

MESSAGE FROM THE PRESIDENT



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

The Future of Our Relationships with Industry

You may have noticed a recent editorial in *Surgical Endoscopy* where Bruce MacFadyen and I raise some issues related to the topic of relationships between industry and physicians. In this issue of SCOPE I'd like to continue this discussion and ask your indulgence, to both read on in this article and to read the full editorial (*Industry Relationships Between Physicians and Professional Medical Associations: Corrupt or Essential?* *Surgical Endoscopy* 2010; 24(2):251). Also note that at the time of our annual meeting in April, SAGES will be publishing a position statement on this same topic.

Throughout modern history physicians have partnered with industry to develop, test, and distribute the various devices and medications used in the care of patients. Significant advances have developed from these partnerships, none more exemplary than in the field of surgery, and, in particular, laparoscopic and endoscopic surgery. We all can think of examples where without these partnerships, we currently would not have the devices essential to the successful use of endoscopy and laparoscopy. Clearly, millions of patients have benefitted from these surgeon-industry partnerships.

Recently, the propriety of these physician-industry partnerships has been challenged. In particular, Washington politicians and editors of leading medical journals have advocated for regulation of these relationships, urging that they be severely truncated, and, in many cases, eliminated entirely. Two very tangible examples of this are the recent Institute of Medicine report (*Conflict of Interest in Medical Research, Education and Practice*) released in April of 2009, and a bill introduced into Congress by Senator Grassley from Iowa, (*Physician Payments Sunshine Act of*

2007). Both actions propose severe restrictions on how physicians and/or professional medical associations (PMAs) like SAGES interact with industry. The federal Anti-Kickback Law (42 U.S.C. §1320a-7b) is also being liberally applied to physicians; there are several examples of physicians being fined significant amounts for violation of the Anti-Kickback Law (reference). Examples of behavior that could be prosecuted under federal Anti-Kickback Law are listed below.

Possible Violations of Federal Anti-Kickback Law (42 U.S.C. §1320a-7b)

- Requesting or accepting gifts such as food, wine, gift baskets or tickets to sporting or entertainment events
- Requesting or permitting a manufacturer's sales representatives to pay for dinners, newspaper advertisements or other marketing initiatives with the intent of recruiting patients or obtaining patient referrals for the physician's practice
- Requesting that a device manufacturer host an event, such as a dinner, whereby the manufacturer invites area physicians (such as primary care physicians) with the intent of influencing the physician to refer patients to a specialist who is a customer of the manufacturer
- Physicians receiving payment from, or expenses paid by, a device manufacturer to attend a professional association's annual conference without providing any service to the manufacturer
- Physicians or nurses asking for and/or accepting payment for registration, accommodation, or travel costs to attend a third-party educational conference
- Requesting or accepting payment

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SAGES 2010 - 2011 Slate of Officers

Officers and Members of the Executive Committee:



◀ **PRESIDENT**
Jo Buyske, MD



PRESIDENT-ELECT ▶
Steven D. Schweitzberg, MD



◀ **SECRETARY**
(3 year term)
Adrian Park, MD
(2 more years in this position)



TREASURER ▶
(3 year term)
L. Michael Brunt, MD



◀ **1ST VICE PRESIDENT**
(2 year term)
Gerald M. Fried, MD



2ND VICE PRESIDENT ▶
(2 year term)
W. Scott Melvin, MD

Board Members—Three-Year Terms:

Re-Appointments:

Horacio Asbun, MD
Brian Dunkin, MD
Michael Edye, MD
Daniel Herron, MD
Ninh Nguyen, MD
Daniel Scott, MD
Steven Wexner, MD

New Members:

Edward Felix, MD
(2 year term, fulfilling unexpired term of Mike Brunt)
Santiago Horgan, MD
Matthew Hutter, MD
Raymond Onders, MD
(2 year term, fulfilling unexpired term of Scott Melvin)
Vic Velanovich, MD

Rotating Off:

Craig Albanese, MD
Michael Holzman, MD
William Richards, MD

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>



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:

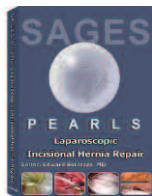
- Laparoscopic Anti-Reflux Surgery
- Laparoscopic Colon Resection
- Laparoscopic Inguinal Hernia Repair
- Laparoscopic Surgery for Severe Obesity
- Laparoscopic Ventral Hernia Repair
- Laparoscopic Adrenal Gland Removal
- Laparoscopic Gall Bladder Removal
- Laparoscopic Spleen Removal
- Laparoscopic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

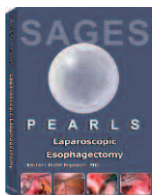
Special Hernia Considerations

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!

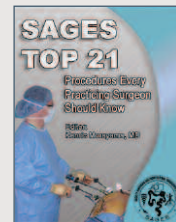
Procedures every practicing surgeon should know

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®

2010 SAGES Award Winners

Berci Lifetime Achievement Award

Jacques Marescaux, M.D.

Distinguished Service Award

Nathaniel Soper, M.D.

Young Researcher Award

Vivian Strong, M.D.

Researcher in Training Award

Erica Moran, M.D.

Karl Storz/IRCAD Award

Basil Yurcisin, M.D.

Excellence in Clinical Care

Paul Hansen, M.D.

2009 Olympus Medical Systems NOSCAR® Research Award

On Friday, October 16, 2009, the NOSCAR® research subcommittee received 19 submissions for the RFP for basic research protocols in NOSCAR® research. The funds were made possible by a generous grant from Olympus Medical Systems. The protocols were reviewed by the NOSCAR® Research Subcommittee on December 11-12, 2009. The following protocols have been awarded funding from this generous grant.

