

SCCACS NEWS

SOUTHERN CALIFORNIA CHAPTER

AMERICAN COLLEGE OF SURGEONS

FALL 2000
VOLUME 5

Editor's Note

In this brief *SCCACS News*, we've tried to summarize some of the many activities of your Chapter officers, committee chairpersons and representatives. The Southern California Chapter has an aggressive socioeconomic and educational mission, and seeks to represent the needs of its members in all of its activities. Please let us know how we are doing, give us your thoughts on the complex issues of the day, and tell us if there are ways in which we can better serve you.

We want to thank **Wyeth-Ayerst Laboratories** for their financial support as a sponsor for this newsletter.

*Jesse E. Thompson, MD, FACS
President-Elect*

Calendar

•Board of Directors meeting

6:30 pm, Oct. 18, 2000
Omni Hotel, Los Angeles

•2001 Annual Scientific Meeting

Jan. 19–21, 2001
Four Seasons Biltmore Resort
1260 Channel Drive
Santa Barbara, CA
Call 805/969-2261 by **Dec. 18, 2000**
for a room at \$250/night

•2002 Annual Scientific Meeting

Jan. 18–20, 2002
Four Seasons Biltmore Resort
Santa Barbara, CA

President's Message

The 2000 Annual Scientific Meeting at the Waterfront Hilton Beach Resort in Huntington Beach was a great success. Many of us were unfamiliar with the hotel, but it proved to be a hidden jewel.

President Jonathan R. Hiatt, MD, FACS, is to be congratulated for his choice of the meeting location and also thanked for his service and dedication to the Chapter since his days as a Resident. Our Program Chairman James B. Atkinson, MD, FACS, and his assistants arranged an outstanding program, which proved to be varied and stimulating.

Our next Annual Scientific Meeting will be held at the beautiful Four Seasons Biltmore Resort in Santa Barbara on Jan. 19–21, 2001. Traditionally, this meeting would have been scheduled in the desert in accordance with the annual South Coast, desert, Santa Barbara rotation. However, increasing hotel convention rates for the desert in general—coupled with competition in January with a major golf tournament—have made it impossible to negotiate acceptable rates for our meeting.

Rather than change the January date for the meeting to a time when rates are more favorable, your officers and Board of Directors elected to preserve the traditional meeting date and change the location. As judged by past attendance, Santa Barbara has been the site for the most successful meetings over the years. For this and other reasons, the Board has approved Santa Barbara for 2002 and 2003 meetings as well.

Some consideration is also being given to establishing Santa Barbara as our “permanent” meeting location. The officers and Board of Directors would appreciate your input on this important issue.

Exciting Lineup

Program Chairman Roy M. Fujitani, MD, FACS, Associate Chairman Jeffrey Peters,

MD, FACS, and Assistant Chairman Allan Lefor, MD, FACS, are arranging a program to include high-quality, original papers, general and sub-specialty sessions and lectures from invited guests. Special guests include Thomas R. Russell, MD, FACS, new Executive Director of the American College of Surgeons; Hiram C. Polk, Jr., MD, FACS, Professor and Chairman of Surgery at the University of Louisville Medical Center; and Stanley Dudrick, MD, Professor of Surgery at Yale University Medical Center.

In addition this year, there will be an optional hands-on Trauma Ultrasound Course coordinated by Kenneth Waxman, MD, FACS, of Santa Barbara Cottage Hospital on Thursday afternoon, Jan. 18 (see related article on page 3). Separate registration will be required, and attendance will be limited. If you are interested in this course, you should respond as soon as you receive the program and registration materials later this fall.

All in all, I am sure that the program will be stimulating and of interest to all practicing surgeons.

Again this year, the Friday evening Cocktail Reception will include sumptuous hors d'ouvres that for many, might preclude the need for dinner. As in past years, there will be a Saturday afternoon Wine & Cheese Reception running concomitantly with the increasingly popular Poster Session.

This year, all fully registered meeting participants will receive a card to be stamped/validated by each corporate exhibitor who they visit. Those with full cards will be eligible to win prizes donated by corporate sponsors.

