

# Scope



Winter, 2009  
Volume 09, Issue 1

## MESSAGE FROM THE PRESIDENT



SAGES President  
Mark Talamini, MD

### The State of SAGES

As the new year starts, key SAGES projects are on track to have a significant impact in the world of surgery.

Thanks to a very generous grant from Covidien, the Fundamentals of Laparoscopic Surgery (FLS) Program is being put into the hands of every surgery resident in North America. When conceived, the strategic model for this program was the ATLS (Advanced Trauma Life Support) course required of all ER residents in the country. The goal was to establish a baseline knowledge and set of skills that every resident practicing laparoscopic general surgery should possess. By establishing such a skill set, patient safety and the outcomes of laparoscopic surgery will be greatly improved. Through the tireless work of many committed SAGES leaders and members, that vision is now a reality. FLS is the first skills based test for surgeons involving simulation. Recently, the American Board of Surgery mandated that all surgery residents pass the FLS exam prior to sitting for their surgery board examination. A program conceived, developed, and polished now is a critical component for all surgery residents.

Right on the heels of FLS is the Fundamentals of Endoscopic Surgery (FES) Program. Like FLS, the FES program establishes a baseline set of knowledge and skill in the therapeutic and diagnostic use of the endoscope. Having learned from the experience of creating FLS, the group creating FES is moving quickly. We anticipate that FES will see the same success.

SAGES has also been given the opportunity to work with the American Board of Surgery in the development of their Surgical Council on Resident Education (SCORE) project. The ABS is developing a competency based curriculum which includes learning objectives as well as self assessment in a web-based tool. Due

to the foresight of our leadership, SAGES has a plethora of surgical video material. We have offered this material to the ABS for inclusion in the SCORE website for those areas of general surgery for which it is applicable. This collaboration is another example of SAGES participating significantly as a leader in surgery.

In November, a group of SAGES leadership gathered in San Diego for a day of **strategic thinking and planning for the future**. As has been true of all such gatherings, this was a powerful time of reflection and consideration regarding the future of our organization. The opportunities ahead of us are exciting and significant, but the challenges are also great. One topic that engendered spirited discussion was the issue of industry relationships and societies' current view of conflict of interest. Another significant discussion centered around natural orifice surgery and its future direction. The group left with a very full plate for SAGES in the coming years.

Program planning is just about complete for our spring meeting. We had a record number of abstracts. Both the scientific program and the set of postgraduate course offerings are terrific. Mike Brunt has done an outstanding job planning the program. We are confident that the meeting will once again exceed expectations, despite the difficult economy. I trust you have already made your reservations to be with us, but if you are on the fence, consider this: **There is no better value for your dollars spent for surgical education than SAGES' annual meeting**. You will see the state of minimally invasive and gastrointestinal surgery, you will see what's coming in the future of surgery, and you will have a great time!! **See you in Phoenix!!**

—Mark A. Talamini, MD



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# SAGES 2009 - 2010 Slate of Officers

The SAGES Nominating Committee and Board of Governors are pleased to announce the 2009-2010 slate of new Officers and Board members. SAGES members will receive a ballot to ratify this slate in February, 2009.

## Officers and Members of the Executive Committee:



◀ **PRESIDENT**  
C. Daniel Smith, MD



**PRESIDENT-ELECT** ▶  
Jo Buyske, MD



◀ **1<sup>ST</sup> VICE PRESIDENT**  
(2 year term) Steven D. Schwaitzberg, MD



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



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



**TREASURER** ▶  
(3 year term)  
Gerald M. Fried, 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, MD
- Philip Schauer, MD

## AMA Membership – What it Means for SAGES

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

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.

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 Delegates
- 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.

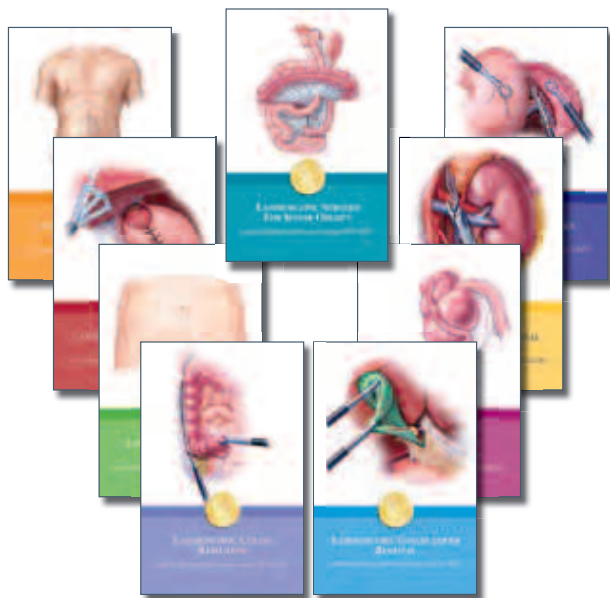
Keep the SAGES voice strong. Please check your AMA membership status and keep it current. To join the AMA or renew your membership, visit the AMA website:

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



# 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:

- 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* | \$75 (\$1.50 each) *nonmembers*  
 100..... \$115 (\$1.15 each) *members* | \$125 (\$1.25 each) *nonmembers*  
 250..... \$225 (\$.90 each) *members* | \$250 (\$1.00 each) *nonmembers*

**Ciné-Med®**

To order, call 800-253-7657  
or visit [www.cine-med.com](http://www.cine-med.com).

## SAGES POSTGRADUATE COURSES Price: \$195 members | \$230 nonmembers

### MOTILITY MISERY: A Growing Problem - Diagnosis and Management from Oropharynx to Anus

MS1122

Course Director: Brant Oelschlager, MD

#### Objectives

- Assess the methods of evaluation of constipation, prolapse and fecal incontinence
- Analyze the surgical alternatives for the treatment of constipation, prolapse and fecal incontinence
- Compare the results of surgical treatment of constipation, prolapse and fecal incontinence
- Review the debate between partial and total fundoplication for GERD, especially in patients with esophageal motility disorders
- Review the differences between medical and surgical management of esophageal and gastric

Released October 2008, 3.25 credit hours of CME available until October 2010



### CHALLENGING HERNIAS

MS1123

Course Director: Bruce Ramshaw, MD

#### Objectives

- Discuss the management and prevention of complications during laparoscopic TAPP and TEP inguinal hernia repair and the repair of large scrotal hernias
- Review the management algorithm for inguinodynia
- Communicate treatment options for patients with infected mesh or enterotomy during laparoscopic ventral hernia repair
- Understand novel techniques to repair parastomal, flank, suprapubic, subxiphoid hernias and large ventral hernias with loss of abdominal domain
- Review techniques to prevent and manage recurrence after ventral hernia repair

Released October 2008, 3.5 credit hours of CME available until October 2010



**Accreditation:** The Society of American Gastrointestinal and Endoscopic Surgeons (SAGES) is accredited by the Accreditation Council for Continuing Medical Education (A.C.C.M.E.) to sponsor continuing medical education for physicians. Each program is designated for AMA PRA Category 1 credits(TM). Physicians should only claim credit commensurate with the extent of their participation in the activity.

# 2009 SAGES International Young Investigator Traveling Fellowship Award

*SAGES gratefully acknowledges Ethicon Endo-Surgery, Inc. for their generous support towards SAGES education and global development.*

**Name:** Fernando Arias, MD  
**Institution:** Fundacion Santa de Bogota  
**Country:** Colombia

**Name:** Marcos Berry, MD  
**Institution:** Clinica Las Condes  
**Country:** Chile

**Name:** Pankaj Garg, MD  
**Institution:** Fortis Super Specialty Hospital  
**Country:** India

**Name:** XinXiang Li, MD  
**Institution:** Fundan University Cancer Hospital  
**Country:** China

**Name:** Sudep Udomsawaengsuo  
**Institution:** Chulalongkorn University  
**Country:** Thailand



## Fellowship Council Website Now Open for New Member Applications

The Fellowship Council was created to foster the development of high quality Fellowships in MIS, GI, Flexible Endoscopy, Bariatric and Hepatobiliary/Pancreatic surgery. Stringent guidelines were created for the optimal education experience and implemented an accreditation process to ensure that our programs live up to these high aspirations. In 2004 the FC Match was instituted to facilitate the application process and to level the playing field for programs and applicants.

The Fellowship Council continues to grow both in numbers and in influence. Currently representing 128 programs, the Council represents almost 90% of the postgraduate training

programs in Advanced GI surgery in North America. The Council's influence is made up of the following leading Surgical Specialty Societies including: SAGES, SSAT, AHBPA, and ASMBS.

The Fellowship Council is accepting new member applications now through **May 1, 2009**. To apply for membership, go to <https://fellowshipcouncil.org/programs/index2.php> and click on Create New Program Director account.

For additional information, email [info@fellowshipcouncil.org](mailto:info@fellowshipcouncil.org) or call (310) 437-0555.

# Karl Storz IRCAD Award Recipient 2008

**Patricia Sylla, MD**

**Massachusetts General Hospital**

As the recipient of the 2008 Karl Storz IRCAD travel fellowship award, I had the opportunity to travel to Strasbourg to attend one of the intensive laparoscopic courses offered throughout the year. Given my background in laparoscopic and colorectal surgery, Pr. Jacques Marescaux, the IRCAD director, suggested that I attend the upcoming colorectal course in June 2008. As he later explained at the dinner for course faculty and their spouses, to which I had been graciously invited, this was a very special group of world-class faculty that he had hand-picked to teach this course years ago, and who had since become close friends.