Our thanks to Olympus Medical Systems for its continued support in the NOSCAR® initiative.

2009 NOSCAR® Olympus Medical Systems Research Award Recipients

Mohammad Al-Haddad, MD

Indiana University School of Medicine

Propofol Sedation for Natural Orifice Transluminal Endoscopic Surgery (NOTES®): Feasibility Study in Dogs

Juliane Bingener-Casey, MD and Erica Moran, MD

Mayo Clinic Rochester

Feasibility of Transluminal Endoscopic Omental Patch Closure of Perforated Viscus

Eric S. Hungness, MD

Northwestern University

Transrectal NOTES® Appendectomy in Humans: A Feasibility Study



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 over 125 programs, the Council represents almost 90% of the postgraduate training programs in Advanced GI surgery in North America. The Council's influence is reflected in its close ties with leading surgical specialty societies including: SAGES, SSAT, AHPBA, and ASMBS.

The Fellowship Council is accepting new member applications now through **April 2010**. To apply for membership, go to <http://fellowshipcouncil.org/programs/index2.php> and click on Create New Program Director account.

For additional information about the application and match process, email info@fellowshipcouncil.org or call (310) 437-0555.

NOTES Human Trials Update

Since 2006, the Natural Orifice Surgery Consortium for Assessment and Research[®] (NOSCAR[®]) has underwritten critical basic research in Natural Orifice Transluminal Endoscopic Surgery[®] (NOTES[®]). To date, nearly \$3 million has been distributed to researchers to conduct animal trials to further this exciting platform and address crucial topics such as gastric closure, infection control and device development.

NOSCAR remains steadfast in its position that this approach to minimally invasive procedures is experimental and that research and clinical studies be conducted under the oversight of IRB-approved protocols. At this point in time, the clinical feasibility of performing human NOTES cases has been demonstrated.

The NOSCAR Research Subcommittee is currently organizing the design for a prospective multi-center trial of NOTES cholecystectomy versus conventional laparoscopic cholecystectomy. NOSCAR leadership is pleased to announce that it will be granting funds to selected institutions to conduct these trials. These grants have been made available through the generosity of a number of industry sponsors.

Institution Participation

Institutions that meet criteria as outlined have been invited to participate in the study. These criteria include:

- Institution must hold a current IRB-approved NOTES protocol (a copy of the IRB-approved protocol had to be submitted with application)
- Principal Investigator (or designee) must have completed a minimum of four (4) NOTES procedures in the institution applying to participate.

Patient Participation

For patient inclusion in the study, a number of criteria must be met, relative to the pertinent arm of the study. Some of these criteria include:

Transvaginal NOTES Approach

Competent female subjects, between the ages of 18-75 who present for **elective** cholecystectomy will be offered participation in this study. Patients offered participation in this study must provide written, informed consent and meet the following criteria:

- Diagnosis of benign gallbladder disease which requires cholecystectomy
- ASA class 1 or 2 as scored preoperatively by surgeon
- Willingness to have cholecystectomy performed via NOTES transvaginal approach
- Willingness to have intra-abdominal procedure digitally recorded
- Pelvic examination in the past 12 months without significant pathology

Exclusion criteria include items such as, but not limited to:

- Pregnant women

- Obese patients (BMI > 35)
- Patients with severe medical co-morbidities such as:
 - Chronic renal failure
 - Known cirrhosis
 - Congestive heart failure
 - Patients with a history of prior open abdominal or laparoscopic or transvaginal surgery. However patients with prior appendectomy, tubal ligation or Cesarean section will be included.
 - Patients who are taking immunosuppressive medications and/or immunocompromised
 - Patients with a prior history of perineal trauma leading to significant alteration of vaginal anatomy
 - Patients unwilling to consent to NOTES procedure
 - Gallstone > 2.5 cm in diameter

Transgastric NOTES Approach

Again, competent male or female subjects, between the ages of 18-75 and who present for **elective** cholecystectomy will be offered participation in this arm of the study. Patients offered participation in this study must provide written, informed consent and meet the following criteria:

- Diagnosis of gallstone disease which requires cholecystectomy
 - ASA class 1 or 2
 - Willingness to have cholecystectomy performed via NOTES transgastric approach
 - Willingness to have NOTES procedure videotaped
- Exclusion criteria include items such as, but not limited to:

- Pregnant women
- Obese patients (BMI > 30)
- Patients with severe medical co-morbidities, such as:
 - Chronic renal failure
 - Known cirrhosis
 - Congestive heart failure
 - Patients with a history of prior open abdominal or laparoscopic or transvaginal surgery. However patients with prior appendectomy, tubal ligation or Cesarean section will be included.
 - Patients who are taking immunosuppressive medications and/or immunocompromised.
 - Patients with a history of ectopic pregnancy, pelvic inflammatory disease, large fibroids or severe endometriosis
 - Patients with known retained common bile duct stones, (i.e., not cleared prior to surgery.) Patients with common bile duct stones discovered intraoperatively will remain in the study.
 - Patients unwilling to consent to NOTES procedure
 - Gallstone > 2.5 cm in diameter
 - Contraindicated for esophagogastroduodenoscopy (EGD)
 - Presence of untreated esophageal stricture.
 - Surgically altered gastric anatomy or severe uncorrected paraesophageal Types 2, 3, or 4

The trials are expected to begin in the first quarter of 2010.

