Information Contact:

CUHK Jockey Club Minimally Invasive Surgical Skills Centre

3/F, La Ka Shing Specialist Clinic (North Wing)

Prince of Wales Hospital

Hong Kong

Phone: (852) 2632-1497 Fax: (852) 2632-4708

Email: info@hkmisc.org.hk

Foregut Laparoscopic Surgery Workshop// October 14, 2009 - October 15, 2009

4th Master Class in Hernia Surgery// November 10, 2009 - November 11, 2009

Cardiothoracic Surgery Workshop// November 14, 2009 - November 14, 2009

Urology Symposium Workshop// December 03, 2009 - December 05, 2009

IRCAD-EITS

Course Director: Jacques Marescaux, MD, FRCS

For More Information Contact:

Guy Temporal, Project Coordinator

Phone: +33 388 119 000 Fax: +33 388 119 099

e-mail: secretariat@ircad.u-strasbg.fr

IRCAD-EITS

Hopitaux Universitaires

1 place de l'Hopital, BP 426

Strasbourg, France F-67091

Intensive Courses in Laparoscopic Surgery// September 21, 2009 - September 25, 2009

N.O.T.E.S. (Natural Orifice Transluminal Endoscopic Surgery)// October 02, 2009 - October 03, 2009

Cours Intensifs en Chirurgie Laparoscopique

Urologique// October 05, 2009 - October 09, 2009

Interventional GI Endoscopy Techniques// October 26, 2009 - October 28, 2009

Digestive Surgery// November 05, 2009 - November 07, 2009

Colorectal Surgery// November 13, 2009 - November 14, 2009

Advanced Techniques in Operative Gynecological Endoscopy// November 20, 2009 - December 02, 2009

Intensive Courses in Laparoscopic Surgery// November 23, 2009 - November 27, 2009

Intensive Courses in Laparoscopic Urological Surgery// December 07, 2009 - December 11, 2009

Laparoscopy Hospital, New Delhi

Course Director: Prof. R. K. Mishra

For More Information Contact:

Laparoscopy Hospital

8/10, Tilak Nagar

New Delhi 110018

Phone: 0091-1142-138116 Fax: 0091-1142-138116

Email: contact@laparoscopyhospital.com

Diploma in Minimal Access Surgery: This course run every month from the 1st of the month to the 28th.// January 27, 2009 - January 27, 2010

Mini Fellowship in Minimal Access Surgery: This course run every month from the 1st of the month to the 14th.// January 27, 2009 - January 27, 2010

Essential in Minimal Access Surgery: This course run every month from the 1st of the month to the 7th.// January 27, 2009 - January 27, 2010

Main Line Health

Course Director: John H. Marks, MD

For More Information Contact:

Main Line Health

Lankenau Hospital & Institute for Medical Research

100 Lancaster Avenue

Annenberg Conference Center

Wynnewood, PA 19096

Phone: 610-645-2559 Fax: 610-645-6843

Email: heydukdu@mlhs.org

Minimally Invasive Surgery Training Centre

Course Director: Prof MC Misra

For More Information Contact:

Dr. Virinder Kumar Bansal

drvkbansal@gmail.com

mistrainingcentre.aiims@gmail.com

Minimally Invasive Surgery Training Centre

Room No. 5023, 5th Floor Teaching Block

Department of Surgical Disciplines

All India Institute of Medical Sciences

Ansari Nagar, New Delhi 110029, India

Phone: +91-11-26594285 Fax: +91-11-26588324

Training Course in Laparoscopic Hernia Surgery// September 08, 2009 - September 10, 2009

Training Course in Operative Laparoscopy// October 05, 2009 - October 21, 2009

Training Course in Laparoscopic Suturing Skills// November 02, 2009 - November 04, 2009

Training Course in Laparoscopic Hernia Surgery//
November 24, 2009 - November 26, 2009
Training Course in Operative Laparoscopy//
December 07, 2009 - December 11, 2009