My husband could only accompany me for the first 10 days of my planned 2½ week- trip to France, which we spent visiting family and friends. After a brief pied-a-terre in Paris, we headed to Salles-Sous-Bois, a small town of 209 inhabitants in the “Drôme Provençale”, just under 3 hours from Paris by TGV. The small town smelled of lavender coming into full bloom after an unusually long and chilly spring. We spent four days touring local markets, gorging on cheeses and truffles, and following the wine circuit that took us through the famed regions of Gigondas and Chateau Neuf du Pape. Back in Paris, our trip coincided with three major events. We had arrived during the second half of the European Soccer Cup. Despite the early and painful defeat of France, Paris was vibrating to the rhythm of the games. June 21 also marked the official start of summer with nationwide musical festivities including free concerts and impromptu bands playing throughout the city. Finally and most importantly for fashion-conscious tourists, the end of June coincided with the kick-off of a four-week long annual sale.

I arrived in Strasbourg after a 2½ hour-long TGV ride from Paris. I was immediately stricken by the unique style of the region with its strong German heritage reflected in the architecture. Strasbourg’s rich history, unique Alsatian charm, cuisine and wines make it a popular destination for tourists. I was curious to see what made IRCAD such an attractive destination for advanced laparoscopic training, not only for European surgeons, but also for surgeons from around the world. The most unique feature of the IRCAD training program is the international laparoscopic expertise presented during the course. I was the only American surgeon among 87 course attendees of the IRCAD laparoscopic colorectal surgery course on June 27-28 2008. Twenty seven different countries were represented, with the highest proportion coming from South Africa and France. I was one of 8 women, and by gross estimate, ages ranged from the mid-30’s to the late 60’s. Among the 8 faculty, 2 were from Italy, 2 from France, 1 from the UK, 2 from Switzerland, 1 from South Africa, and 1 from the United States.

The IRCAD training facilities are state-of-the art. Lectures and live operating room presentations take place in an auditorium equipped with 3 massive plasma screens and cameras with video and audio feeds to several operating rooms within the complex. All seats are equipped with microphones, and questions from the audience are transmitted directly to the operating rooms. This was the very first course offered since the laparoscopic cameras and screens had been upgraded to high definition. The course was conducted under the watchful eye of Pr. Marescaux, and co-director as well as invited member of expert panel, the father of TME, Pr. Bill Heald. The session kicked off with the most exciting feature of any laparoscopic training course that I had ever attended, a succession of well-orchestrated live cases broadcasted from nearby operating rooms. Following a short clinical introduction, we watched 4 successive live cases with concurrent discussion between the experts, the audience, and the operating surgeons. The cases included a laparoscopic low anterior resection with complete TME for a rectal cancer located 7 cm from the anal verge by Dr. Joel Leroy (France), a laparoscopic right hemicolectomy with intracorporeal anastomosis for a cecal tumor in a patient with significant adhesions from prior laparotomy by Dr. Barry Salky (USA), a sigmoid resection for diverticulitis with intracorporeal side-side anastomosis in an obese male by Dr. Heine van der Walt (South Africa), and a second laparoscopic low anterior resection with complete TME for a rectal cancer 10cm from the anal verge by Dr. Joel Leroy. Later in the afternoon, those registered for live animal experience performed several colorectal procedures in swine, while others attended a series of lectures on various colorectal topics. The second day was again split in 2 sessions with the afternoon featuring lectures by the faculty on specialized colorectal topics and videos illustrating surgical techniques. The sessions included cutting edge approaches applied to colorectal surgery including a summary of IRCAD’s experience with NOTES. Another terrific feature of the course was the vigorous debates fueled by differences in individual practices in the management of colorectal cancer such as standards for rectal cancer staging, chemoradiation protocols, bowel preparation, and laparoscopic techniques. Most of these debates were tempered by the international evidence presented by the faculty as well as by the invaluable experience and insights shared by Pr. Heald.

I am incredibly grateful to Karl Storz, SAGES, and IRCAD for this enriching experience. I have learned a great deal from what I believe is the best imaginable laparoscopic colorectal course. I have established relationships with several surgeons from France, Switzerland, and Italy who will hopefully remain good friends, and had the pleasure of being introduced to Alsatian gastronomie and fine wines. I also would like to thank my mentor Dr. David Rattner for nominating me for this award, and Pr. Jacques Marescaux for being such a gracious host.

# March 1, 2009 Deadline for the Spring Cycle for the METI Fund for Research in Surgical Team-Based Training

**T**he Medical Education Technologies, Inc. (METI) fund for research is designed to further investigation led by surgeon principal investigators at institutions with surgical training programs. The grants awarded are in the range of \$15,000 to \$30,000 and grant funding may not exceed \$40,000. Grants must focus on key research questions involving team-based training in the surgical setting and will not be awarded to fund development or maintenance of simulation centers, development of training scenarios, or purchase of simulators. The research questions should be theory-based, not just practical evaluations of the use of scenarios or other simulations. The goal is to provide a scientific foundation for integrating team-based training into the curriculum. For example, little has been done in the area of development of measurement instruments for assessment of team-based training. Since the grants are not funding scenario development, research projects should utilize previously validated scenarios or the proposal should present some pilot data as evidence that scenarios to be utilized have been pilot tested. While it is assumed that most of these grant proposals will utilize adult human simulators, this is not a requirement for funding. Research produced by this grant process must be submitted to either the ACS or the APDS for presentation at one of their annual meetings. Grants will be reviewed by a five member ACS/APDS Educational Research Committee. Proposals will be evaluated with respect to originality, significance, methodology, investigator qualifications, feasibility, facility/resources, budget and relationship to the goals of the funding priorities. Two funding cycles for grant requests are available with grant deadlines of March 1 and September 1.

## Grant Application Format

The following sections are required for grant submission and should be clearly identified.

- Title page, including correspondence information
- Executive summary (one page or less)
- Letter of support from Department Chair
- IRB letter. A letter from the Chair of the Institutional Review Board of the appropriate organization should be submitted showing the project has been reviewed and approved.
- Statement of the problem and the research question (one page or less)
- Literature review (three pages or less)
- Specific aims/hypothesis (one page or less)
- Methodology (four pages or less)
- Timeline
- Bibliography
- Budget and justification
- Abbreviated curriculum vitae of principal and co-investigators (no more than three pages per investigator)

**Eight** copies of the grant should be submitted to:

**Donald A. Risucci, Ph.D.**  
**Professor of Surgery**  
**New York Medical College**  
**Munger Pavilion**  
**Valhalla, NY 10595**

# **SAGES Spotlight: Annual Meeting to Feature Five Innovative Hands-On Courses**

## **Colorectal Surgery Hands-On Course**

This half-day practical cadaver lab course is designed for general and colorectal surgeons, fourth year or chief residents and MIS or colorectal fellows. All applicants should be familiar with advanced laparoscopic techniques and wish to expand their skills in laparoscopic colon and rectal surgery. Techniques for bowel mobilization, vessel division, and intra- and extracorporeal anastomoses will be taught with an emphasis on oncologic principles. The course will emphasize common alternative approaches including lateral-to-medial, medial-to-lateral, and hand-assisted techniques, to facilitate resection of the entire intra-abdominal colon and the rectum. Requirements: All participants will be required to submit a letter from their Department Chair or Program Director, confirming that it is anticipated they can reasonably expect to perform at least 20 laparoscopic colorectal cases annually following this course. Participants will be asked to complete a pre-meeting questionnaire to ascertain their learning needs. A post-meeting questionnaire will also be distributed 6 months after the course to determine adoption of techniques.

## **Endolumenal/NOTES® Hands-On Course**

This will be a multiple station hands-on course that will allow a technical experience in a variety of endolumenal procedures and technology. This will also include an introduction to NOTES® and specifically, transvaginal and transgastric peritoneal access. The latest endolumenal tissue fixation devices, energy application devices and intraluminal stents will be included. Participants should have basic endoscopic skills and be willing to try new procedures and use new technology.

## **FLS Hands-On Course: Train the Trainers and Proctors**

This course is designed for those responsible for introducing FLS into the curriculum of their surgical training programs, and those primarily responsible for the daily implementation of that training. Optimally, both the surgeon in charge of FLS training and the individual designated as the future FLS proctor would attend the course together, but this pairing is not a requirement. Participants should already be familiar with the FLS program content as this will not be extensively reviewed. The majority of the course will be hands on and take participants through the setup and troubleshooting of the FLS trainer box and computer based exam, the correct setup and execution of each of the FLS training tasks, and the scoring process required to administer official

FLS examinations. After completion of the course, those wishing to become official FLS Test Proctors will have the opportunity to gain additional experience by administering FLS tests to SAGES meeting attendees during the subsequent days of the SAGES meeting under the guidance of a certified FLS Proctor Trainer. Those who successfully complete this additional proctored training will be certified as official FLS Test Proctors. (Note: No one will be certified as an official Test Proctor by only attending the course.)

## **Laparoscopic Foregut Surgery Hands-On Course**

This course will consist of a hands-on cadaver laboratory session in which participants will receive instruction by experts in laparoscopic esophageal and gastric surgery, including safe dissection of the hiatus, creation of various funduplications, Heller myotomy, and hiatal hernia repair, including complex hiatal repair with mesh placement. Participants will have the opportunity to use a variety of surgical devices used in these procedures for hemostasis, suturing, stapling, and various meshes. Lab stations will have a 1:3 faculty: participant ratio. Participants will also be exposed to the various equipment for esophageal function testing including high resolution manometry.