Visit www.noscar.org for more updates in the coming months.

Our thanks to Ethicon Endo-Surgery, Olympus Medical Systems Corporation and Stryker Endoscopy for their generous support of the NOSCAR Human Trials.



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)



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

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

Advance Program and registration/housing information is available on the World Congress website:

<http://12thworldcongress.org>

Register Now!

Early Deadline: March 12, 2010

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**

SAGES/EAES Session: Peer Review Training

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 Afghanistan:
Video Conference Military Coalition**

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

**CAGS/SAGES Session:
Simulation in the Training of Surgeons**

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 at the Newseum**

Plan now to stay Saturday night!

4th Annual SAGES Foundation Awards Luncheon

It's that time of the year again! The time to celebrate and honor the achievements of minimally invasive surgery's finest at the 12th World Congress of Endoscopic Surgery! 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. Six main awards are presented annually and will be presented again at the April 14, 2010 event.

The luncheon not only recognizes the progressive work of MIS leaders, but also provides another forum for SAGES members and industry executives to interact socially. The full docket of 2010 award recipients is as follows:

Berci Lifetime Achievement – Jacques Marescaux, MD
Distinguished Service Award – Nathaniel Soper, MD
Young Researcher Award – Vivian Strong, MD
Researcher in Training – Erica Moran, MD
Karl Storz/IRCAD – Basil Yurcisin, MD
Clinical Excellence – Paul Hansen, MD
**The Jeffrey L. Ponsky Master Educator
 in Endoscopy Award – Carol Scott-Conner, MD**
Industry Research Awards
**The SAGES Education and Research Foundation
 Grant Awards**

Last year, tickets for the awards luncheon sold out! We hope to match that success again with your participation. Each ticket is

\$125 and tables of ten are available for \$1,100. Because this event benefits the SAGES Foundation, a portion of your purchase is tax deductible to the extent permitted by law. To become an event sponsor, purchase individual tickets, tables, or virtual ads, contact the Foundation office at (310) 347 0544 ext. 114 or foundation@sages.org.

New Corporate Supporters

On behalf of the SAGES Education and Research Foundation, we truly appreciate those companies who generously made pledge contributions in 2009 to help fund the Foundation's Endowment. The SAGES Education and Research Foundation is delighted to welcome the latest corporate sponsors to its growing circle of friends. A special thank you to Karl Storz Endoscopy (\$1 million), Olympus Medical (\$500,000), Stryker Endoscopy (\$300,000), LifeCell (\$15,000), and Synovis Surgical Innovations (\$5,000).

In order to ensure that quality care isn't subject to the whims of medical economy, a long-term solution, like the goals of the SAGES Foundation, is necessary to support innovative projects in perpetuity. Through industry support, individual donations, and one hundred percent board involvement, we have raised nearly 90% of our \$10 million goal. All 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.

President's Message – continued from page 1.

from manufacturers for a meal, reception or entertainment event (such as a holiday or office party) for the physician, the physician's spouse or his or her practice group

Ultimately, the contention is that all of this regulatory oversight and restriction on our relationships with industry is in service to the welfare and good of patients.

My initial reaction in a word: WHAT?! How ironic that legislators and bureaucrats are proposing that we can't have lunch with the local representative from a device manufacturer without the suggestion that this will influence the way we care for patients, while our politicians in Washington operate in, and accept, a system where corporations place influence agents (more commonly known as lobbyists) in Washington specifically with the intent of using all manner of influence (including favors and money) to affect their decisions so as to benefit the company directly. In this context, even more notable is the decision by the Supreme Court to lift limits on corporations' contributions to individual

campaigns and candidates, thereby moving our political system in the exact opposite direction that Washington is forcing relationships between corporations and physicians to go. A simple summary: It is wrong for us to accept a pen from a medical device company while at a medical meeting, but ok for politicians to accept millions of dollars from that same company to support their election or re-election efforts. Again, WHAT?!

When I expressed my shock over this obvious inconsistency to my wife I expected her to immediately cry, "WHAT?!" Instead, she was puzzled by my response, and after a few minutes of discussion, and even more shock on my part, she provided me with a different perspective. In her view, as a physician my patients are significantly and directly impacted by my decisions and any suspicion surrounding the decisions I make about their care threatens the integrity of the physician-patient relationship. This relationship is even more sacred for the surgeon whose patients, in the most profound way possible, entrust to us complete control over their lives while *continued on page 18.*



SAGES 2011

Scientific Session & Postgraduate Course

March 30 - April 2, 2011

San Antonio
Convention Center
San Antonio, TX

Registration & program
information will be
available fall, 2010

PROGRAM CHAIR:
Brian Dunkin, MD

www.sages.org

Continuing Education

SAGES 2010 Annual Meeting Evaluation

The SAGES Continuing Education Committee's Assessment Task Force has examined SAGES' evaluation methods for the Annual Meeting for areas of further improvement. For the 2010 Annual Meeting, attendees will find a shorter overall meeting evaluation. Completing the survey will be mandatory in order to claim CME credit for the meeting. There will be a survey following up with attendees after 3 months.

In April 2009, the Task Force introduced a new initiative, which utilized the Audience Response System (ARS) during Postgraduate courses to better assess changes in competence and performance. Attendees were sent a follow up survey to assess changes in practice after 6 months. Attendees for the 2010 Postgraduate courses will again be asked to fully participate in the course via the ARS. There will be a 3 month follow up survey to assess changes in practice.