Minimally Invasive Surgical Centre

Course Director: Davide Lomanto, MD
For More Information Contact:
Minimally Invasive Surgical Centre
National University Hospital
Kent Ridge Wing
5 Lower Kent Ridge Road
Singapore 6774 6077
Phone: 6772-2898 Fax: 6774-6077
Contact the institution for future courses.// March
19, 2009 - March 20, 2010

University of California, San Francisco

Course Director: Lawrence W. Way, MD
For More Information Contact:
Videoscopic Surgery Training Center
Phone: 415-476-5808 Fax: 415-502-1795
<http://www.cme.ucsf.edu>
e-mail: videospicctr@surgery.ucsf.edu
UCSF Office of CME
PO Box 45368
San Francisco, CA 94145-0368

University of Miami

Course Director: Alberto R. Iglesias, MD
For More Information Contact:
University of Miami
McKnight Research Building Room 802
1638 NW 10th Avenue
Miami, FL 33136
Phone: 305-326-6480 Fax: 305-326-6328
Email: smazzola@med.miami.edu
Single Incision Surgery Course// December 05, 2009 -
December 05, 2009

Washington University School of Medicine

Course Director: Matthew Mutch, M.D.
For More Information Contact:
Washington University School of Medicine
4940 Parkview Place
Clinical Sciences Research Building
St. Louis, MO 63110
Phone: 314-362-8371 Fax: 314-747-0591
Contact Name: Peggy Frisella
Email: frisellap@wustl.edu
Laparoscopic Colon Resection in a Cadaver Model//
September 11, 2009 - September 12, 2009

2009 SAGES Resident Courses

SAGES will be offering several basic and advanced courses this year for surgical residents. For course registration policies, please contact the SAGES Registrar Tina Sandoval at registration@sages.org or (310) 437-0544, ext. 128 or visit https://sages.org/meetings/resident_courses/.

October 1 - 2, 2009: Advanced Laparoscopic Hernia Surgery Workshop

**Indianapolis, IN – 4th and 5th year residents –
must be SAGES candidate members
Sponsored by Cook Medical**

October 22 - 23, 2009: Advanced Laparoscopic Foregut Surgery Workshop

**Cincinnati, OH– 4th and 5th year residents –
must be SAGES candidate members
Sponsored by Ethicon Endo-Surgery, Inc.**

November 5 - 6, 2009: Advanced Laparoscopic Colorectal Surgery Workshop

**Norwalk, CT– 4th and 5th year residents –
must be SAGES candidate members
Sponsored by Covidien**

From ACS Board of Governors:

As your Governor to the ACS, I have been asked to share the following. All members of SAGES are invited to a breakfast session entitled "Medical Industry Support for CME" during the ACS Clinical Congress on Tuesday Oct 13, 2009 from 0700-0900 hrs. It will be held in the Hyatt McCormick Place in Room CC21, located on the second level of the Conference Center. Panelists and topics include

- Dr. Freischlag – academic surgery and AAMC perspectives;
- Dr. Reiling – community hospital and AMA perspectives;
- Mr. Cron – medical device company perspective;
- Ms. Doyle-Scharff – pharmaceutical company perspective.

If you plan to attend, please RSVP to the ACS Foundation at ACSFoundation@facs.org or phone 312-202-5338; **deadline to register to attend is September 30, 2009.**

Nathaniel J. Soper, M.D.
ACS Governor from SAGES



SAGES

Society of American Gastrointestinal and Endoscopic Surgeons



The Virtual Meeting

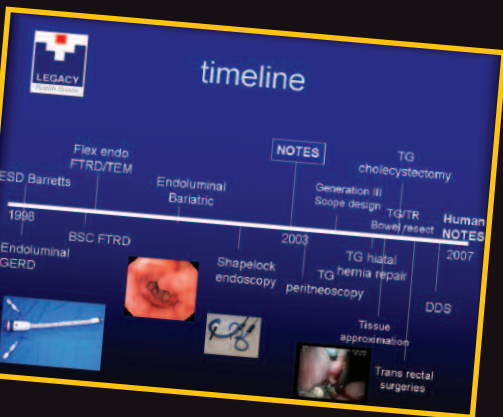
NEW on sages.org

Visit us on line and instantly access valuable content featured at the 2009 SAGES Annual Meeting.

