



SCCACS NEWS

SOUTHERN CALIFORNIA CHAPTER

AMERICAN COLLEGE OF SURGEONS

SUMMER 2003

VOLUME 8

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.

*Theodore X. O'Connell, MD, FACS
President-Elect, SCCACS*

Calendar

- 2004 Annual Scientific Meeting**
Jan. 16-18, 2004
Four Seasons Biltmore Resort
www.fourseasons.com
1260 Channel Drive
Santa Barbara, CA
Call 805/969-2261 by **Dec. 16, 2003**
for a room at \$265/night (sgl/dbl)
- 2005 Annual Scientific Meeting**
Jan. 21-23, 2005
Four Seasons Biltmore Resort
1260 Channel Drive
www.fourseasons.com
Santa Barbara, CA
Call 805/969-2261 by **Dec. 21, 2004**
for a room at \$275/night (sgl/dbl)

President's Message

Now that fall is upon us, my thoughts are focused on the upcoming SCCACS Annual Scientific Meeting in Santa Barbara, Jan. 16-18, 2004. But before I describe what's in store in 2004, I would like to congratulate Dr. Eric Wilson for the 2003 SCCACS Scientific Meeting that was one of the best in recent years. Instrumental to the success of this meeting was the inclusion of the California Trauma Conference with our meeting for the second year in a row. Dr. Gil Cryer recruited a first-class faculty for the Trauma meeting that complimented the outstanding Chapter Scientific Meeting put together by Dr. Alan Lefor and his program committee. All are to be congratulated for a job well done.

Once again in 2003, industry support was essential to produce a high-quality Scientific Meeting. The same level of industry support will be critical for the success of the 2004 meeting. If, as a Chapter member, you are aware of companies that would like to support our educational efforts, please contact me (fweaver@surgery.hsc.usc.edu), Chapter Executive Director Jim Dowden (jdowden@prodigy.net) or refer them to the Chapter website (www.socalsurgeons.org) for sponsor and exhibit information.

The 2004 Scientific Meeting will again be held at the Four Seasons Biltmore Resort in

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Bedside Procedures workshop planned

On Percutaneous Tracheostomy & Gastrostomy

A hands-on workshop, Bedside Procedures: Percutaneous Tracheostomy and Gastrostomy, has been planned for Friday afternoon during the SCCACS Scientific Meeting in January 2004.

Bedside procedures are used with increasing frequency. Operating room unavailability, out-of-ICU transport risks, cost-effectiveness and patient convenience and safety make bedside procedures by the ICU bedside an attractive alternative to formal procedures. This course was developed in recognition of the fact that bedside procedures are becoming a vital part of healthcare delivery and that the knowledge and clinical techniques associated with performing bedside procedures are an important component of the surgeon's skill set. New percutaneous techniques have reduced the technical complexity and allowed easy performance of such procedures. Surgeons are challenged by other specialties that aggressively pursue procedures in the ICU, owing to -- no less than other reasons -- favorable reimbursement.

This didactic and interactive workshop will teach Percutaneous Tracheostomy and Percutaneous Gastrostomy. One third of the four-hour course will be spent in lectures and panel discussions, covering technique, indications, pitfalls, coding and billing. The remaining two thirds will be spent practicing the procedures on specially-designed, life-like plastic models.

Hands-on experience will be the main focus of the workshop. Participants are expected to be able to perform the procedures by the end of the workshop. Cost is \$250 for members and \$500 for non-members. Attendance will necessarily be limited.

Watch for more details in the meeting brochure that will be mailed to members.

CMA program fulfills AB 487 requirements

Earn 14 CME hours in Pain Management and End-of-Life Care workshop

SCCACS members can fulfill the Continuing Medical Education units mandated by AB 487 with Pain Management and End-of-Life Care (PMEL). This practical program completely takes care of the Bill's requirement, granting up to 14 hours of AMA PRA Category 1 credit.

California Medical Association (CMA) is sponsoring, "Pain, Palliation and Politics: Pain Management and End-of-Life Care in California's Regulatory Environment." The workshop will be offered twice: **Sept. 12-13, 2003** at the Westin Hotel (408/986-0700, 888/627-8405, www.thewestinsantaclara.com) in Santa Clara and **Jan. 9-10, 2004** at the Sheraton Gateway Hotel (310/642-1111) near LAX.

Under AB 487, California-physicians must complete 12 hours of Category 1 credit in programs about management of pain and the treatment of terminally ill and dying patients. The 12 hours can be in any distribution that includes both pain and end-of-life care. The number of hours for each subject can be tailored to each physician's own practice and needs. This CMA workshop puts the emphasis on scientific underpinnings, practical application, clinical case re-

view, and an overview of legal and regulatory constraints.