## **Advanced Laparoscopic Techniques Hands-On Course: From Reduced Port and Single Incision to Hand Assist and Other Advanced Techniques**

This course will consist of a hands-on animate lab in which participants will receive instruction by experts in various advanced techniques in laparoscopic surgery, including single incision laparoscopic cholecystectomy, laparoscopic anastomosis creation, and hand-assisted splenectomy and nephrectomy. Participants will have the opportunity to use a variety of energy sources, suturing techniques, stapling devices, and novel devices for single incision minimal access surgery including articulating instruments and access ports. Lab stations will have a 1:3 faculty to participant ratio.

**For additional information,  
please review the Advance Program  
([https://sages.org/meetings/annual\\_meeting/2009/](https://sages.org/meetings/annual_meeting/2009/)).  
Space is limited for all hands on courses so plan to  
reserve your spot soon by registering online at  
<http://www.sages.org/registration/>.**

# 2009 3<sup>rd</sup> Annual SAGES Foundation Awards Luncheon

Each year, awards for distinguished service and innovation are given to experienced, reputable, or up-and-coming leaders in minimally invasive surgery at the SAGES Foundation Awards Luncheon. Four main awards are presented annually and will be presented again at the April 22, 2009 event, but with a few special additions – most notably, the George Berci Lifetime Achievement Award.

Given only to truly worthy recipients who have made significant contributions scientifically, educationally, clinically, and technologically throughout their lifetime, the George Berci Lifetime Achievement Award will be presented this year to Dr. Jeffrey L. Ponsky, SAGES and SAGES Foundation Past President and Department of Surgery Chairman at the University Hospitals of Cleveland.

A graduate of Case Western Reserve University School of Medicine, Dr. Ponsky has received many other awards including the SAGES Distinguished Service Award and Pioneer in Endoscopy Award, the Kaiser Teaching Excellence Award, and ASGE's Rudolph Schindler Award. He has published over 200 original articles, authored or edited five textbooks, and currently serves on the editorial board of eight medical journals. He is the originator of the percutaneous endoscopic gastrostomy which provided a minimally invasive substitute for operative placement of feeding tubes, and he is listed annually among "The Best Doctors in America" by Best Doctor, a web resource promoting leading medical care to the public. He has truly opened up many pathways in endoscopy and will be the highlight of this year's luncheon.

Also added to the program is the Master Educator in Endoscopy Award – a brand new award made possible through a special Foundation fund honoring Jeffrey Ponsky. The new award recognizes surgeons who have dedicated their career to minimally invasive surgical education. The full docket of 2009 award recipients is as follows:

- **George Berci Lifetime Achievement Award – Jeffrey Ponsky, MD**
- **The SAGES Pioneer in Endoscopy Award – Robert Croce**
- **Distinguished Service Award – Lee Swanstrom, MD**
- **The Young Researcher Award – Michael Rosen, MD**  
*Sponsored by GyruS ACMI*
- **The Karl Storz / IRCAD Fellowship Award – Timothy Kennedy, MD**
- **Master Educator in Endoscopy Award – Bruce MacFadyen, Jr., MD**
- **The SAGES Education and Research Foundation Grant Awards**
- **Industry Research Awards**

To attend the Awards Luncheon and show your support of the honorees and the SAGES Foundation, tickets may be purchased using the meeting registration form in the Annual Meeting Advance

Program or online through online registration. Each ticket is \$125 each and tables of ten are available for \$1,100. Because this event benefits the SAGES Foundation, a portion of your purchases is tax-deductible to the extent permitted by law. To become an event sponsor or purchase tables, contact the Foundation office at (310) 437-0544 x114 or [foundation@sages.org](mailto:foundation@sages.org).

## ***SERF Meets Turf 3K Run/Walk***

Many SAGES members love to start their day with a refreshing jog in the morning so why not join your fellow surgeons and enjoy a casual run or walk around beautiful Phoenix during the SAGES Annual Meeting? On April 23rd, the SAGES Education and Research Foundation (SERF) will hold a 3K Run/Walk to raise funds for research grants and educational courses held throughout the year. The route will begin at the Sheraton Phoenix, pass Deck Park and back. All participants will receive a T-shirt and a bottle of water to prepare them for the Run/Walk. The first three individuals to complete the 3K in either run/walk category will receive winning ribbons. For those who want to support the effort but would rather sleep in, contributions for NOT running are also accepted!

To register, visit the SAGES Foundation website ([www.sages-foundation.org](http://www.sages-foundation.org)) and click on the 3K Run/Walk link, or include the Run/Walk in your SAGES meeting registration form. Entry fees for participants are \$75 and \$50 for "participants" wishing to avoid the exercise. You may also pledge others to run for \$25 each. Since this event will benefit the SAGES Foundation, a portion or all of your contributions is tax-deductible to the extent permitted by law.

## ***New Corporate Supporters***

Like a rising tide, industry support of the SAGES Foundation still continues to grow! In September of 2008, both Olympus Medical and Atrium Medical Corporation joined the Foundation's circle of friends with pledge commitments of \$500,000 and \$36,000 respectively. For Olympus, this was not a new endeavor. Olympus Medical played an instrumental role in helping the SAGES Foundation establish its endowment with a contribution of \$190,000 in 2002. Their new gift will bring their total to a very generous \$690,000!

Although new to the SAGES Foundation, Atrium Medical has consistently participated in the Annual Meeting and supported many of SAGES' lectures and panels on hernia repair. Knowing the impact the Foundation has made in the minimally invasive field, Atrium Medical also wanted to contribute to the long-term advancement of surgical care.

Both contributions are very much appreciated by the entire board of the Foundation and all those who will be affected by a Foundation grant in the future. We wish to give special thanks to Mr. Hiroshi Ichikawa of Olympus Medical and Mr. John Gomes of Atrium Medical Corporation!



# 2009 Surgical Spring Week Exhibitors

(as of January 2009)

3-DMED  
ADOLOR CORPORATION/  
GLAXOSMITHKLINE  
AESCLAP, INC.  
AGENCY FOR MEDICAL INNOVATIONS  
ALLERGAN  
ALOKA ULTRASOUND  
ALVEOLUS, INC.  
AMERICAN COLLEGE OF SURGEONS -  
ACS BSCN  
ANGIOTECH  
ATRIUM MEDICAL CORP.  
AUTOMATED MEDICAL PRODUCTS  
BARIATRIC TIMES  
BÂRRX MEDICAL, INC.  
B-K MEDICAL SYSTEMS, INC.  
BOSTON SCIENTIFIC  
BUFFALO FILTER  
CALMOSEPTINE, INC  
CINE-MED, INC.  
CONMED CORPORATION  
COOK MEDICAL  
COVIDIEN  
CROSPON LIMITED  
DAVOL  
DELLTATECH  
EAGLE SURGICAL PRODUCTS  
ELSEVIER  
ENDOCONTROL  
ENDOGASTRIC SOLUTIONS  
ETHICON ENDO-SURGERY, INC.

GENERAL SURGERY NEWS  
GENZYME BIOSURGERY  
GI DYNAMICS  
GORE & ASSOCIATES  
H & H SURGICAL TECHNOLOGIES  
HAPTICA LTD  
HCA PHYSICIAN RECRUITMENT  
HRA RESEARCH  
I-FLOW CORP  
IMMERSION MEDICAL  
INTUITIVE SURGICAL  
JARIT/LUXTEL  
JLJ MEDICAL DEVICES INTERNATIONAL, LLC  
KARL STORZ ENDOSCOPY-AMERICA, INC.  
LAPAROSCOPIC TECHNOLOGIES, INC.  
LEXION MEDICAL  
LIFECELL CORPORATION  
LIPPINCOTT, WILLIAMS & WILKINS  
MARKET ACCESS PARTNERS  
MARY ANN LIEBERT, INC  
MAST BIOSURGERY  
MEDIFLEX SURGICAL PRODUCTS  
MEDTRONIC, INC.  
MICROLINE PENTAX, INC.  
MICROMEDICS, INC  
MINIMALLY INVASIVE DEVICES, LLC  
MINNESOTA MEDICAL DEVELOPMENT, INC.  
MOSS TUBES INC.  
NASHVILLE SURGICAL INSTRUMENTS  
NDS SURGICAL IMAGING  
NEW WAVE SURGICAL

NOVADAQ  
NOVARE SURGICAL SYSTEMS  
OLYMPUS-GYRUS ACMI  
PADT MEDICAL  
PAJUNK MEDICAL SYSTEMS  
PARÉ SURGICAL INC.  
PEAK SURGICAL, INC.  
PRACTICE PARTNERS IN HEALTHCARE  
PROSURGICS  
RG MEDICAL  
RICHARD WOLF MEDICAL INSTRUMENTS  
SALIX PHARMACEUTICAL  
SANDHILL SCIENTIFIC  
SIERRA SCIENTIFIC INSTRUMENTS  
SILIMED  
SIMBIONIX USA CORPORATION  
SONY MEDICAL SYSTEMS  
SPRINGER  
STARION INSTRUMENTS CORP.  
STRYKER ENDOSCOPY  
SURGICAL PRODUCTS MAGAZINE  
SURGICAL SCIENCE AB  
SURGIQUEST, INC.  
SUTURTEK INCORPORATED  
SYMMETRY MEDICAL  
SYNAPSE BIOMEDICAL, INC.  
SYNOVIS SURGICAL INNOVATIONS  
USGI MEDICAL  
V. MUELLER AND SNOWDEN-PENCER  
PRODUCTS

## Join SAGES and IPEG for Surgical Spring Week April 2009

Dear Colleagues:

Time is our most precious commodity and we are pressured on all sides to be increasingly productive while continually striving for improved clinical outcomes.