Featured Sessions May Include:

- Keynote Lectures
- Colon Postgraduate Course
- Flexible Endoscopy Postgraduate Course
- Advanced Laparoscopic Techniques Postgraduate Course
- And much more!!

New material will be posted on a regular basis. Visit us soon to see what's NEW.



Initial experience with Transgastric NOTES Cholecystectomy

L L Swanstrom, C Dunst, M Whiteford, E Hungness, N Soper

Division of Minimally Invasive Surgery
Legacy Health System

SAGES Presenter Disclosure Slide

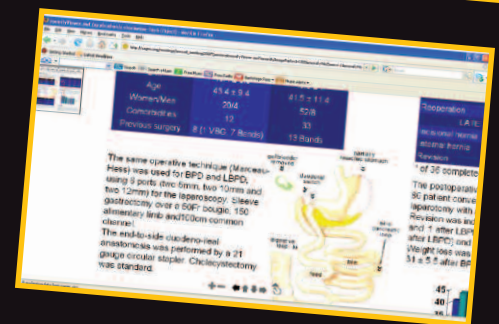
Michel Gagner, MD

Research grants: NIH, Covidien, Ethicon, Olympus

Adv. Board: Power Med, EMS

Multiple Formats:

- Video
- PowerPoint with Audio
- Digital Posters





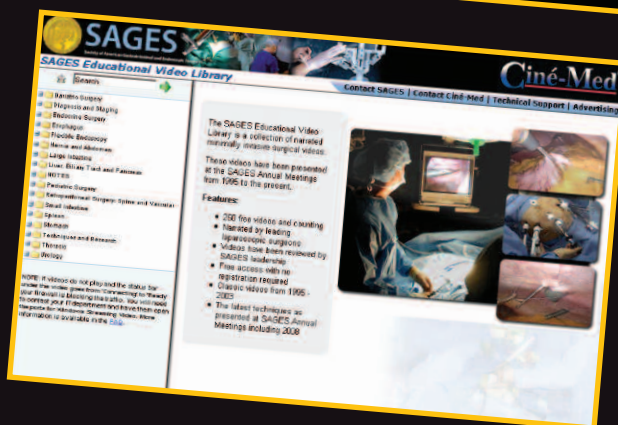
SAGES Educational Video Library

The SAGES Educational Video Library is a collection of narrated minimally invasive surgical videos.

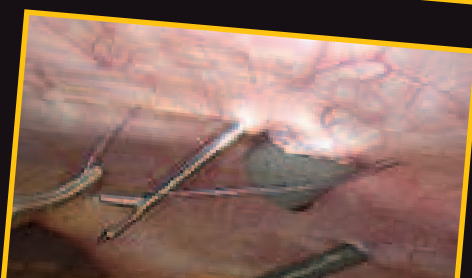
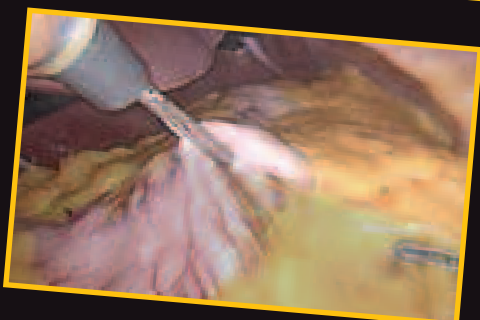
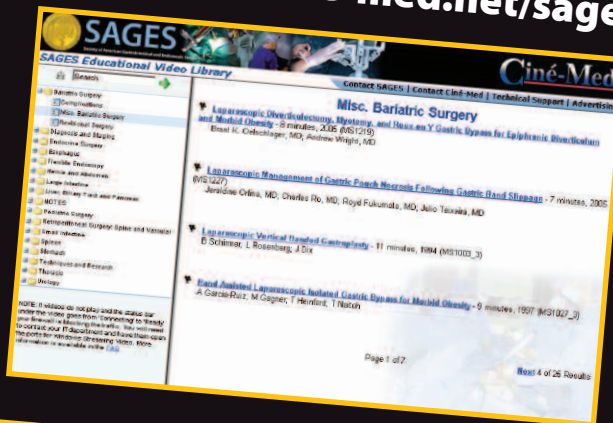
These videos have been presented at the SAGES Annual Meetings from 1995 to the present.