The Continuing Education Committee would like to express thanks to all who filled out the follow up surveys in November and December. Your feedback is vital to enhancing the program in years to come. This will help to ensure that SAGES is meeting its overall educational objectives.

SAGES ACCME Reaccreditation

SAGES is in the process of reapplying for CME accreditation through the ACCME. SAGES is currently undergoing a critical self-study process to determine if the Society is meeting its educational objectives and affecting change in its learners. We thank all SAGES members who have participated in SAGES' educational activities and post activity assessments.

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 featured articles and the latest in SAGES video education. Two of the Top 10 Most Read Articles in 2009 by General Surgeons were SAGES articles. For more information, visit:

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

Educational Resources

The Educational Resources Committee has developed excellent new 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 sleek new interface and enhanced graphics. 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](http://www.cine-med.com/sages).

Classic SAGES Educational Projects such as the Top 14 and the Pearls catalog are being enhanced with new implementations scheduled for release in Spring 2010. 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 www.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.

FES

The FES Task Force, led by Co-Chairs Jeffrey Marks, MD and Brian Dunkin, MD, continues to make progress towards their goal of introducing the FES educational program at the upcoming SAGES meeting in April 2010.

The online learning management system, which will include a wealth of rich text and images, is in its final stages of completion. As the FES group continues to build out towards the final product, select images are still being collected, and an "Alpha" release of the future web-based platform is being reviewed for content, accuracy and navigational ease.

The cognitive and manual skills tests are also in the final stages of validation. During 2009, FES cognitive beta testing was available at the SAGES and NOSCAR meetings, as well as at the ACS Clinical Congress. Additional beta testing is also being conducted at selected residency programs with completion expected in early 2010.

There are eight sites currently participating in the beta testing of the hands-on skills component, which consist of five tasks performed on the Symbionix GI Mentor. A GI Mentor will be available for everyone to view and test drive at the FES Station in the Learning Center at the World Congress meeting in Washington, D.C. We are reaching out to a range of experience levels (residents, fellows, experts) to aid in the validation process for both components of the test.

FLS

The Fundamentals of Laparoscopic Surgery (FLS) Program heads into 2010 with increased momentum and excitement. The ABS has required that all graduating residents seeking board certification in general surgery pass the FLS exam. With this deadline just around the corner, we are making FLS testing more accessible than ever. To meet this increased demand for testing, more than 60 FLS Test Centers in the U.S. and Canada have been established.

As a reminder, the ABS deadline went into effect July 1, 2009, and applies to those completing a general surgery residency in the 2009-2010 academic year or thereafter. More information is available at www.absurgery.org. The last opportunity for PGY-5 testing will be in April 2010 at the SAGES 2010 Annual Meeting in Washington, D.C. For more information, please visit www.flsprogram.org or contact the SAGES/FLS Office at 310-

437-0544, ext.139.

To help ensure surgical residents have access to FLS, The Covidien Educational Fund continues its success across North America with over 245 surgical residency programs and 60 fellowships participating thus far. Qualified programs that have not yet applied for this grant are encouraged to visit www.flsprogram.org or contact the SAGES/FLS Office at 310-437-0544, ext.139 for more information, you can also e-mail fls@sages.org for an application.

A select group is still working diligently to complete FLS 2.0, which will include updated didactic content, new images and videos, streamlined navigation and a way of tracking and reporting the time spent by each user. Work is also being done on two new skills tasks, with the goal of launching in the coming months. A new pool of test questions are also being written and beta tested for inclusion in the FLS cognitive exam.

Global Affairs Committee

2010 World Congress International Webcast Sessions

In 2009, the SAGES International Webcast Sessions had 13 countries participating and over, 200 viewers logged in! 2010 will definitely be a webcast fit for a World Congress with sessions such as the SAGES Presidential Address, Gerald Marks Keynote Lecture, Symposium: NOTES® - Alive and Well, or RIP?, Presidential Debates, Panel: Single Port Access Surgery, Panel: Live from Afghanistan Session: Video Conference Military Coalition in, Karl Storz Keynote Lecture, and CAGS / Royal College of Surgeons Lecture

Register today to participate and be part of this global event! To register for the webcast and/or view the webcast, please visit us at: <http://www.orlive.com/sages2010>, Password: SAGES

Guidelines

Your SAGES Guidelines Committee continues to be active in the production of evidence-based clinical practice guidelines, credentialing guidelines, and other materials supporting the practice of minimally invasive surgery and flexible GI endoscopy. Two recently approved SAGES guidelines are now available online at <https://sages.org/publications/>:

- Guidelines for the Surgical Treatment of Gastroesophageal Reflux Disease (GERD)
- Guidelines for the Clinical Application of Laparoscopic Biliary Tract Surgery

SAGES was represented at the 6th Annual Guidelines International Network (G-I-N) Conference in Lisbon, Portugal this past August by Guidelines Committee Chairman Robert D. Fanelli, MD, FACS, FASGE, and Committee Member, Dimitrios Stefanidis, PhD, MD, who presented the results of a study examining adoption of SAGES guidelines among members of our organization. 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 high quality 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 rewarding process, or would like to suggest topics for future SAGES guidelines, please contact Aaron Goodman (aaron@sages.org) or Dr. Fanelli (fanelli@sswne.com).

All current SAGES guidelines are available on the SAGES website at <http://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 Aaron Goodman (aaron@sages.org) at the SAGES office (310 437-0544).

Membership

Despite a somewhat financially difficult year in 2009, SAGES membership numbers remain high. In April and October 2009, SAGES approved 616 new members. It is a true testament to the valuable benefits the organization continues to provide to each of our “family members” and demonstrates the exceptional leadership direction of the Board of Governors and Committees.