In these challenging economic times, the 2009 SAGES meeting will provide you with a comprehensive program designed to address every major topic of interest in your practice in GI, hernia, and minimally invasive surgery - all in a fabulous warm weather venue.

Some of the meeting highlights are:

- Cutting edge postgraduate courses, hands-on labs, panels, and scientific sessions featuring single incision laparoscopy, NOTES, top to bottom GI surgery topics, hernia, and advanced laparoscopic techniques with an emphasis on strategies to enhance clinical outcomes and patient safety
- Practical, case management oriented panels and symposia
- Video sessions highlighting expert MIS techniques from around the world
- An exhibit hall that showcases the latest cutting edge minimal access surgery products
- Great warm weather venue with brand new, state-of-the-art hotel and convention facilities and fabulous social events

**If you attend one meeting in 2009, please make it the SAGES/IPEG meeting in Phoenix – April 22 - 25!!!**

For further information and to register for the meeting, please visit [www.sages.org](http://www.sages.org).

Sincerely,

L . Michael Brunt, MD, SAGES 2009 Program Chair





Phoenix Convention Center,  
Phoenix, AZ

**IPEG (International  
Pediatric Endosurgery  
Group) will once again  
convene its meeting  
concurrent to SAGES**

**Registration & Program  
Information available at  
[www.sages.org](http://www.sages.org)**

# SAGES 2009

**Postgraduate Course & Scientific Session  
April 22 - 25, 2009 • Phoenix, AZ**

## **SAGES 2009 Meeting Outline**

### **Wednesday, April 22, 2009**

½ Day Colorectal Postgraduate Course – Chairs: Peter Marcello, MD & Jaap Bonjer, MD

½ Day Hernia Postgraduate Course – Chairs: Brent Matthews, MD & Michael Rosen, MD

½ Day Flexible Endoscopy Postgraduate Course –  
Chairs: Ted Trus, MD & Klaus Thaler, MD

#### **SAGES Foundation Awards Luncheon**

½ Day Colorectal Hands-on Course (w/Lab) –  
Chairs: Tonia Young-Fadok, MD & Sonia Ramamoorthy, MD

½ Day Endolumenal/NOTES Hands-on Course (w/Lab) –  
Chairs: Scott Melvin, MD & Robert Hawes, MD

½ Day FLS Train the Trainers and Proctors Hands-On Course –  
Chairs: Matthew Ritter, MD & Nathaniel Soper, MD

½ Day SAGES/ASMBS Bariatric Surgery Postgraduate Course –  
Chairs: Matthew Hutter, MD & Kelvin Higa, MD

½ Day Laparoscopic Cholecystectomy Postgraduate Course –  
Chairs: Steven Schwartzberg, MD & L. Michael Brunt, MD

½ Day SAGES/ALACE Session – Chairs: Natan Zundel, MD & Raul Rosenthal, MD

#### **SAGES/IPEG Evening Exhibit Opening Reception**

### **Thursday, April 23, 2009**

#### **Exhibits, Posters & Learning Center Open**

#### **Scientific Sessions** (accepted oral & video presentations)

**SAGES/IPEG HPB and Solid Organ Video Session –**  
Chairs: Kent Kercher, MD & Benno M. Ure, MD, PhD

½ Day Foregut Postgraduate Course –  
Chairs: C. Daniel Smith, MD & Brant Oelschlager, MD

½ Day Advanced Laparoscopic Techniques Postgraduate Course –  
Chairs: Daniel Scott, MD & Santiago Horgan, MD

**Equipping the Surgeon/Training the Jedi Session –**  
Chairs: Karen Horvath, MD & Simon Bergman, MD

**Patient Safety (Allied Health) Symposium –**  
Chairs: Michael Holzman, MD & Donna Stanbridge, RN

**SAGES/MIRA Robotics Panel -** Chairs: Michael Marohn, MD & Mehran Anvari, MD

**SAGES/APDS/ASE Surgical Educators Forum –**  
Chairs: John Mellinger, MD & Gary Dunnington, MD

**Educators Lunch: Simulation and Team Training –**  
Chairs: Rajesh Aggarwal, MD & Neal Seymour, MD

½ Day Laparoscopic Foregut Surgery Hands-on Course (w/Lab) –  
Chairs: Brant Oelschlager, MD & Leena Khaitan, MD

½ Day Advanced Laparoscopic Techniques Hands-On Course (w/Lab) –  
Chairs: Daniel Scott, MD & Paul Curcillo, MD

**MOC/Recertification/Outcomes Analysis Panel –**  
Chair: Vic Velanovich, MD & John Morton, MD

**Solid Organ Surgery Session –** Chairs: Horacio Asbun, MD & Chair: Eric Poulin, MD

½ Day SAGES/ASGE NOTES & Endolumenal Therapies Symposium –  
Chairs: Santiago Horgan, MD & David Rattner, MD

#### **Industry Education Events**

**The Great Presidential Debates (Evening) –** Chairs: Adrian Park, MD & Bruce Schirmer, MD

**Join us in  
Phoenix!**

## Friday, April 24, 2009

Exhibits, Posters & Learning Center Open

Scientific Sessions (accepted oral & video presentations, incl. Plenary)

Guidelines Panel – Chairs: Robert Fanelli, MD & Liane Feldman, MD

SAGES/ASCRS Colorectal Debates – Chairs: Conor Delaney, MD & John Marks, MD

Diabetes and Metabolic Syndrome Panel – Chairs: Alfonso Torquati, MD & Atul Madan, MD

Presidential Address: Mark Talamini, MD

Gerald Marks Keynote Lecture: John Cameron, MD

Re-Operative Complications Panel – Chairs: David Easter, MD & Niaz Selim, MD

Global Initiative Panel – Chairs: Ramon Berguer, MD & Raymond Price, MD

From FLS to the Web Learning Center Panel – Chairs: Gerald Fried, MD & L. Michael Brunt, MD

Surgeons in Service Lunch – Chair: Raul Rosenthal, MD

Friday Afternoon at the Movies:

SAGES Video Classics Session – Chairs: Frederick Greene, MD & Kenneth Forde, MD

International Olympic MIS Video Session – Chairs: Lee Swanstrom, MD & Manabu Yamamoto, MD

From Medical Device to Field Development Session –

Chairs: Steve Eubanks, MD & Raymond Onders, MD

SAGES/AHS Hernia Panel – Chairs: Edward Felix, MD & Shirin Towfigh, MD

SAGES Game Time – Chairs: Butch Rosser, MD & Shawn Tsuda, MD

Residents & Fellows Scientific Session – Chairs: Eric Hanly, MD & David McClusky, MD

Best Practices for the Surgical Treatment of Obesity Session –

Chairs: Daniel Jones, MD & Jon Gould, MD

SAGES/IPEG Urgent/Emergent Care Problems Panel –

Chairs: John Sweeney, MD & Carroll “Mac” Harmon, MD

Meet the Leadership Reception

SAGES/IPEG Main Event & International Sing-Off

## Saturday, April 25, 2009

Posters & Learning Center Open (Exhibits Closed)

Scientific Sessions (accepted oral & video presentations, incl. Plenary)

Karl Storz Keynote Lecture in New Technology: TBA

Health Policy Keynote Lecture: TBA

Patient Safety Panel – Chairs: Dennis Fowler, MD & Fredrick Brody, MD

SAGES/SLS Panel: Unexpected Findings at Laparoscopy Panel –

Chairs: Barry Salky, MD & David Earle, MD

SAGES/SSAT Upper GI Neoplasms Symposium – Chairs: Chandre Are, MD & Vivian Strong, MD

SAGES Annual General Membership Business Meeting

Technology Lunch: Industry/Surgeon Partnerships in Promoting Surgical Innovation –

Chair: Christopher Schlachta, MD

Emerging Technology Session – Chairs: Daniel Herron, MD & Gretchen Purcell, MD, PhD

Overall Meeting ends at 4:00 PM Saturday afternoon

## SAGES 2009 Meeting Coordinators

Program Chair: L. Michael Brunt, MD

Director of Program Operations: Brian Dunkin, MD

Associate Director of Program Operations: Ninh Nguyen, MD

Poster Chair: Aurora Pryor, MD

Poster Co-Chair: Donald Selzer, MD

Video Chair: Brent Matthews, MD

Video Co-Chair: John Sweeney, MD

Learning Center Chair: Dmitry Oleynikov, MD

Learning Center Co-Chair: Allan Okrainec, MD



## Bariatric Liaison Group

The *SAGES Manual: A Practical Guide to Bariatric Surgery* is now available! This manual was first made available at the most recent American College of Surgeons Annual Meeting, held in San Francisco, California, this past October. The manual was very well received and SAGES would like to thank the Bariatric Liaison Group for their team effort and contribution to the book. To get your copy of the manual, please visit Springer at [www.springer.com](http://www.springer.com)

## Conflict of Interest Task Force

Dear SAGES members,

The ACCME recently issues a call for comment on two issues which SAGES responded to, via the Conflict of Interest Task Force (CITF) and the Continuing Education Committee. To access additional information about this call for comment, please visit the *ACCME Proposes Additional Features of Independence in Accredited Continuing Medical Education* at [http://www.accme.org/index.cfm/fa/news.detail/news\\_id/ac4a519e-a2d3-4cd7-80d8-9695ce98179f.cfm](http://www.accme.org/index.cfm/fa/news.detail/news_id/ac4a519e-a2d3-4cd7-80d8-9695ce98179f.cfm). The CITF issued the following response on behalf of SAGES:

The Society of American Gastrointestinal and Endoscopic Surgeons (SAGES) strongly opposes the ACCME's proposal to ban faculty who are paid to create or present promotional materials on behalf of commercial interests. SAGES is comprised of over 6,000 surgeons and allied health professionals and is the primary surgical society in North America for minimally invasive and gastrointestinal surgery. As an organization dedicated to providing our members and surgeons throughout the world with high quality educational programs, we would like to express our strong and vigorous opposition to the ACCME proposal under consideration.