SCCACS is co-sponsoring the End-of-Life Care workshop in 2004. The deadline for early registration rates for the September workshop has passed. However, Chapter members have until **Dec. 1, 2003** to take advantage of early registration rates for the January 2004 workshop. Because SCCACS is among endorsing organizations, Chapter members also are offered preferred registration rates at either workshop.

WORKSHOP OPTIONS

Participants will choose from 10 case-based workshops: chronic pain, cancer pain, back pain, headache pain, neuropathic pain, musculo-skeletal pain, traumatic pain, symptom management, palliative care and end-of-life care.

For more information, visit the website www.cmanet.org. Click on the PMEL icon for schedule, speakers, educational objectives and expanded workshop details that are updated frequently. Chapter members also can contact CMA Executive Assistant Todd Bosta (415/882-3375, tbosta@cmanet.org).

PRESIDENT continued from page 1

Santa Barbara. Our program chair, Dr. Michael Stamos, and his program committee of Drs. Marianne Cinat and George Velmahos have been busy this spring and summer organizing what promises to be an excellent meeting. See Dr. Stamos' program report on page 7. Once again, the SCCACS meeting will be held in conjunction with the California Trauma Conference, chaired by Dr. Cryer and featuring an outstanding guest faculty, including **Fredrick Moore, MD**, from the University of Texas at Houston.

SCCACS SCIENTIFIC MEETING 2004 FACULTY

Distinguished faculty who will be contributing to the Scientific Meeting include **Dr. Patrick O'Leary**, acting Dean and Chairman of the Department of Surgery of Louisiana State University in New Orleans; **Dr. Anthony Comerota**, Director of the Jobst Vascular Center in Toledo, Ohio; **Dr. Terry Hicks**, Associate Chair, Department of Colon & Rectal Surgery, Ochsner Clinic, New Orleans, LA; **Dr. Charles Stolar**, Professor of Surgery, Chief, Division of Pediatric Surgery, Columbia University, New York, NY, and **Dr. Tom Russell**, Executive Director of the American College of Surgeons. Dr. Russell will address many of the socioeconomic issues of concern to the ACS and Fellows, including the malpractice crisis, medicare reimbursement and the recent formation of the ACS political action committee.

As is our custom, a Friday evening reception will be held for all attendees. There will be a luncheon with an invited speaker for Saturday and the wine and cheese poster session on Saturday afternoon. A full array of specialty sections and a trauma workshop focusing on bedside procedures is planned. Combined scientific sessions of the Chapter and the California Trauma Conference will be held on Friday and Saturday.

Through the efforts of the Chapter Board of Directors and Executive Director Jim Dowden, the membership of the Southern California Chapter has increased slightly, but there are still many Fellows of the ACS in Southern California who are not Chapter members. See the Membership Report on page 3. If you know of ACS members who are not Southern California Chapter members, please encourage them to join. The benefits of Chapter membership beyond the excellent annual Scientific Meeting include active representation of the surgeons perspective before the CMA legislative bodies and a readily accessible local platform for addressing the issues of concern to the practicing surgeon.

Finally, the Chapter mission is that of education and service to its members. Please join us in Santa Barbara in January 2004, and if there is any question, concern or issue that we can assist you with, please call me or Jim Dowden at the Chapter office (323/937-5514). We look forward to seeing you in January and hope that you have had a pleasant and restful summer.

In the meantime, check-in at www.socalsurgeons.org for the final conference program and other news or information regarding surgical practice in Southern California.

*Fred A. Weaver, MD, FACS
President, SCCACS*

Commission on Cancer Liaison Report

The following items are of particular importance to all Cancer Liaison physicians and others interested in the treatment of cancer.

1. The American College of Surgeons continues to form cooperative relationships, both locally and nationally, with different groups interested in the treatment of patients with cancer. In California, they are actively working with the American Cancer Society, California Department of Health Services and other interested groups in the "California Dialogue on Cancer" in an effort to formulate a State Plan for the treatment of cancer and the care of cancer patients. Several meetings have been held, and the draft proposal of such a plan is anticipated in early fall of 2003. Again, we are trying to have an interactive and cooperative relationship with the American Cancer Society and ask all the approved Cancer Committees to have a representative from the Cancer Control Group at their local American Cancer Society as a part of their committee. Hopefully, this will be beneficial to the hospital, to the American Cancer Society and to our patients.

2. The changes in the approval process have been slow in coming, but it's better to have done it slowly but right -- rather than quickly and wrong. The changes have been approved, and as of January 2004, all cancer programs will be assessed by the new process. Everyone will be happy to know that the process will be less numbers driven, less resource intensive on the part of the hospitals and hopefully more relevant and responsive to their needs. I have seen the new approvals, and they are a marked improvement on the process we had before.