The SAGES leadership 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.

Please support SAGES by getting the word out to your colleagues who would benefit from SAGES membership. Application deadline for Spring review period is March 1st so don't delay! We want to thank the approximately 400 members who took the time to write recommendation letters for new applicants.

Remember to notify the Membership Dept of any changes to your member profile! Are you moving this year? Have you recently become Board Certified and need to be upgraded to Active status?

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 January 2010:

Active	3,624
Associate Active	15
Candidate	1,246
International	668
Allied Health	53
Senior	422
Honorary	21
Hiatus	12
Total Membership	6,061

continued on page 12

In Memoriam

Frank A. Rogers, MD

Fresno, California

January 2010 (notified)

M.O. Lewis, MD

Muskogee, Illinois

May 2008

Romulo L. Madrid, MD

Quezon City, Philippines

May 2009

Harold H. Haston, MD

Sun City, AZ

December, 2009

Online/Website Update

The SAGES Web Task Force has made exceptional progress with its initial slate of projects.

The following initiatives will launch in **April 2010**:

The SAGES Surgical Wiki: A surgical “Wikipedia” editable by all SAGES members. This has significant potential to become the most authoritative and frequently accessed surgical reference on the web. The SAGES Wiki will be open for public viewing but may be edited only by SAGES membership.

IMAGES: 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: 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.

Research and Career Development

2010 Research Grant Application and Career Development Seminar.

SAGES recently concluded the grant and career development award application this past December. This was the second year of processing all grant applications online. General information regarding the grants and career development award is available at <http://sages.org/leadership/committees/research/>.

This year, the Research Committee will host their 2nd Career Development Seminar taking place January 29-30, 2010 in Miami, Florida. This workshop 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 1.5 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. The workshop is opened to SAGES members and candidate members with preference to those in academic practice who have applied but not received a SAGES grant award. The registration deadline has passed however general information on this seminar can be found at http://sages.org/meetings/career_development/index.php

Resident Education Committee

Resident Courses

The Resident Education Committee has scheduled 12 resident courses for 2010. 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 candidate members. For more information about the courses offered, please see page 15 or visit: http://sages.org/meetings/resident_courses/

SAGES at APDS

The Resident Education Committee sponsored the following workshop at the Association of Program Directors in Surgery (APDS) meeting at Surgical Education Week in Salt Lake City, Utah on Friday, May 1, 2009. James Korndorffer, MD, David Easter, MD, Keith Apelgren, MD and John Mellinger, MD discussed “*Partnering with Industry for Resident Education-Pros and Cons.*” The Committee will be offering a workshop at the 2010 APDS Annual Meeting on Wednesday, April 21, 2010 in San Antonio, Texas. They will be presenting “*Optimizing resident experience with advanced laparoscopic procedures: tools and techniques for the surgical educator.*”

Webinars

The Committee has been exploring expanding its educational offerings for residents. SAGES offered the following two webinars geared specifically towards residents in Fall 2009: *Controversies in the Evaluation and Treatment of GERD*, Chaired by Leena Khaitan, MD and *Laparoscopic Colorectal Surgery*, Chaired by Conor Delaney, MD. The webinars featured presentations by 4-5 expert panelists followed by a question and answer session.

World Congress Exhibitor List (as of January 2010)

3-DMED SURGICAL TRAINING AIDS
ACS BSCN ACCREDITATION PROGRAM
AESCULAR, INC.
ALLERGAN
ALOKA ULTRASOUND
APOLLO ENDOSURGERY
ARAGON SURGICAL, INC.
ARMY MEDICAL RECRUITING
ASCENT HEALTHCARE SOLUTIONS
ATRIUM MEDICAL CORP.
AUTOMATED MEDICAL PRODUCTS
BÂRRX MEDICAL, INC.
B-K MEDICAL SYSTEMS, INC.
B-LINE MEDICAL
BOSTON SCIENTIFIC
BUFFALO FILTER
CALMOSEPTINE, INC
CAREFUSION CORP.
CINE-MED, INC.
CONMED CORPORATION
COOK MEDICAL
COVIDIEN
CROSPON LIMITED
DALIM SURGNET
DAVOL
DIAGNOCURE
EASY-LAP LTD.

ELSEVIER
ENCISION, INC.
ENDOCHOICE
ENDOCONTROL
ENDOGASTRIC SOLUTIONS
ETHICON ENDO-SURGERY, INC.
GENERAL SURGERY NEWS
GORE & ASSOCIATES
H & H SURGICAL TECHNOLOGIES
HAPTICA INC.
HOSPITAL CORP. OF AMERICA
HRA RESEARCH
INTEGRA
INTUITIVE SURGICAL
KARL STORZ ENDOSCOPY-AMERICA, INC.
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LIFECELL CORPORATION
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MINNESOTA MEDICAL DEVELOPMENT, INC.
NASHVILLE SURGICAL INSTRUMENTS
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SYNAPSE BIOMEDICAL, INC.
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UNIVERSITY OF MISSOURI – COLUMBIA,
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VIRTUAL PORTS, LTD.

Save the Date!!