SAGES has delivered high quality, unbiased education to our growing membership for over 20 years. The Society has consistently followed the ACCME Essentials and Standards and received full accreditation four times. Our annual meeting attendance continues to grow, the scope of our educational outreach continues to expand, and the impact on our profession is increasingly seen at the national and international level.

We are struck by the vague and overly broad scope of the requirements. If enacted in its current form, application of this policy will result in a significant reduction in the numbers of individuals permitted (and inclined) to serve as teachers. The SAGES educational mission will certainly suffer if the profession's most qualified clinicians and researchers are prevented from sharing their understanding and expertise because commercial concerns have also solicited their opinions and advice. Make no mistake—corporations have strong incentives to offer the necessary resources to retain the profession's most qualified consultants.

This policy will place an untenable burden upon these prominent and highly regarded individuals: they will be forced to choose between advancing commercial interests (in drug or

medical device development) or teaching other physicians and scientists. Which of these two choices will best serve the nation's patients? The overwhelming majority of doctors work in concert with commercial entities in an effort to improve patient care, rather than for profit.

Additionally, this proposal assumes that once a speaker or writer of content receives compensation from a company then he or she will cease to think or speak on their own behalf. For example, a surgeon giving a seminar on the principles of lap incisional hernia repair typically receives a stipend from an industrial concern to do this. The surgeon does not promote any particular product during the presentation, but the industry sponsors typically bring samples of the mesh that they hope to sell so that participants may view and evaluate the equipment. Is the surgeon "promoting" this product? Should their participation in this activity render them unfit to deliver a similar lecture in a purely educational venue? At SAGES, our faculty disclosure management system would evaluate this potential conflict of interest and additional scrutiny ensures that any lecture offered at a CME activity was scientifically sound and free from bias.

In a statement to the Institute of Medicine Committee on Conflict of Interest in Medical Research, Education and Practice (2008), the ACCME states that "although it has been speculated that commercial support produces bias in CME programs, no published studies have examined this question. Therefore, there is no evidence to support or refute this assertion." Opinion pieces in the lay press and the medical literature should not sway the regulatory community. Before promulgating policies with potential to devastate the medical education community, studies should be conducted to discern whether there is a relationship between participation of faculty who have received money from industry and bias in CME.

SAGES is proud to provide the highest quality education at the lowest cost to our target audience. We rely upon experts in the field not only to teach our audience (largely, and often entirely as volunteers), but also sometimes to collaborate with commercial interests in an effort to improve patient care. Please do not deprive the Society of many of its most insightful faculty.

Sincerely,

David Easter, MD

Chair, SAGES Conflict of Interest Task Force

## Continuing Education

Below is SAGES' response to the following call for comment, *The ACCME Believes that Due Consideration be Given to the Elimination of Commercial Support of Continuing Medical Education Activities*. For more information, visit: [http://www.accme.org/index.cfm/fa/news.detail/news\\_id/c7b2d7ee-854d-4440-9b87-265746af2495.cfm](http://www.accme.org/index.cfm/fa/news.detail/news_id/c7b2d7ee-854d-4440-9b87-265746af2495.cfm).

The Society of American Gastrointestinal and Endoscopic Surgeons (SAGES) welcomes the opportunity to respond to the ACCME's proposal to eliminate commercial support for CME

activities. SAGES is comprised of over 6,000 surgeons and allied health professionals and is the primary surgical society in North America for minimally invasive and gastrointestinal surgery. As an organization dedicated to providing our members and surgeons throughout the world with high quality educational programs, we would like to express our strong and vigorous opposition to the ACCME proposal under consideration.

SAGES has delivered high quality, unbiased education to our growing membership for over 20 years. The Society has consistently followed the ACCME Essentials and Standards and received full accreditation four times. Our annual meeting attendance continues to grow, the scope of our educational outreach continues to expand, and the impact on our profession is increasingly seen at the national and international level.

SAGES applauds the ACCME for attempting to address concerns about bias and undue influence in CME activities and, as an organization, we fully support the ACCME's position that accredited providers should not receive any communication or direction in any form from commercial interests regarding topics or contact for CME activities; we also support the ACCME in the removal of accreditation from entities who violate these policies. The new Standards for Commercial Support, enhanced by the policy recently enacted by the ACCME Board of Directors, has led SAGES to institute one of the most comprehensive set of policies of any surgical organization to ensure that our CME programs remain unbiased and free of any influence by commercial interests. While we understand that those who seek to completely ban commercial support of CME events have good intentions, we believe this approach is misguided and does not fully take into account the diverse educational needs and demands of surgical organizations like our own.

Specifically, we would like to express the following concerns about the proposal under consideration:

1. A ban on commercial support would be a serious threat to the high quality CME programs that have been a hallmark of our organization. Without such support, it is unlikely that we would be able to train and educate as many medical professionals as we do today. Our registration fees would increase significantly, making our annual meeting unaffordable to many surgeons as well as international delegates, several hundred of whom regularly attend our annual meeting. In addition, we would be less able to produce enduring materials and other innovative surgical educational tools that reach many surgeons beyond our annual meeting events. The ACCME has suggested as a possible alternative an undefined "mechanism" to distribute commercial support from industry derived pool funds but it is highly unlikely that such a pool would fund surgical societies like our own at a level that would sustain our current level of educational programs.

2. Without commercial support (both financial and in-kind) our Society would be unable to sponsor and hold hands-on labo-

ratory courses taught by world-renown faculty, which have provided invaluable learning opportunities for surgeons. Without such in-kind support, who would provide the high quality imaging systems, endoscopes and other specialty surgical devices that allow surgeons to develop and refine their surgical skills and learn new techniques under the guidance of SAGES leaders in the field?

3. Most troubling to members of our society is the "new paradigm" suggested by the ACCME that the direction for our CME activities be determined or verified by other "bona fide" organizations. Who are such *bona fide* entities and who would they represent? The American Board of Medical Specialties and other alternate organizations including US government agencies have not been well represented by surgeons and the unique surgical education and training needs have not always been given due consideration by such groups. Furthermore, the absence of representation by surgeons with experience in gastrointestinal and endoscopic surgery will not, in our opinion, be as likely to result in comparable cutting edge, innovative and effective educational programs as those put forth by SAGES. Finally, practice gaps as defined by *bona fide* performance measures with current levels of quality data, remain relatively crude measures of surgical outcomes and performance. It is highly unlikely that such measures as they currently exist are valid for the diversity and rapidly evolving educational needs of surgical organizations like ours that are on the leading edge of surgical practice and innovation.

As the ACCME states in the response to the US Senate Special Committee on Aging, "No data demonstrating commercial content bias is found in the medical education or regulatory literature." We feel that the radical change in continuing medical education being proposed is a classic case of "throwing the baby out with the bathwater" and is totally without foundation for surgical organizations like our own. As stated in the ACCME response to the Josiah Macy, Jr. Foundation, "The United States has an excellent and admirable continuing education system." We feel that these steps proposed by the ACCME will add layers of cost, time, and bureaucracy, will delay development of educational programs for rapidly evolving techniques, and will remove the experts from the design of educational activities. SAGES is resolute about providing the highest quality education at the lowest cost to our target audience and appropriately managed commercial support is essential to accomplishing this goal.

Sincerely,

L. Michael Brunt, MD, SAGES CME Committee Chair

Mark Talamini, MD, SAGES President

### **Assessment Task Force**

The Assessment Task Force (ATF) was formed at ACS last year. This task force will ensure that SAGES fulfills the updated ACCME criteria. SAGES must fill profes- *continued on page 14*

sional practice gaps in knowledge and competence, performance, and outcomes. The ATF will be assessing SAGES' CME activities at the Annual Meeting and all CME offerings (including enduring materials, regional courses, etc).

Annual Meeting attendees are strongly encouraged to participate in all pre and post-course surveys. This will help to ensure that SAGES is meeting its overall educational objectives.

### ***Medscape Update***

The SAGES Medscape page has continued to provide updates and information to healthcare professionals about the world of minimally invasive gastrointestinal surgery. The page highlights new technology, featured articles and the latest in SAGES video education. To date, the site has garnered over 20,000 page views and continues to be a portal to the Society:

<http://www.medscape.com/partners/sages/public/sages>

### **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 currently working revising the SAGES catalog of Patient Information Brochures. The newly formatted brochures feature a new sleek interface to the previously approved information. The following topics are available in the new format: 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, and Laparoscopic Appendectomy. These NEW brochures are now available for purchase via [cine-med.com/sages](http://www.cine-med.com/sages)

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.