3. National cancer data figures are available on the National Cancer Data Base (NCDB). I ask all Cancer Liaison Physicians and Cancer Committee Chairmen to make certain that their hospitals are submitting data to NCDB. This data is extremely important and is necessary in planning national, state and local strategies in cancer health care.

4. A major emphasis of the new approval process will be a quality improvement project performed at your hospital. In this process, hospitals analyze ways they are behind the curve in delivering cancer care whether this be screening, early diagnosis, prevention or treatment.

See CANCER on page 4

Membership Report

Current membership in the Southern California Chapter of ACS is 1,708 members. This breaks down into 1,047 Active Fellows, 574 Senior Fellows and 87 Associate members. The Chapter membership represents just over 60% of all ACS Fellows in the Southern California region. We need your help in reaching your colleagues.

As has been pointed out in this newsletter previously, the Chapter's membership in the California Medical Association's 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.

During the past several weeks, we invited 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. We developed and mailed a full-color recruitment brochure listing membership benefits. You can view this brochure online at: www.socalsurgeons.org/acs/pages/membership.html (click on Membership Brochure).

If you know a colleague who's not part of the Chapter, please encourage him or her to accept this invitation to join SCCACS.

The Chapter is doing much and providing many services for a relatively modest annual investment on your part. Much more can be done. Please contact us (323/937-5514) if you need membership applications and brochures to give to your colleagues, or if you have suggestions on how we can encourage them to join.

*C. James Dowden, Executive Director
Southern California Chapter, American College of Surgeons*

Young Surgeons Representatives' Report

Lobbying on Capitol Hill

This year's American College of Surgeons Young Surgeons' Leadership Conference was held in Washington, DC, concurrently with the Chapter Officers' meeting. The conference addressed issues facing surgeons. With this knowledge, the Young Surgeons and Chapter Officers lobbied their Senators and Congressmen on Capitol Hill.

There were five major themes throughout the meeting:

1) New paradigm for leadership and education

In the face of major environmental changes that have affected surgery, today's young surgeons must become leaders. The contemporary surgical leader requires a new set of skills. The new leader must have a vision, take on a mentorship role and have a handle on self-leadership. The leader masters the elements of emotional intelligence—self-awareness, self-regulation, social awareness and relationship management. Our leader must embody authenticity, accountability, truthfulness, curiosity, appreciation and optimism. Insights into these characteristics will affect the lives and careers of young surgeons. Bruce Gewertz and Wiley Souba articulated these above ideas at the meeting – challenging us to consider a new paradigm of leadership in surgery.

2) Quality of care in surgery

Accountability will become a major focus of surgical practices. Implications in the private and academic settings were reviewed. R.

Scott Jones, director of ACS Division of Research and Optimal Patient Care, outlined how critical it will be for surgeons to be involved with measuring quality of care, reporting outcomes and dealing with issues of patient safety.

3) Changes in Medicare reimbursement

Medicare reform remains an enigma. Current active issues, such as proposals for Fee-for-service Medicare, Enhanced Medicare and Medicare Advantage were reviewed.

4) National malpractice crisis

The issue of medical malpractice dominated the three-day meeting. The House of Representatives passed legislation towards medical liability reform; however, the Senate did not achieve the needed majority vote. The debate is centered on the issue of Tort reform and whether there should be a cap on non-economic rewards, and what amount the cap should be. In California, we are somewhat sheltered from the malpractice crisis, due to our state's MICRA tort reform. Nevertheless, we are still experiencing significant rises in medical practice premiums.

This is clearly an issue that demands our support. Dr. Thomas Russell, executive director of ACS, has announced that the ACS Board approved for \$3 million to be directed towards addressing the issue of medical malpractice. In addition, he has requested that members of ACS contact him with suggestions for how they feel

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CANCER continued from page 3

Once the variances are known, a project can be implemented to change the outcomes. One of the best ways of planning such a program is to use the NCDB data. Hospitals may access this data and not only find the results of their own hospital regarding outcome but also be able to compare this information anonymously with other hospitals in their area or with other similar hospitals throughout the country. With this data available, negative variances can be determined and quality improvement projects instituted.

5. The new AJCC staging system became operative on Jan. 1, 2003. The ACS has a video presentation instructing interested parties in the new staging program. This is available to all approved hospitals. In addition, the American College of Pathology is promulgating their new synoptic staging system in January 2004, and I am sure that support materials will be available to all hospitals at that time.

6. Data from all individual hospitals should be submitted to the Facility Information Profile System (FIPS) of the Commission on Cancer at the American College of Surgeons. This gives data on the types of cases you treat, your resources, etc. Then this data can be shared with the National Cancer Information Center, which is a cooperative venture between the American College of Sur-

geons and the American Cancer Society. Patients can go on line and receive information about your hospital from this source. FIPS should be a valuable marketing resource for you and your hospitals.