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

April 14 - 17, 2010

**Gaylord National Hotel & 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

SAGES Scientific Session & Postgraduate Course

April 17 - 20, 2013

Baltimore Convention Center, Baltimore, MD

SAGES Scientific Session & Postgraduate Course

April 2 - 5, 2014

Salt Lake Convention Center, Salt Lake City, UT

Annual Meeting to Feature Six 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 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. Lab stations will have a 1:3 faculty:participant ratio. Participants will be asked to complete a mandatory pre-meeting questionnaire to ascertain their learning needs. A mandatory post-meeting questionnaire will also be distributed 3 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® specifically, a transvaginal and transgastric peritoneal access, and transgastric closure. 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

The course will be based on the Fundamentals of Laparoscopic Surgery (FLS) Program, a collaborative effort between Society of American Gastrointestinal and Endoscopic Surgeons and the American College of Surgeons. This introductory course will begin with an overview of the history, science, and development of the FLS Program. It will continue with various chapters from the FLS curriculum, such as physiology, intra-operative considerations, basic laparoscopic procedures, and procedural complications. Part of the course will also cover the psychomotor and technical skills required in basic laparoscopic surgery. The course syllabus will outline the contents of the FLS online didactic curriculum.

All course participants will receive online access to the FLS didactic curriculum and will be expected to review the materials prior to the course. The hands-on component will utilize a ratio of 3:1 participants to FLS trainer boxes and faculty for mentored skills practice.

After completing the course, participants will be able to schedule an appointment to take the FLS exam (written and practical). The test fee is included in the course registration, although the test is optional. There will be testing appointments available starting directly after the course and throughout the SAGES meeting. Participants may also opt to take the FLS exam at an upcoming ACS Clinical Congress or SAGES Annual Meeting or one of over 40 FLS Test Centers.

Single Port Access Surgery Hands-On Course

This session is designed to familiarize the participants with the developing field of Single Port Access surgery. Exposure to the tools, devices and techniques available will form the foundation for participants to begin to assimilate this technique into their practice.

This course will consist of a hands-on lab in which participants will receive instruction by experts in various single port access laparoscopic techniques and procedures. Techniques for low-profile port layout and insertion, as well as the use of multi-port devices will be demonstrated with practice afforded. Participants will be supervised by experts and perform single port access laparoscopic cholecystectomy, fundoplication, adjustable gastric band placement, splenectomy and nephrectomy. Participants will have the opportunity to use a variety of specialized instrumentation, including novel imaging technologies, retraction devices, suturing instruments, and articulating devices. Lab stations will have a 1:3 faculty to participant ratio

Hands-On Advanced Suturing & Anastomotic Techniques Lab

Laparoscopic suturing skills allow smooth transition from basic to advanced surgery. In this lab, world-recognized experts in advanced suturing and anastomotic techniques will provide direct, hands-on training to take your suturing skills to the next level. If you want to take your skills from advanced to expert, this is an opportunity you don't want to miss. At the conclusion of this session, participants will be able to become familiar with advanced suturing techniques: tissue approximation, knot tying, anastomoses; understand the advantages and disadvantages of intracorporal sutures; adopt the principles for continued efficiency and skill; and apply these techniques to common surgical problems encountered.

Postgraduate Surgeon in the Digital Age: Video Editing Course Basic Video Editing with an Introduction to Advanced Techniques

This course is a hands-on (1 to a station) PC-based course and workshop using the latest video editing software. This course is designed to take users through the basic steps of digital video editing. The skills learned in this course will be applicable to digital video editing on most Windows-based computers and editing programs. Led in real time by an experienced surgeon facilitator, participants will import clips, edit them, create transitions and add voice-over sound tracks. Additional advanced techniques which are useful in medical videos will be reviewed. Final products will be transcoded for a variety of purposes. A CD with the course files is included for later practice. Once this course is completed, users should be able to have the skills necessary to create edited digital videos for medical meetings, education or personal use.

For additional information, please review the Advance Program (http://sages.org/meetings/annual_meeting/2010/). Space is limited for all hands on courses. Plan to reserve your spot soon by registering online at <http://sages.org/meetings/registration/index.php>.

2010 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 http://sages.org/meetings/resident_courses/.

- **February 18 -19, 2010:**
Basic Endoscopy and Laparoscopy Workshop
Cincinnati, OH
Sponsored by Ethicon Endo-Surgery, Inc.
2nd and 3rd year residents
- **March 4 - 5, 2010:**
Advanced Laparoscopic Foregut/Bariatric Workshop
Norwalk, CT
Sponsored by Covidien
4th and 5th year residents –
must be SAGES candidate members
- **May 6 - 7, 2010:**
Basic Endoscopy and Laparoscopy Workshop
(limited to Canadian residents)
CSTAR, London, ON Canada
Sponsored by Ethicon Canada
2nd and 3rd year Canadian residents
- **May 13 - 14, 2010**
Advanced Laparoscopic Hernia and Biomaterials Workshop
Indianapolis, IN
Sponsored by Cook Medical
4th and 5th year residents –
must be SAGES candidate members
- **May 20 - 21, 2010:**
**Advanced Laparoscopic GERD/
Bariatric Surgery Workshop**
Cincinnati, OH
Sponsored by Ethicon Endo-Surgery, Inc.
4th and 5th year residents –
must be SAGES candidate members
- **June 3 - 4, 2010:**
Advanced Laparoscopic Hernia Surgery Workshop
Norwalk, CT
Sponsored by Covidien
4th and 5th year residents –
must be SAGES candidate members
- **August 5 - 6, 2010:**
Basic Endoscopy and Laparoscopy Workshop
Cincinnati, OH
Sponsored by Ethicon Endo-Surgery, Inc.
2nd and 3rd year residents