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

### **Endolumenal Task Force**

### ***Important Dates for the NOTES® Community***

#### **4th International Conference on NOTES® - Save the Date!**

Endoscopists and surgeons from around the world will convene in Boston **July 9-11, 2009** at the Westin Copley Place to discuss the current state and future direction of NOTES® technology. The phenomenal growth and interest in this burgeoning area of study continues to intrigue the leadership of NOSCARG - the Natural Orifice Surgery Consortium for Assessment and Research®. NOSCARG – a collaborative initiative comprised of

members from ASGE and SAGES – continues to look for ways to further research in the area.

**Registration and housing are now open.** Be sure to register early – space for this popular conference and hands-on lab is limited! Visit [www.noscar.org](http://www.noscar.org) to view the tentative program in the coming weeks.

#### **NOTES® Conference Abstract Submission Process Opened January 30**

NOSCARG® began accepting abstract submissions for the 4th International Conference on NOTES on **January 30, 2009**. Abstracts should include original work that has not been previously presented. Authors may choose from the following categories: Emerging Technologies, NOTES® Procedures, Physiology/Basic Science, Endolumenal Surgery, Human Factors, Emerging Technologies and Other, e.g. original research results, procedures and technology, or animal or human clinical experience. The submission deadline is **April 3, 2009**.

Please visit [www.noscar.org](http://www.noscar.org) for abstract submission guidelines.

### ***Be a part of the buzz!***

This year, SAGES will webcast the SAGES/ASGE NOTES®/Endolumenal Symposium Co-Chaired by Santiago Horgan, MD and David Rattner, MD live from SAGES' Surgical Spring Week.

Thursday, April 23, 2009 1:00pm-4:30pm (**Mountain Time**)

To sign up to view the webcast please contact Jacqueline Narváez ([jacqueline@noscar.org](mailto:jacqueline@noscar.org)). We look forward to your participation!

### ***NOSCARG® Registry – Make it Count!***

SAGES members, you are encouraged to MAKE IT COUNT and add your case to the registry.

To register your cases, please visit:

<http://www.noscar.org/outcomes.php>

You may log onto the NOSCARG registry by using your SAGES Outcomes ID and password

### ***Position Statement on Endolumenal Therapies for Gastrointestinal Diseases***

Surgery involves the manipulation, repair or resection of tissue. Two decades ago, we saw progression in surgical technique from traditional 'open' surgery to laparoscopic surgery. With improvements in technology and the development of new techniques, endolumenal and transluminal therapies have the potential to treat many common gastrointestinal conditions as effectively as more traditional invasive procedures. This significant paradigm shift will result in benefits to our patients and their employers, and improve access to surgical care. **SAGES fully endorses the evolution of new treatments for gastrointestinal conditions that provide patients a faster recovery from their procedures while at the same time providing high quality outcomes.** This document addresses the rationale for endolumenal therapies, considers the provider qualifications needed to perform these procedures, and discusses the issues of reimbursement and future directions.

## **Background:**

Gastroenterologists and Surgeons have been performing therapeutic endoscopy for decades. Recent developments have enabled providers to perform larger and more complex resections and more importantly, reconstruct deformed or damaged tissue. New technology has fostered the development of minimally invasive techniques can now treat diseases once only amenable to major open surgery. As endolumenal techniques are an extension of existing surgical techniques, they must be developed with adherence to sound surgical principles.

Current gastrointestinal applications for endolumenal surgery include endoscopic drainage of pancreatic pseudocysts, excision of large colonic polyps, excision of large gastric and esophageal mucosal lesions, transanal endoscopic microsurgery (TEMS) as well as endolumenal therapies for gastroesophageal reflux disease (GERD), and obesity. Endolumenal treatments for GERD and obesity are likely to impact a large group of patients, minimizing wound, anesthetic, and anastomotic complications. Natural orifice approaches to other diseases, and even natural orifice transluminal endoscopic surgery (NOTES), may offer further benefits; therefore these techniques warrant development.

### **Endolumenal Therapies for GERD:**

Ideally, the therapy for GERD should progress from the least invasive to most invasive to maximize benefit and minimize risk to patients with reflux. Traditionally, only medical acid suppressive therapy or trans-abdominal surgical therapy was available. With the advent of endolumenal therapy utilizing flexible endoscopy, there is now a less invasive approach that has been shown to be effective for the treatment of GERD.[1-3] The lower cost and morbidity of these procedures can relieve symptoms in a majority of appropriately selected patients. A variety of devices for endolumenal antireflux surgery have been developed and some of these therapies are clearly no longer experimental.[4] Patients who fail to benefit from endolumenal therapies can almost always proceed to surgical treatment as the next step in their management without any increase in complexity of a subsequent surgical procedure. Likewise, some endolumenal therapies may be a useful remedial option for those patients who have had a partially failed surgical procedure. Endolumenal techniques, either existing or still in development, may well represent the procedure of choice for selected patients with GERD in the future.

### **Therapies for Obesity**

Nearly one in four Americans is overweight with a BMI > 30 and morbid obesity is now a major health problem. [5] The need for weight loss surgery is increasing as the obese population expands. Obese patients are at higher risk for complications following surgery of almost any type than normal weight individuals.[6, 7] For the morbidly obese (BMI>40), surgery is the only effective durable treatment. [8] Surgical approaches to weight loss can be restrictive, malabsorptive, a combination of these techniques. Technology currently being developed in the endolumenal bariatric field includes procedures that address any of the possible weight loss

mechanisms: restriction, malabsorption, neurological or combined approaches. This field holds great promise since endolumenal therapy avoids the morbidity associated with abdominal incisions and gastrointestinal anastomoses. Outcomes data on these techniques are limited at this time, but many trials are underway.

### **Rationale for Endolumenal Therapy**

Despite some limitations with currently available therapies, SAGES fully endorses the appropriate use of procedures with proven efficacy in properly selected patients. SAGES supports research to identify those patients who would derive the greatest benefit from endolumenal treatment of GERD and obesity, and to identify the procedures producing the best results. Effective endolumenal or transluminal therapies for morbid obesity and GERD could positively impact the treatment of more than one million patients a year in the USA. SAGES is supportive of properly conducted trials of new devices as well as procedure development that minimizes pain and recovery time while correcting the anatomic and physiologic causes of disease states. SAGES is willing to participate in evaluation and training for new treatment modalities. Several of the reasons for this position include the following: 1) Paradigm shifts do not happen overnight, but take time to evolve, and 2) There are significant numbers of patients who would need surgical correction of gastrointestinal conditions yet are not good candidates for laparoscopic or traditional 'open' surgery. Endolumenal therapy could nicely fill this void as an alternative to transabdominal surgery.

To facilitate progress in endolumenal therapy, several key issues still need to be addressed beyond the needed technology development. These include defining criteria for patient selection, defining the requisite skill set needed by the treating physician, defining the setting for these procedures to be performed in, and addressing reimbursement/coding issues.

### **Patient Selection for Endolumenal Therapy**

There is data to support the position that endolumenal therapies are efficacious [1-4, 9-12]. Among the unanswered questions is which patients derive the most benefit from endolumenal treatment? Research efforts should be directed towards identifying the pre-procedure characteristics and intra-operative findings that predict which patients benefit from these techniques. As these techniques develop it is critical to offer these patients the same rigorous evaluation and comprehensive support as patients undergoing surgical procedures by more traditional routes. SAGES believes that there is a place for endolumenal surgery as part of a comprehensive treatment algorithm for relevant conditions. As experience and data are accumulated, these algorithms should be evidenced based.

### **The Endolumenal Practitioner**

Caring for patients with surgical diseases requires knowledge of the full disease spectrum, and not simply the technique itself. Surgeons are broadly trained for management of all aspects of surgical diseases and their complications and are appropriate practitioners to care for surgical patients. *continued on page 16*

Gastroenterologists can also cross train to become facile with the surgical aspects of these procedures, including the management of the potential complications that may occur. The ideal care setting for these patients will be a practice that is disease or organ system based without regard for the traditional barriers found between departments. Ideally, well trained and supported gastrointestinal proceduralists, from either surgical or medical roots, will be performing endoluminal therapies.

### Where Should These Procedures be Performed?

Endoluminal surgical procedures should be performed at centers, either free-standing or hospital based that can offer the full spectrum of patient care, including management of complications.

### Reimbursement/Coding

It is nearly impossible to adequately evaluate new procedures in the setting of financial disincentives. Reimbursement has traditionally been based on the work involved relative to comparable procedures. Since many endoluminal procedures are not experimental, withholding or denying reimbursement to providers for their efforts is ultimately unfair primarily to patients that would benefit from endoluminal approaches. Consideration needs to be given to the benefits of diminished hospital costs as well as shortened recovery times by employers that purchase insurance for their workers. SAGES feels that pre-existing endoscopy codes do not accurately reflect the work and complexity required to deliver complex endoluminal therapies. Rather, these procedures are often more equivalent to their surgical counterparts, thus the reimbursement and coding algorithms should mirror those of existing surgical procedures. The current economic climate needs to be re-examined to foster ongoing refinement of approved concepts and devices that ultimately will benefit millions of patients.

### Future Directions

SAGES supports the further development of endoluminal and transluminal surgery. The progress of this field is dependent on the development of new technology from clinician innovators as well as the medical device industry. We hope to enhance collaboration between surgeons, gastroenterologists, and engineers in the development of the future of surgery. As the spectrum of available technology grows SAGES supports responsible introduction of new technology into clinical practice based on accurate data and clinical outcomes. The socioeconomic environment must be flexible enough to support the development of new procedures that show promise to benefit patients and society.