Although the primary responsibility of the officers and Board of Directors is educational and scientific, we are well aware of

See PRESIDENT on page 2

Three SCCACS reps appointed to new group

Candidate and Associate Society of ACS plans first meeting this fall

SCCACS Board has recommended three surgeons who have been appointed to serve on the recently created Council of Representatives of the Candidate and Associate Society of the American College of Surgeons (CAS-ACS): Uday Devgan, MD, Ophthalmology Resident, UCLA; Walter Thomas, MD, Orthopedic Resident, Loma Linda, and Melanie Friedlander, MD, Laparoscopic Fellow, USC.

The Council of Representatives will function as the administrative body of the CAS-ACS. Council members will be liaisons between other residents and young surgeons in their specialty and the College. Terms will be for three years.

Members will attend one in-person meeting per year in conjunction with the College's annual Clinical Congress in the fall. The first meeting will be Oct. 22, 2000 during the College's annual Clinical Congress in Chicago. The topic will be, "Healthcare Evolution: What's After Managed Care?" Subsequent Council business will be conducted through electronic means (e-mail, conference calls, etc.).

Members of the Candidate Group and Associate Fellows belong to CAS as a no-cost benefit of membership. There are more than 6,000 Society members. In addition to other benefits, they also enjoy access to the electronic Career and Resume Databank—a popular site on the College's home page (facs.org) listing more than 300 position openings and 250 resumes.

To learn more about CAS-ACS, visit: facs.org/cas-ac on the Internet.

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the impact of socioeconomic issues upon the members. For this reason, Dr. Jeffrey Hagen, USC Medical Center, and myself participated in the Capitol Hill visit program that is sponsored by the College's Washington, DC office. The goal of this program is to educate members of Congress about issues of concern to surgeons in their home states and districts, and to promote the College's legislative agenda.

Make Your Voice Heard

During meetings with California's senators and representatives and/or their legislative assistants, we spoke in support of the College's position on Managed Care Reform, funding for Trauma Care Systems, Physician Reimbursement and Collective Physician Negotiating. It's extremely important to become involved both individually and collectively to make our voices heard. As our California Medical Association delegate Donald G. Gaspar, MD, FACS, reminds us on page 4, the CMA is our most effective voice and deserves our strong support.

Marianne E. Sinat, MD, FACS, and Daniel R. Margulies, MD, FACS, are the Chapter Young Surgeon representatives this year. Among other things, they will be organizing activities of special interest to young surgeons at our Annual Scientific Meeting.

Theodore X. O'Connell, MD, FACS, is our new Southern California State Chair for the American College of Surgeon's Commission on Cancer. Kenneth S. Waxman, MD, FACS, Demetrios Demetriades, MD, FACS, and Edward Phillips, MD, FACS, have been nominated for Governors-At-Large for the three-year term beginning this fall.

Please feel free to communicate with any of the officers or Board of Directors any ideas that you have concerning how the Chapter can better meet your needs. On a personal note, I consider it a great honor to serve as your President and offer you my sincerest thanks.

*Richard A. Dorazio, MD, FACS
President, SCCACS*

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Trauma Ultrasound Course offered

During Scientific Meeting

This year's SCCACS Annual Scientific Meeting will include a Trauma Ultrasound Course from 1–5 pm on Thursday, Jan. 18, 2001.

Led by by coordinator Kenneth Waxman, MD, FACS, of Santa Barbara Cottage Hospital, this course will provide the fundamentals to perform emergent abdominal and chest ultrasound screening during trauma resuscitation. Didactic sessions will focus on goals and indications of ultrasound for trauma, fundamentals of ultrasound and applied ultrasound anatomy of the chest and abdomen.

Hands-on laboratory with human models will provide instruction in using an ultrasound machine and in performing a structured abdominal examination to detect the presence of peritoneal blood, examination of the chest to detect the presence of hemothorax or pneumothorax, and examination of the heart to detect the presence of pericardial blood.

Separate registration will be required. Attendees will be limited to assure the best possible learning experience. Those interested should respond quickly when the mailing is received to assure that they get into this course.

On successful completion of this course, applicants will be provided with a certificate verifying four hours of continuing education on trauma ultrasound.