SAGES Flexible Endoscopic Surgery Course for MIS Fellows

This year SAGES held two Flexible Endoscopic Surgery Courses for MIS Fellows: Case Western Reserve, in Cleveland, Ohio (September 24 - 25, 2009) and at the Ohio State University, in Columbus, Ohio (November 12 - 13, 2009). SAGES will continue hosting the Flexible Endoscopy courses in 2010 with the potential in combining both courses into one master course. These courses are designed for attendees 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:

BARD • BÂRX MEDICAL

ENDOGASTRIC SOLUTIONS • US ENDOSCOPY

- **September 23 - 24, 2010:**
**Advanced Laparoscopic Foregut/
HPB Surgery Workshop**
Norwalk, CT
Sponsored by Covidien
4th and 5th year residents –
must be SAGES candidate members
- **November 4 - 5, 2010:**
**Advanced Laparoscopic
Colorectal Surgery Workshop**
Norwalk, CT
Sponsored by Covidien
4th and 5th year residents –
must be SAGES candidate members
- **November 18 - 19, 2010:**
**Advanced Laparoscopic Intestinal and
Solid Organ Surgery Workshop**
Cincinnati, OH
Sponsored by Ethicon Endo-Surgery, Inc.
4th and 5th year residents –
must be SAGES candidate members

SAGES-Endorsed Courses

as of February, 2010

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 on these courses, visit http://sages.org/education/endorsed_courses/index.php and for information on applications, visit http://sages.org/education/endorsed_courses/applications.php.

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
bosley@mccf.org

Surgery of the Foregut// February 14, 2010 - February 17, 2010

Dowden Health Media

Course Director: Philip R. Schauer, MD

For More Information Contact:

Dowden Health Media
110 Summit Avenue
Montvale, NJ 07645
Phone: 201-740-6111
Fax: 201-822-6114

Email: david.small@dowdenhealth.com

Contact: David Small-Event Director

2010 Minimally Invasive Surgery Symposium// February 22, 2010 - February 27, 2010

IRCAD-EITS

Course Director: Jacques Marescaux, MD, FRCS, FACS

For More Information Contact:

IRCAD-EITS

Hopitaux Universitaires
1 place de l'Hopital, BP 426
Strasbourg, France F-67091
Phone: +33-388-119-000
Fax: +33-388-119-099

Email: secretariat@ircad.u-strasbg.fr

Single Port Surgery// February 19, 2010 - February 19, 2010

Wrist Course (Basic course)// February 26, 2010 - February 27, 2010

Intensive Course in Laparoscopic Surgery// March 15, 2010 - March 19, 2010

Laparoscopic Urological Surgery (Kidney tumors)// March 25, 2010 - March 27, 2010

Tips and Tricks, Anatomy Suture and More.....// March 29, 2010 - March 31, 2010

Digestive Surgery// April 22, 2010 - April 24, 2010

Epaule (cours francophone)// April 29, 2010 - April 30, 2010

Advanced Techniques in Operative Gynecological Endoscopy// May 10, 2010 - May 12, 2010

Intensive Course in Laparoscopic Surgery// May 17, 2010 - May 21, 2010

N.O.T.E.S. (Natural Orifice Transluminal Endoscopic Surgery)// May 28, 2010 - May 29, 2010

Intensive Course in Laparoscopic Urological Surgery// June 07, 2010 - June 11, 2010

Genou (cours francophone)// June 15, 2010 - June 16, 2010

Epaule (cours francophone)// June 17, 2010 - June 18, 2010

Gynecological Cancer and Laparoscopic Approach: State of the Art// June 21, 2010 - June 23, 2010

Colorectal Surgery// June 25, 2010 - June 26, 2010

Interventional GI Endoscopy Techniques// June 28, 2010 - June 29, 2010

Single Port Surgery// July 02, 2010 - July 02, 2010

Intensive Course in Laparoscopic Urological Surgery// July 05, 2010 - July 09, 2010

Current Techniques in the Treatment of Severe Endometriosis// September 06, 2010 - September 08, 2010

Intensive Course in Laparoscopic Urological Surgery// September 20, 2010 - September 24, 2010

N.O.T.E.S. (Natural Orifice Transluminal Endoscopic Surgery)// October 01, 2010 - October 02, 2010

Cours Intensifs en Chirurgie Laparoscopique Urologique (cours francophones)// October 04, 2010 - October 08, 2010

Knee Course// October 19, 2010 - October 20, 2010

Shoulder Course// October 21, 2010 - October 22, 2010

New Insights in Prolapse Surgery: Vaginal and Laparoscopy// October 25, 2010 - October 27, 2010

Digestive Surgery// October 28, 2010 - October 30, 2010

Single Port Surgery// November 05, 2010 - November 05, 2010

Colorectal Surgery// November 19, 2010 - November 20, 2010

Intensive Course in Laparoscopic Surgery// November 22, 2010 - November 26, 2010

Wrist Course (Advanced course)// November 26, 2010 - November 27, 2010

Advanced Techniques in Operative Gynecological Endoscopy// November 29, 2010 - December 01, 2010

Pediatric Urology// December 09, 2010 - December 11, 2010

Intensive Course in Laparoscopic Urological Surgery// December 13, 2010 - December 17, 2010

Methodist Institute for Technology, Innovation & Education (MITIE)

Course Director: Brian J. Dunkin, MD

For More Information Contact:

Methodist Institute for Technology, Innovation and Education (MITIE)