### Appendix:

Contributors to this manuscript include the members of the SAGES Endoluminal task force and these specific authors:

Brian Dunkin, MD  
 Steve Eubanks, MD  
 Jeffrey Marks, MD  
 Michael Marohn, MD  
 Adrian Park, MD

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 Raul Rosenthal, MD  
 Paresh Shah, MD  
 C. Daniel Smith, MD  
 Nathaniel Soper, MD  
 Lee Swanstrom, MD  
 Klaus Thaler, MD

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## Flexible Endoscopy Committee

### *Flexible Endoscopic Surgery Course for MIS Fellows*

This year SAGES held two Flexible Endoscopic Surgery Courses for MIS Fellows: University of Miami in Miami, Florida (September 25-26, 2008) and at the Methodist Institute for Technology, Innovation and Education (MITIE) in Houston, Texas (November 20-21, 2008). SAGES will continue holding these courses with an additional two courses in the upcoming year. These courses are designed for Fellows to learn the fundamentals of Flexible Endoscopy through the faculty's presentations and through the time spent in the lab.

**SAGES gratefully acknowledges the following companies for their generous educational grant support and contributions in-kind:**

**KARL STORZ-ENDOSCOPY**

**BOSTON SCIENTIFIC**

**COVIDIEN**

**OLYMPUS SURGICAL AMERICA**

**SAGES EDUCATION & RESEARCH FOUNDATION**

*In kind support:*

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**ENDOGASTRIC SOLUTIONS | US ENDOSCOPY**

### *Upcoming Regional Course*

SAGES, in conjunction with the Southwest Surgical Congress, will be holding a 1/2 day Flexible Endoscopy Course. The course, titled "New Modalities in Therapeutic Flexible Endoscopy Course" will be taking place Saturday, March 21, 2009 preceding the Southwest Surgical Annual Congress. The course will provide participants with the latest information on therapeutic endoscopy as it pertains to surgeons and illustrates how flexible endoscopy is changing the face of minimally invasive surgery. Registration will be available online soon at <http://www.swscongress.org/>. For additional information please contact Maribeth Balon at [maribeth@sages.org](mailto:maribeth@sages.org) or at 310-437-0544 ext 125.

## FES

The Fundamentals of Endoscopic Surgery (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 FES in April 2010.

An assessment tool designed to measure technical skills in flexible endoscopy – Global Assessment of Gastrointestinal Endoscopic Skills (GAGES) has been developed and underwent an initial validation process in 2008. An abstract featuring the validation process was recently accepted at the ASE Annual Meeting in April 2009. With positive initial results reported in October the task force is continuing to collect data for further analysis.

At the ACS Clinical Congress in October, a small team met with Simbionix, the simulation company collaborating with

SAGES on a new FES skills simulation prototype. The purpose was to review and evaluate the new prototype and provide feedback for further design work. Continuing efforts in the design, development, and validation of this module have been approved and are now being implemented.

The FES didactic component has undergone two reviews, and will soon be formatted into a web-based learning management system for a final content review. The group developing the cognitive assessment is diligently making progress toward completing a bank of test questions, and plans are underway for the beta testing of the assessment in 2009.

## FLS

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

In August 2008, the American Board of Surgery announced all surgical residents seeking board certification in general surgery must successfully complete the FLS certification prior to sitting for their qualifying board exams. The new requirement goes into effect July 1, 2009, and applies to those completing a general surgery residency in the 2009-2010 academic year or thereafter.

The Covidien Educational Fund continues its success across North America, with over 200 surgical residency programs, and over 50 fellowships participating thus far. Qualified programs not yet covered by this exciting grant are encouraged to visit [www.flsprogram.org](http://www.flsprogram.org) or contact the SAGES/FLS Office at 310-437-0554, ext. 130 or e-mail [fls@sages.org](mailto:fls@sages.org) for an application.

A curriculum review task force is diligently working on FLS 2.0, which will include new videos, illustrations, updated material and patient scenarios. Launch is anticipated in 2009. A dedicated group has also been writing new test questions with beta testing and validation planned for Spring 2009.

FLS continues to be much in demand across the globe, with integration into surgical training in Ghana, Gabon, Columbia, and Peru, along with continued expansion in New Zealand and Australia.

## Go Global

### *Piura, Peru*

The SAGES Go Global Initiative recently completed their third basic laparoscopy course at Jorge Reategui Delgado Hospital in Piura, Peru. Faculty included Allan Okrainec from the University of Toronto, Ted Trus from Dartmouth College, Alexander Perez from Duke University. As part of this course, two local surgeons received intraoperative mentorship and training to perform laparoscopic cholecystectomies. Several other local surgeons and residents also participated in the Fundamentals of Laparoscopic Surgery program. Fifteen participants had previously obtained FLS training using remote telesimulation, and all achieved simulator certification passing scores when test- *continued on page 18*

ed onsite in Peru. Also new to this course was an introduction to flexible endoscopy, with more training in this area planned in the future. Our sincere thanks to the local champion in Piura, Dr. Edmundo Dedios for his hospitality and to Jacqueline Narváez for her tremendous ongoing organizational efforts as part of the Go Global program.

Allan Okrainec, MD, FACS, FRCSC, University of Toronto

**SAGES gratefully acknowledges the following companies for their generous support towards the SAGES Go Global initiative: Covidien, Ethicon Endo-Surgery 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.**

### ***Praia, Cape Verde***

The SAGES Go Global conducted its first basic laparoscopy course at the Agostinho Neto Hospital, in Praia, Cape Verde, under the direction of Victor Manuel Mureira da Costa, MD. The SAGES Team included Julio Texiera, a Cape Verde native now working at St. Luke's Roosevelt hospital, W. Scott Melvin and Dr. Jeffrey W. Hazey from The Ohio State University Medical Center, and Kevin McGill, a fellow working with Dr. Teixeira. Two surgeons underwent weeklong didactic and clinical training in laparoscopy including an introduction to FLS. Dr. Victor Manuel Mureira de Costa is a surgeon, trained in Cuba, who was born and raised and now works in Praia, Cape Verde. He is the Chief of Surgery at Agostinho Neto Hospital and works tirelessly for the people of Cape Verde. Dr. Jose Fragoasso originates from Portugal and participated in all cases as well. They received intraoperative mentorship and training to perform laparoscopic cholecystectomies. Staff at the hospital was also trained to support ongoing laparoscopy under the direction of the local surgeons to ensure an ongoing commitment to offer minimally invasive surgery to the people of Cape Verde. A review of the hospital's endoscopic capabilities also took place and this may lead



*SAGES Go Global Course, Cape Verde*

to future training in upper endoscopy in an effort to combat the increased incidence of gastric neoplasia found in this country. We want to express our gratitude to the people of Cape Verde, Dr. Victor Manuel Mureira de Costa, Dr. Jose Fregosso, Dr. Artur Correia, Director of the Agostinho Neto Hospital, and the entire staff at Agostinho Neto Hospital of Praia, Cape Verde, whose kindness and hospitality made our trip so wonderful. Our utmost appreciation also goes out to Jacqueline Narváez for her tremendous efforts to ensure a seamless program and assistance in every aspect of the Go Global program.

Jeffrey W. Hazey, MD, The Ohio State University Medical Center

**SAGES gratefully acknowledges the following companies for their generous support towards the SAGES Go Global initiative: Covidien, Ethicon Endo-Surgery 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.**

## **Guidelines Committee**

### ***Guidelines***

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

- SAGES Guidelines for Clinical Application of Laparoscopic Bariatric Surgery
- SAGES Clinical Guideline: Guidelines for Diagnostic Laparoscopy
- SAGES Clinical Guideline: Guidelines for Diagnosis, Treatment, and Use of Laparoscopy for Surgical Problems during Pregnancy
- SAGES Privileging Guideline: Granting of Privileges for Gastrointestinal Endoscopy

All current SAGES guidelines are available on the SAGES website at <https://sages.org/publications/guidelines/guidelines.php>. If you are unable to access the guidelines on-line and wish a copy sent to you, please contact Yumi Horii at the SAGES office, (310) 437-0544 or via e-mail at [Yumi@sages.org](mailto:Yumi@sages.org)

### ***New GRADE System***

The SAGES Guidelines Committee will adopt the GRADE system for its literature reviews, joining many other organizations worldwide that use this system. GRADE allows the quality of the evidence to be separated from the strength of the recommendations, which provides readers of evidence-based clinical practice guidelines information that may be more useful in making day to day treatment decisions. The GRADE system will be phased in as current projects are completed, and new guidelines are developed.

The Guidelines Committee is continuing its efforts to produce evidence-based clinical practice guidelines in conjunction with the creation of new CPT codes for minimally invasive surgical procedures. Guidelines for laparoscopic ventral hernia repair, the surgical treatment of achalasia, and others are in production.

## **GIN Conference**

Drs. Dimitrios Stefanidis and William Richardson, two extraordinarily productive members of the Guidelines Committee, represented SAGES at the 5th Annual Guidelines International Network (GIN) Conference in Helsinki, Finland this October. GIN represents professional organizations from around the world that produce and implement clinical practice guidelines. Attendance increases SAGES visibility worldwide as a leading provider of evidence-based guidelines, and allows our members to learn from world experts techniques that will influence our work going forward. If you have an interest in becoming a part of this important and exciting process, please contact Yumi Hori ([yumi@sages.org](mailto:yumi@sages.org)) or Dr. Robert Fanelli ([fanelli@sswne.com](mailto:fanelli@sswne.com)), Chair of the Guidelines Committee.