Membership Report

Current membership in the Southern California Chapter of ACS is 1,494 members. This breaks down into 888 Active Fellows, 555 Senior Fellows and 51 Associate members. The Chapter membership represents just over half of all ACS Fellows in the Southern California region. We need your help in reaching out to your colleagues and the ACS Fellows who have not yet joined the Chapter.

As Don Gaspard, MD, has pointed out in this newsletter previously, the Chapter's membership in the CMA legislative bodies is directly proportional to the number of members that the Chapter has. We need a bigger voice in CMA to ensure that we have the opportunity to appropriately represent the interest of surgeons on legislative matters and other policy issues that come before the CMA. The more members we have, the more seats at the table we have to represent your interests.

Membership also provides the resources that the Chapter needs in order to continue to provide an outstanding annual Scientific Conference, financial support to surgical Residents to attend and participate in that meeting and to reward those who submit outstanding papers, and to carry out other activities of the Chapter.

The Southern California Chapter provides its member surgeons with unique services not offered in most other areas of the country. We are the only Chapter that provides a free subscription to *The American Surgeon*. This journal is provided to active members throughout the year. The Chapter also funds the cost of participation on the various CMA legislative bodies and meetings by surgeons representing this region. We are one of the few Chapters that conducts a major Scientific Conference, bringing outstanding nationally known surgeons to present to our members.

As articles elsewhere in the newsletter indicate, your Chapter leaders are representing you in a variety of ways at a time when medical practice is in great turmoil and under significant stress. To ensure your voice continues to be heard, your continued support of the Chapter is vital. But equally important is your assistance in reaching out to your colleagues who are not currently part of the Chapter to encourage their membership and their involvement.

In the next few weeks, we'll invite all ACS Fellows in Southern California to join the Chapter to take part in these efforts to represent the surgical profession at all levels affecting our practice.

It's in your interest to spread the word. If you know a colleague who's not part of the Chapter, please encourage him or her to accept this invitation to become a member.

The Chapter is doing much and providing a substantive level of service for a relatively modest annual investment on your part. Much more can and will be done as the Chapter membership continues to grow. Please contact the Chapter office (323/937-5514) if you need Chapter membership applications to pass on to your colleagues, or if you have any suggestions on steps that we should take to encourage them to join.

C. James Dowden
SCCACS Executive Director

Commission on Cancer program developments

Having only recently had the pleasure of being appointed the Southern California State Chair for the Commission on Cancer, Liaison Program, I will provide what newsworthy items I have been able to learn since I started in this position a few months ago.

I would like to let you all know that I am available for any help and advice you need involving issues with cancer, especially those in dealing with the American College of Surgeon's Commission on Cancer activities. In particular, I would be happy to assist with advice on any approval issues that your program is experiencing.

Institution of Clinical Trials

One exciting development initiated by the Commission on Cancer is the institution of clinical trials on important, surgically related cancer issues. These trials are aimed at the community surgeon and are not solely intended for academic centers.

The Commission on Cancer will reimburse your expense on these trials in order to encourage widespread involvement. There

are two current trials that are of particular interest to surgeons who treat cancer patients. Both these studies involve patients with breast cancer.

The first study ("Z-10") is a long-term study involving special antibody related stains on sentinel lymph nodes in breast cancer patients. In this study, the surgeon would only do routine H & E sections at their hospital. A section of the node would then need to be sent to a central evaluation facility.

At this facility, special stains will be applied to determine if extremely small microscopic foci of cancers exist and were missed on the H & E section. These results are "blind" to the treating physician.

The information will be used in followup to determine if there is any utility in using these special stains and whether or not they give additional information regarding prognosis or treatment selec-

See COMMISSION on page 5

CMA delegate reports on 'Millennium Socioeconomics'

Having survived the Y2K bug unscathed, we can now get on with our lives. The California Medical Association continues to reshape itself in the hopes of creating a body politic that will better represent and serve physicians. Driven by a static (at best) membership, CMA is seeking to broaden its appeal to specialty groups such as ours.

Previously, this column has detailed CMA policy relative to ACS members—national vs. local. There are stirrings within to allow national members of ACS to be counted as California members and thus increase our representation roughly two-fold. Also, there is talk at ACS headquarters to at least consider a consolidation of national and local dues.