Features:

- 305 free videos and counting
- Narrated by leading laparoscopic surgeons
- Videos have been reviewed by SAGES leadership
- Free access with no registration required
- Classic videos from 1995 - 2003
- The latest techniques as presented at SAGES Annual Meetings including 2009



<http://www.sages.org/education> · <http://www.cine-med.net/sages/>





Fellowship Council Application and Match Dates

The Fellowship Council was created to foster the development of high quality Fellowships in MIS, GI, Flexible Endoscopy, Bariatric and Hepatobiliary/ Pancreatic surgery and has close ties with SAGES, SSAT, AHPBA and ASMBS.

For more information about the application and match process, visit <http://www.fellowshipcouncil.org/>

Fellowship Council Main Application and Match Dates

- Fellowship Application Process Opens: June 1, 2009
- Fellowship Application Closes: September 1, 2009
- Letters of Recommendation Deadline: September 1, 2009
- Recommended Deadline to Inform Applicants of Interviews: September 25, 2009
- Match Site Opens: October 9, 2009
- Match Rank Order List Deadline: November 6, 2009
- Fellow Match Date: November 18, 2009

Hepato-Pancreato-Biliary (HPB) Application and Match Dates

- HPB Application Process Opens: May 1, 2009
- HPB Application Deadline: July 22, 2009
- HPB Letters of Recommendation Deadline: July 22, 2009
- Match Application (Rank Order) Deadline: September 22, 2009
- HPB Match Date: October 19, 2009

President's Message continued from page 1 – underway with an expected launch at our 2010 annual meeting. FES promises to be every bit the success of FLS.

While the day-to-day business of SAGES is well understood and mature, managing potential products developed through SAGES' efforts is relatively new to the organization, and organizing our business development is one of our key priorities for the upcoming year. Business development involves activity ranging from project planning and organization to technology development, patent protection, licensing of technology, manufacturing, sales and product support, all things very foreign to the typical activity of a professional medical association.



To further our abilities in business development we have appointed a Business Development Advisory Group being Chaired by W. Scott Melvin, MD. The task of this group is to provide guidance, oversight and management of business opportunities, emerging or current, of all SAGES initiatives and projects. To achieve this goal, our Business Development Advisory Group will reach outside of BSC Management and engage experts in all facets of business development. Scott and his team will leverage the strength of BSC Management along with the advice of outside experts to ensure that SAGES is optimizing the opportunities that FLS, FES and other offerings represent for SAGES.

In such uncertain economic times, it is reassuring to know that our organization is financially strong and has solid, stable management for the business of SAGES. Our Business Development opportunities promise to provide additional revenue to the organization thereby positioning us to weather these difficult times while preserving our ability to serve our members on behalf of surgical patients.



**Society of American Gastrointestinal
and Endoscopic Surgeons**

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Fax: (310) 437-0585
E-mail: sagesweb@sages.org
www.sages.org

Save the Date!!

SAGES & CAGS host the 12th World Congress of Endoscopic Surgery

April 14 - 17, 2010, Gaylord National Resort & Convention Center,
National Harbor, MD (just outside Washington, DC)

SAGES Scientific Session & Postgraduate Course

March 30 – April 2, 2011, San Antonio Convention Center, San Antonio, TX

SAGES Scientific Session & Postgraduate Course

March 7-10, 2012, San Diego Convention Center, San Diego, CA

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