## **International Liaison Group**

The International Liaison Group will be coordinating the 2009 SAGES-ALACE International Webcast Sessions – Part of the SAGES Go Global Initiative

**International SAGES Members – Sign-up your institution TODAY to be part of the 2009 SAGES meeting by participating in the SAGES International Webcast Sessions. For registration information, please contact Jacqueline Narváez via email at [Jacqueline@sages.org](mailto:Jacqueline@sages.org)**

## **Legislative Update**

In March 2009, SAGES will co-sponsor and participate in, together with 13 other surgical societies, the 2nd Annual Joint Surgical Advocacy Conference (JSAC). This is an opportunity for SAGES to join together with the surgical community in a collaborative advocacy effort. SAGES participated in the first JSAC in 2008, and we were very well received on Capitol Hill; legislators' offices reacted very positively about the collective effort of bringing a number of societies together.

Participants will hear from speakers who will discuss the current political environment and the current status of important issues like healthcare reform and Medicare physician payments, and will meet with Senators and Representatives on Capitol Hill to discuss these issues and help to inform the debate. For more information, please contact Shelley Ginsberg at [shelley@sages.org](mailto:shelley@sages.org).

## **Membership Committee**

The Membership Dept staff is available for questions about your membership at 310-437-0544 x110 or email [membership@sages.org](mailto:membership@sages.org).

### **Membership numbers as of December 2008:**

Active	3,621
Associate Active	12
Candidate	1,121
International	615
Allied Health	57
Senior	410
Honorary	21
Hiatus	7
<b>Total Membership</b>	<b>5,864</b>

## **Online/Website Update**

SAGES has committed the resources to greatly enhance our entire web presence and has formed the SAGES Web Task Force to assess how to best employ web 2.0 technologies to optimize our digital footprint in the surgical community.

The Task Force has hit the ground running by commissioning three ambitious web projects based on popular social networking concepts, integrating modern communication methods to support our goal to provide members with the most relevant information and effective surgical education. We would love to tell you what these projects are but you will have to wait to find out for yourself at the SAGES 09 meeting!

In addition to our functional improvements, SAGES has greatly increased the amount of freely accessible surgical content in a few short months by launching the following two initiatives:

**The Virtual Meeting:** Instant access to valuable content featured at the SAGES Annual Meeting. New material is posted on a regular basis. Content is available in multiple formats including video, power point with audio and digital posters.

**Free access to the SAGES Educational Video Library:** The SAGES Video Library is a collection of narrated minimally invasive surgical videos that have been presented at the SAGES Annual Meetings from 1995 to the present. The library currently features over 305 free videos.

This is only the beginning. Please stay tuned to [sages.org](http://sages.org) as we continue to add new content and functionality!

## **Research & Career Development**

### **2009 Research Grants and Career Development Award Applications**

This year the application process for both the SAGES research grants and the Career Development Award were moved online. SAGES members could log into their member accounts to submit the applications. The application period for both has concluded for the 2009 grants. General information regarding the research grants and the Career Development Award is available at: <https://sages.org/leadership/committees/research/>.

## **Resident Education Committee**

The Resident Education Committee will be offering 9 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: [https://sages.org/meetings/resident\\_courses/](https://sages.org/meetings/resident_courses/)

# SAGES-Endorsed Courses

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 the most updated information, please visit [https://sages.org/education/endorsed\\_courses/index.php](https://sages.org/education/endorsed_courses/index.php))

## Cine-Med, Inc.

Course Director: Michel Gagner, MD, FACS  
 For More Information Contact:  
[www.obesityeducation.com/icssg](http://www.obesityeducation.com/icssg)  
 Kevin McGovern  
 Cine-Med, Inc.  
 127 Main Street North, Woodbury, CT 06798  
 Phone: 203-263-0006 Fax: 203-263-4839  
[kmcgovern@cine-med.net](mailto:kmcgovern@cine-med.net)

**The International Consensus Summit  
 for Sleeve Gastrectomy,**  
 March 19, 2009 - March 21, 2009

## Cleveland Clinic Florida

Course Director: Raul Rosenthal, MD  
 For More Information Contact:  
 Michelle Bosley  
 Cleveland Clinic Florida  
 2950 Cleveland Clinic Blvd., Weston, FL 33331  
 Phone: 954-659-5490 Fax: 954-659-5491  
[bosleym@ccf.org](mailto:bosleym@ccf.org)  
**8th Annual Surgery of the Foregut Symposium**  
 February 15, 2009 - February 18, 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](mailto:secretariat@ircad.u-strasbg.fr)  
 IRCAD-EITS  
 Hopitaux Universitaires  
 1 place de l'Hopital, BP 426  
 Strasbourg, France F-67091  
**N.O.T.E.S. (Natural Orifice Transluminal  
 Endoscopic Surgery):** March 06, 2009 - March 07,  
 2009  
**Intensive Course in Laparoscopic Surgery:**  
 March 09, 2009 - March 13, 2009  
**Pediatric Endosurgery:** March 19, 2009 - March  
 21, 2009  
**Colorectal Surgery:** March 27, 2009 - March 28,  
 2009  
**Laparoscopic Urological Surgery:**  
**"Laparoscopic Treatment of Kidney Tumors":**  
 April 02, 2009 - April 04, 2009

**Tips and Tricks, Gynecological Anatomy Suture  
 and more...:** April 06, 2009 - April 08, 2009

**Digestive Surgery:** April 16, 2009 - April 18, 2009

**Interventional GI Endoscopy Techniques:** April  
 27, 2009 - April 29, 2009

**Intensive Course in Laparoscopic Surgery:** May  
 11, 2009 - May 15, 2009

**Advanced Techniques in Operative  
 Gynecological Endoscopy:** May 18, 2009 - May 20,  
 2009

**Colorectal Surgery:** May 29, 2009 - May 30, 2009

**Intensive Course in Laparoscopic Urological  
 Surgery:** June 08, 2009 - June 12, 2009

**Gynecological Cancer and Laparoscopic  
 Approach: State of the Art:** June 22, 2009 - June  
 24, 2009

**Laparoscopic Urological Surgery: "Radical  
 prostatectomy":** September 10, 2009 - September  
 12, 2009

**Current Techniques in the Treatment of Severe  
 Endometriosis:** September 14, 2009 - Sept. 16,  
 2009

**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

## 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: [videoscopicctr@surgery.ucsf.edu](mailto:videoscopicctr@surgery.ucsf.edu)  
 UCSF Office of CME  
 PO Box 45368, San Francisco, CA 94145-0368

**Advanced Videoscopic Surgery Training Course:** March 12, 2009 - March 14, 2009  
**Advanced Videoscopic Surgery Training Course:** June 04, 2009 - June 06, 2009

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**University of Miami Miller School of Medicine**

Course Director: Jose M. Martinez, MD  
For More Information Contact:  
Susan Mazzola  
Phone: 305-326-6480 Fax: 305-326-6328  
Email: smazzola@med.miami.edu  
University of Miami  
Miller School of Medicine  
McKnight Research Building, Room 802  
1638 N.W. 10th Avenue, D880, Miami, FL 33136  
**Contact Institution for upcoming courses.**  
February 18, 2008 - February 19, 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:** February 28, 2009 - February 28, 2009  
**Laparoscopic Colon Resection in a Cadaver Model:** May 01, 2009 - May 02, 2009  
**Laparoscopic Colon Resection in a Cadaver Model:** September 11, 2009 - September 12, 2009

**In Memoriam –  
SAGES Members**

**Subhash C. Atri, MD**  
Allahabad, India, February 2007  
**Jeffrey E. Doty, MD**  
San Jose, California, March 2008  
**Luis K. Fujimoto, MD**  
Alliance, Ohio, April 2008  
**Luis A. Jacome, MD**  
Kinderhook, New York, October 2008  
**Farouck N. Obeid, MD**  
Detroit, Michigan, March 2008  
**Margret Oddsdottir, MD**  
Reykjavik, Iceland, January 2009  
**Emil L. Popa, MD**  
Long Beach, California, August 2008

## 2009 SAGES Resident Courses

SAGES will offer 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](mailto:registration@sages.org) or (310) 437-0544, ext. 128 or visit [https://sages.org/meetings/resident\\_courses/](https://sages.org/meetings/resident_courses/).

**February 26-27 2009: Basic Endoscopy and Laparoscopy Workshop**

**Cincinnati, OH – 2nd and 3rd year residents**  
Sponsored by Ethicon Endo-Surgery, Inc.

**March 26-27, 2009: Advanced Laparoscopic Hernia Workshop**

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

**May 7-8, 2009: Basic Endoscopy and Laparoscopy Workshop**

(limited to Canadian residents only)

**CSTAR, London, ON Canada**  
**2nd and 3rd year Canadian residents**  
Sponsored by Ethicon Canada

**May 21-22, 2009: Advanced Laparoscopic Foregut and Solid Organ Workshop**

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

**June 4-5, 2009: Advanced Laparoscopic Bariatric/GERD Surgery Workshop**

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

**August 13-14, 2009: Basic Endoscopy and Laparoscopy Workshop**

**Cincinnati, OH – 2nd and 3rd year residents**  
Sponsored by Ethicon Endo-Surgery, Inc.

**September 10-11, 2009: Advanced Laparoscopic Hernia Surgery Workshop**

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

**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

# Save the Date!!

## SAGES & CAGS host the 12<sup>th</sup> World Congress of Endoscopic Surgery

April 14 - 17, 2010, Gaylord National Resort & Convention Center,  
Landover, 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



### Society of American Gastrointestinal and Endoscopic Surgeons

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