The motivation behind these ideas is to enhance communication between physicians. While some will think it's a communist plot, there is good reason to support (or at least study) these issues.

CMA can be justly proud of its efforts to protect MICRA. To my surprise, doctors actually put up some money last year, which comes in handy in lobbying efforts. The battle isn't over, however, so additional commitments will be needed. The more members we have, the more dollars the Chapter can spend on this—and other—issues.

The CMA house passed an extraordinary measure last session that was accepted by the AMA house for development. Simply, it recommends that the act of being "on-call" is a compensable activity and should be assigned an ICD-9 code. Who will pay for it is not stated, but this is the first step.

The business of being "on-call" has received lots of attention from HCFA, and the EMTALA regulations are ever more being

applied to physicians as well as hospitals. Each and every doctor who is "on-call" should carefully review these regulations. It could save you \$10,000–\$50,000 per violation.

The call issue—or lack of call—has received legislative attention as well. There is fear that our elected folks will take the view that doctors are putting dollars ahead of patient welfare and pass something that would require call as a matter of state licensure. The CMA is all over this issue. Stay tuned.

A Techno-Gamble Tidbit

The CMA has joined forces with a venture capital firm to market a security program for the transmission of sensitive medical information over the Internet. The hope is that the venture's success will bolster CMA's revenues much like Audio-Digest. A fair amount of CMA funds is at risk here. Anyone remember CMA's ill-fated insurance company? Let's hope for the best.

The Campbell bill has passed the US House and is probably on its way to a presidential veto, but for the first time, it allows physicians to collectively bargain. This is good news for us and bad for the Blues. Organized medicine should get credit as big pushers of this issue to restore fairness to the marketplace of medicine.

In closing, I'd remind you that membership and participation are the keys to our success. Join what works for you, but join something!

Have an issue? Send me an e-mail: dgaspard@Iopener.net.

Thank God, football season is here.

*Donald G. Gaspard, MD, FACS
California Medical Association Delegate*

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tions that are different from those obtained for the H & E stains. In addition, bone marrow biopsy will be included on these patients to determine if this is a better way of predicting prognosis than sentinel node biopsy with or without special stains.

The second clinical trial ("Z-11") also involves sentinel nodes. In this study, a sentinel node biopsy is done on all patients. Patients with negative sentinel nodes do not undergo any further surgical therapy on their lymph nodes.

However, those patients who have a positive sentinel node will be randomized into two groups: The first would have a standard complete axillary dissection. The second group would have no further surgical therapy to the axilla. Obviously, both groups would have adjuvant chemotherapy or hormone therapy as indicated. The purpose of this study is to prove or disprove the utility of complete axillary dissection for patients with positive sentinel nodes.

As you can see, these are both extremely interesting studies. We feel that there will be involvement from the surgical community on a national basis. I certainly hope that there is widespread interest in these studies in Southern California and that we are successful in recruiting many participants.

Getting Involved

If any of you would like to be involved in these studies, please contact the Commission on Cancer at American College of Surgeons headquarters in Chicago (312/202-5000). Alternatively, please feel free to contact me directly (323/783-4924) in order to facilitate this contact.

The Commission on Cancer communicates with your Cancer Registry on a frequent basis in order to facilitate the selection of information that is required for the National Cancer Database. This data is necessary at a national level in order to make plans and recommendations regarding cancer-related issues. Due to the importance of this database, I encourage all of you to support these requests of your medical center and to assure that the data is processed in a complete and timely fashion.

Again, it is a pleasure and an honor to represent my colleagues as the liaison to the American College of Surgeons' Commission on Cancer. As your representative, I welcome any questions, suggestions and advice in order to be more helpful to all of you as individual surgeons treating patients with cancer.