The Methodist Hospital
6565 Fannin Street, West Pavilion 200
Houston, TX 77030

Phone: 1-888-MITIE TX or 713-441-7912

Fax: 713-363-7888

Email: mitie@tmhs.org

Website: www.mitietexas.com

Contact MITIE for upcoming courses//

Minimally Invasive Surgery Training Centre

Course Director: Prof MC Misra

For More Information Contact:

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

Email: drvkbansal@gmail.com

Email: mistrainingcentre.aiims@gmail.com

Training Course in Operative Laparoscopy// April 26, 2010 - April 30, 2010

Training Course in Laparoscopic Suturing Skills// May 03, 2010 - May 05, 2010

Training Course in Operative Laparoscopy// May 10, 2010 - May 14, 2010

Training Course in Operative Laparoscopy// July 19, 2010 - July 23, 2010

Training Course in Laparoscopic Hernia Surgery// July 27, 2010 - July 29, 2010

Training Course in Laparoscopic Colorectal Surgery// August 16, 2010 - August 18, 2010

Training Course in Laparoscopic Suturing Skills// September 06, 2010 - September 08, 2010

Training Course in Operative Laparoscopy// September 13, 2010 - September 17, 2010

Training Course in Operative Laparoscopy// October 18, 2010 - October 22, 2010

Training Course in Laparoscopic Hernia Surgery// November 09, 2010 - November 11, 2010

Training Course in Operative Laparoscopy// November 15, 2010 - November 19, 2010

Training Course in Operative Laparoscopy// December 06, 2010 - December 10, 2010

Ohio State University Medical Center

Course Director: W. Scott Melvin, MD & Jeffrey Ponsky, MD

For More Information Contact:

Ohio State University Medical Center

410 W. 10th Avenue

558 Doan Hall

Columbus, OH 43210

Phone: 614-293-9072

Fax: 614-293-7852

Email: sarah.boyer@osumc.edu

Contact: Susan Boyer

Advances in Minimally Invasive Surgery// February 12, 2010 - February 14, 2010

Penn Medical Clinical Simulation Center

Course Director: Andrew S. Resnick, MD, MBA and Kristoffel R. Dumon, MD

For More Information Contact:

Penn Medical Clinical Simulation Center

1800 Lombard Street, Second Floor

Philadelphia, PA 19146

Phone: 215-893-7700

Fax: 215-893-7703

Contact name: Gretchen Kolb, MS

Email: gretchen.kolb@uphs.upenn.edu

Safe Practices in Laparoscopic Surgery// March 12, 2010 - March 13, 2010

University of California, San Francisco

Course Director: Lawrence W. Way, MD

For More Information Contact:

4 Koret Way

Box 775

San Francisco, CA 94143

Phone: 415-476-6359

Fax: 415-476-9557

Email: leonion@surgery.ucsf.edu

Advanced Videoscopic Surgery Training Course// March 11, 2010 - March 13, 2010

Advanced Videoscopic Surgery Training Course// May 13, 2010 - May 15, 2010



**Society of American Gastrointestinal
and Endoscopic Surgeons**

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Los Angeles, CA 90064
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Fax: (310) 437-0585
E-mail: sagesweb@sages.org
www.sages.org

President's Message – continued from page 8.

they lay asleep and helpless, actions submitted to with complete trust that our decisions will result in better health or eradication of disease. This is particularly notable when considering that what we do could be viewed as barbaric and otherwise illegal. (A surgeon mentor during medical school used to point out that if anyone else in society did what surgeons do—penetrate a living human body with a knife—they would go to jail.)

Of course my counter position was, “You don’t think politicians’ decisions have an even more profound effect on people?” In her always measured manner, she accepted that this was of course true, but pointed out that, at the individual level, people, especially when considering themselves patients, don’t see and feel the same way about their politicians as they do their surgeons. Put quite simply, the action of an individual politician is too far removed from a direct and personal consequence to be even in the realm of the direct relationship between a surgeon’s actions and the impact on the individual. As much as I didn’t want to accept her concept, and, thereby, let the politicians and bureaucrats off the hook, she was speaking from the perspective of a patient, as well as a strong surgeon advocate, but ultimately as the patient, who we are caring for every day. In the end, it is the patient perspective that we need to keep in focus.

So where do we go from here? I would submit that the perception of conflict of interest is a problem that we have to not simply accept, but embrace, since it potentially undermines the profound surgeon-patient relationship. We are in a noble profession, and should welcome and adopt the opportunity to function at a standard that is well above a standard expected from other professions, including our politicians and bureaucrats. We should be proud to hold and be held to such a standard. Equally important, we should listen to and accept the concerns of our patients, concerns raised that the current structure around our relationships with industry may compromise their care, and, at a minimum, compromise their trust in us. If we lose our patients’ trust, we lose our way.

SAGES is, and should be, eager to engage in the process to restructure the rules around physician-industry relations. Transparency, disclosure and keeping sales and marketing away from R&D and education should allow us to maintain the trust and confidence of our patients while not sacrificing the essential aspects of the industry-physician relationship, a relationship that has resulted in countless significant advances in medicine, advances that have helped millions of patients, and will help millions more. I know of no better organization, down to each and every one of its members, to take on this challenge. Your awareness of the issues and support will be critical to our success as an organization as we formulate and effect the needed change. In rising to this higher, and noble, standard, we can only hope that we will be the model for change needed by those driving regulatory oversight.

Finally, it has been an honor to serve as your president. The pride I feel every day as I represent this organization in this, and other initiatives, is a testament to you, your fellow members, and your commitment to the SAGES mission, and its role in the care you provide to your patients.

SAGES EXECUTIVE OFFICE

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Director Emeritus: Barbara Berci
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