*Theodore X. O'Connell, MD, FACS, State Chair
Southern California, Commission on Cancer, Liaison Program*

2001 Annual Scientific Meeting

**Four Seasons Biltmore Resort
Santa Barbara
Jan. 19-21, 2001**

The Program Committee, headed by Chairman Roy M. Fujitani, MD, FACS; Associate Chairman Jeffrey Peters, MD, FACS, and Assistant Chairman Allan Lefor, MD, is hard at work planning a great meeting at this world-class resort. In his President's column on the front page, Richard A. Dorazio, MD, FACS, explains the reasons why we are having the 2001 Annual Scientific Meeting in Santa Barbara. These are among the highlights of the program:

Guest Faculty

Thomas R. Russell, MD, FACS
New Executive Director
American College of Surgeons

Hiram C. Polk, Jr., MD, FACS
"Surgical Approaches to Melanoma"
Professor and Chairman of Surgery
University of Louisville Medical Center

Stanley J. Dudrick, MD
Professor of Surgery
Yale University Medical Center

Program Highlights

- A hands-on Trauma Ultrasound Course will be held on Thursday afternoon, Jan. 18, with limited attendance, by Kenneth Waxman, MD, FACS. (Separate registration required)
- Friday evening Cocktail Reception with hors d'ouvres and a Saturday afternoon Wine & Cheese Reception running concurrently with the Poster Session.
- The Young Surgeons' breakfast and special activities.
- Saturday luncheon with speaker Hiram C. Polk, Jr., MD, FACS, "Race Horses and Life in the Fast (or Slow) Lane."
- What's New in Surgery, an update on the latest in cardiothoracic (Gregory P. Fontana, MD, FACS, Cedars Sinai); colorectal (Adrain E. Ortega, MD, FACS, USC); pediatric surgery (James B. Atkinson, MD, FACS, UCLA); surgical oncology (Kristin A. Skinner, MD, FACS, USC), and new technology (Hiram C. Polk, Jr., MD, FACS, Louisville).
- High-quality, original papers, general and sub-specialty sessions and lectures from invited guests.

Please join us in Santa Barbara Jan. 19-21, 2001 for a stimulating scientific and socioeconomic program and a great weekend for you and your family. And note, you need to call 805/969-2261 by **Dec. 18, 2000** in order to reserve a room for \$250/night at Four Seasons Biltmore Resort.

*Roy M. Fujitani, MD, FACS
Program Chairman*

Board of Regents meeting June 9–10, 2000

Recommendations for Facilities Performing Bariatric Surgery

The Board approved publication in the ACS *Bulletin* of recommendations for facilities performing bariatric surgery. The recommendations were developed by the College's Committee on Emerging Surgical Technology and Education at the request of the American Society for Bariatric Surgery. These recommendations in the evolving field of bariatric surgery have been formulated to assist surgeons and institutions managing morbidly obese patients in providing excellence in surgical care and in developing a safe environment for their patients.

Surgical Research and Education Committee

A report from the committee indicated that a highly successful Young Surgical Investigators Conference was held March 11-13. The 2002 conference will again be held in the vicinity of the NIH campus to facilitate attendance of NIH staff. The Clinical Trials Methods Course is now offered annually. The next course will be Nov. 10-14, 2000 at ACS headquarters.

Committee on Young Surgeons

The 2000 Young Surgeon Representatives' Program was held April 1-2 at College headquarters and was attended by 72 representatives from 42 states, Washington, DC, Manitoba, and Puerto Rico. The 2001 Surgeon representatives' Meeting will be held in March 2001, at College headquarters. The program will include a workshop on adult learning theory and a panel discussion on "Surgeons as Teachers." The 2000 Clinical Congress Initiates Program, "The Joy of a Surgical Career," will highlight positive aspects of a surgical career, including outreach surgery, scholarship, education, and how to balance life issues.

Professional Liability Activities

The Regents received a report on ACS professional liability activities. The Regental Committee on Professional Liability will present a postgraduate course at the October Clinical Congress entitled, "Professional Liability and Risk Management in a Changing Health Care Environment." The course will identify and respond to new areas of physician liability in a changing health care environment. The committee will also present a panel discussion on "The Surgeon and the Law," which will address contracts in the practice of surgery. An additional panel discussion will be presented on patient safety entitled, "Medical Errors: Improving Patient Safety." The program will stress the definition of medical errors and the scope and nature of the problem. Participants will learn how to prevent individual errors and how to recognize potential system errors in order to prevent them.

Legislative and Regulatory Activities Report

In reviewing the Federal Legislative and Regulatory Update prepared by the ACS Socioeconomic Affairs Department, the Regents noted that Dr. Thomas R. Russell, ACS Executive Director,

testified on the Institute of Medicine (TOM) report on medical errors before a joint session of the Senate Health, Education, Labor and Pensions Committee and the Senate Appropriations Subcommittee on Labor, Health and Human Services (HHS), Education and Related Agencies. Dr. Russell emphasized that Congress should not create a mandatory reporting system at this time. He stated that medical errors should be addressed at the local level, and cautioned Congress against collecting large amounts of data that may not serve any purpose.

Stereotactic Breast Biopsy Verification Proxam

To assist Fellows who experience difficulty in obtaining privileges to perform this procedure through the joint ACS/American College of Radiology Verification and Accreditation Program, the ACS Stereotactic Committee has indicated that individual Fellows may write Dr. Monica Morrow, Director of the ACS Cancer Department, to obtain written response clarifying physician qualifications. The ACS has implemented this program in collaboration with the ACR to verify surgeons' qualifications and eligibility to participate in the accreditation of their facilities.

Clinical Trials Status Report

The American College of Surgeons Oncology Group has been approved by the National Cancer Institute for an additional five years of funding. The Regents were informed that nine protocols are currently active, and it is expected that an additional six trials will be open by the end of the 2000 calendar year. Over 1,100 patients have been accrued to date.

Journal of the American College of Surgeons (JACS)

A status report on the *Journal of the American College of Surgeons* was presented to the Regents. Effective January 2001, the *Journal* will be mailed to all Active and Associate Fellows of the College as a requisite of membership. This is the first time since the *Journal's* inception in 1905 that subscriptions for the Fellows will be a benefit of membership. JACS changes include, among many others, the detailed website design by the editorial staff of the *Journal*. A statement will appear in the *Journal* of the acceptance of Web site guidelines as set forth by the AMA. A steering committee met in early April 2000 to discuss and suggest changes in format and content to more appropriately address the diversity of the readership that will increase to more than 50,000 readers beginning in 2001. Some of these proposed changes include monthly "What's New" sections instead of the former annual issue of "What's New in Surgery," a reordering of the content placement, possible publication of debated position statements including a thoughtful review of each problem, big topic reviews, and point-counterpoint on issues like organ transplantation allocation and unionization.

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The American Surgeon accepts 24 papers to publish

Forty-three papers were submitted from the Southern California Chapter of American College of Surgeons meeting in Huntington Beach in January 2000. The manuscripts were reviewed by members of the Board of Directors. Twenty-four manuscripts were accepted for publication in *The American Surgeon* and were forwarded to the journal in May 2000. The following is a list of papers accepted for publication:

1. **PHARMACIA RESIDENT PRIZE:** "Fetal Death After Trauma in Pregnancy," Dimitrios Theodorou, MD
2. "Surgery in the Nineties," David Rigberg, MD
3. "Focused Examination of Sentinel Lymph Nodes Upstages Early Colorectal Carcinoma," Thomas F. Wood, MD
4. "Transanal Excision for Low Rectal Cancers is Curative in Early Stage Disease with Favorable Histology," Sarah Blair, MD
5. "Asian Gastric Cancer Patients at a Southern California Comprehensive Cancer Center are Diagnosed with Less Advanced Disease and Have Superior Stage-Stratified Survival," Charles P. Theuer, MD
6. "Porcelain Gallbladder is Not Associated with Gallbladder Carcinoma," Shirin Towfigh, MD
7. "Endoscopic Ultrasound Does Not Accurately Assess Pathologic Stage of Esophageal Cancer Following Neoadjuvant Chemoradiotherapy," Bryce D. Beseth, MD
8. "Retroperitoneal Soft-Tissue Sarcomas: Prognosis and Treatment of Primary and Recurrent Disease," Norman Bautista, MD
9. "Splenuctomy for Splenic Metastases: A Changing Clinical Spectrum," Steven S. Lee, MD
10. "A Case Control Study of Laparoscopic Versus Open Sigmoid Colectomy for Diverticulitis," Moshe Faynsod, MD
11. "Safety of Laparoscopic Splenuctomy in Elderly Patients with ITP," Steven M. Fass, MD
12. "Laparoscopic Inguinal Hernia Repair: 1700 Cases Optimal Technical Variations and Results," Philippe J. Quilici, MD

13. "Laparoscopic Port Sites Do Not Require Fascial Closure When Using Non-Bladed Trocars," Carson D. Liu, MD

14. "Blunt Chest Trauma in the Elderly Patient: How Cardiopulmonary Disease Affects Outcome," Jason Q. Alexander, MD

15. "Angiographic Embolization of Bilateral Internal Iliac Arteries to Control Life-Threatening Hemorrhage Following Blunt Trauma to the Pelvis," George C. Velmahos, MD, PhD

16. "Pediatric Falls: Is Height a Predictor of Injury and Outcome?" James A. Murray, MD

17. "The Effect of Abrupt Cessation of Total Parenteral Nutrition on Serum Glucose: a Randomized Trial," Raminder Nirula, MD

18. "ICU Outcomes of Surgical Centarians: The "Oldest Old," Matthew T. Wilson, MD

19. "New Epidemiology of Post-Operative Nosocomial Infections," William C. Wallace, MD.

20. "ECMO For Cardiac Support in Pediatric Patients," Umang Mehta, BS

21. "Complicated Appendicitis: Is There a Minimum IV Antibiotic Requirement? A Prospective Randomized Trial," Edward W. Taylor, MD

22. "Scintigraphic Determination of Equivocal Appendicitis," Eric B. Rypins, MD

23. "Prospective Evaluation of Early vs. Delayed Cholecystectomy for Treatment of Acute Cholecystitis," Charles F. Chandler, MD

24. "Utility of Transesophageal Echocardiogram for Arterial Embolization," Myron C. Mariano, MD

Twenty-two of these papers will be published in the September 2000 issue of *The American Surgeon* (papers three and six will be published in a later issue). SCCACS Secretary-Treasurer Fred A. Weaver, MD, believes that these publications in *The American Surgeon* are a significant credit to the Chapter. All Chapter members should be very proud of the quality and depth of our contributions to the journal.

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Policy and Planning

At the conclusion of the regular session of the Regents' meeting, a special policy and planning session was held. This session covered the health policy agenda of the College and plans for reorganization.

In the policy session, the College's vision for surgical care was thoroughly discussed. The health policy and marketing of the ACS were also reviewed. Current activities in competence were addressed. A proposed study of "giving back to society" by surgeons was reviewed. Dr. Russell presented an overview of ACS activities since the Feb. 11-12 Board of Regents meeting, and a reorganization plan for the ACS departmental structure. At the conclusion of these discussions, the Regents took the following actions:

- The Regents approved the first phase of the Board of Governors Committee on Socioeconomic Issues proposal, "giving back to society." The study would attempt to define the contributions of surgeons to provide free or pro bono care to uninsured, disadvantaged, and indigent patients. The study would also tabulate the many types of voluntary services that surgeons provide to their institutions, educational programs, and communities at large. The first phase will involve interviews of members of the Board of Gov-

ernors Committee on Socioeconomic Issues and three focus group meetings of 8-12 surgeons during the 2000 Clinical Congress.

- The Regents approved in principle Dr. Russell's reorganization chart with some adjustments, and agreed to form two workgroups headed by Regents to review all areas of the College's education programs and trauma activities. This will be incorporated into strategic planning processes.

Finally, the Regents approved the following ACS vision for surgical care:

The ACS, as an association of surgeons, is dedicated to promoting the highest standards of surgical care through education of and advocacy for Fellows and their patients. The College provides a cohesive voice addressing societal issues relating to surgery.

The ACS supports programs and policies which insure patients' access to high quality, effective care provided by appropriately prepared and well qualified surgical specialists of their choosing. Such care is to be delivered in a system which provides maximum safeguards for patient safety. Since 1913, the American College of Surgeons has repeatedly initiated programs which have protected patients both in and out of the hospital. The American College of Surgeons will work with all interested and qualified parties to provide patients with the maximum safety in a system which puts patient welfare first.