7. A new cancer liaison orientation program is being developed to better direct our new liaison physicians to their duties and goals. This is being developed to be done on line. As the process is developed, the new cancer liaison physicians will be contacted. In the meantime, any questions regarding problems or duties of the cancer liaison physicians should be directed to me so I can try to help out.

8. The Cancer Liaison Breakfast will be held on Sunday, Jan. 18, 2004 during our Annual Scientific Meeting in Santa Barbara. This has been an extremely valuable meeting both to network and discuss problems and to deliver concerns, questions and opinions to our national office of the Commission on Cancer in Chicago. I have learned a lot at these meetings from individual cancer liaison physicians, and hopefully, this has been mutually beneficial to them. Additional information on this breakfast and other specifics will go to all cancer liaison physicians nearer to the SCCACS annual Scientific Meeting in January 2004.

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

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the funding should be used. He can be contacted at trussell@facs.org. For details, please refer to the ACS homepage at www.facs.org.

5) Issues in trauma

The ACS Committee on Trauma reported on the status of trauma system development and the issues surrounding refunding. Clearly, additional funding is needed to help develop statewide trauma care systems across the county. The College's activities on trauma also include: Advanced Trauma Life Support Course, the verification/consultation program for trauma centers, consultation for trauma systems, promulgation of standards for the care of the injured and the National Trauma Data Bank (NTDB).

Lobbying on The Hill

Young Surgeon Representatives and Chapter Officers personally lobbied their respective Senators and Representatives on key issues discussed in the earlier sessions of the Leadership Conference. We expressed the fact that the ACS supports strong medical liability reform provisions contained in HR-5, the Help Efficient, Accessible, Low Cost, Timely Healthcare Act of 2003. In addition, the ACS supports a positive update in the Medicare fee schedule.

Finally, we urged that our representatives sign the Trauma Care Systems Planning and Development Act, which authorizes \$3.5 million in grants to states to plan, implement and develop statewide trauma care centers.

Shortly after our visit, HR-5 did not obtain the majority vote needed in the Senate. Upon meeting with the legislative assistant for California Sen. Diane Feinstein, it became clear that multiple factions are at play, and the Senate will have a hard time agreeing to the current proposal.

Resources

For updates on active legislative issues, refer to the ACS website: www.facs.org

Local level efforts: CMA. Contact Donald G. Gaspard, MD, FACS, Delegate. dgaspard@iopener.net

National level: AMPAC. Contact Andrew Warshaw, MD, FACS. Awarshaw@partners.org

Contact Senators at: <http://capwiz.com/facs/home/>

Ideas for how to direct spending of the \$3 million from ACS can be sent to: **Thomas Russell, MD, FACS, trussell@facs.org**

*Melinda Maggard, MD, and Shirin Towfigh, MD
SCACS Young Surgeon Representatives*

Want to help ACS efforts?

Make a donation to non-profit Political Action Committee

The American College of Surgeons holds a restrictive 501c(3) tax-exempt status that limits the range of services it can provide to and on behalf of its Fellows. Notably, the College's tax classification forbids participation in any kind of political activity. When the ACS Board of Governors in 2001 voted unanimously in favor of a College affiliate establishing a Political Action Committee (PAC), a new organization with the more flexible 501c(6) tax-exempt status had to be created. That affiliated corporation, ACS Professional Association (ACSPA), can offer a broader range of activities and services of benefit to surgeons and their patients, including an expanded legislative action program that features a PAC.

This new corporation allows the College to

continue the standard-setting and educational activities that have always been at the heart of its mission. ACSPA also expands opportunities to provide more direct benefits to surgeons and their patients. In addition to political activities, ACSPA's structure could allow it to create new educational and credentialing programs, provide management services to other associations, market new insurance and investment products, and more. For the present, however, ACSPA will house only the expanded legislative action program.

For further information about ACSPA-SurgeonsPAC, visit www.facs.org/acspa/about.html. For details on making a donation, call Political Coordinator Erin LaFlair (202/672-1520).

California Medical Association Report

CMA and Structural Imbalance

This term has been widely used to describe California's fiscal state, coloring the problem in such a way as to imply that a minor tweak will fix everything. It strikes me that there are abundant opportunities where this obfuscating language belies the gravity of the situation.

The above problem is simply that we spend more than we take in. No tweak is going to fix this. Structural imbalance gives political cover to a disaster of incredible proportions – California general obligation bonds near junk status, guaranteed by money we haven't yet received (future tobacco settlement dollars, future sales taxes and a donation from Indian Casinos) and at interest rates high enough to cause drooling on Wall Street.

Worse, we have now borrowed over \$1 billion from bonds approved and sold for environmental and parkland use, as well as repeating the technique of piracy used to sell the lottery to Californians. Yes, the lottery contributes to education, but the state robs education of an equal amount so that the total dollars remain the same. Cutting services to the poor, i.e. Medi-cal, spends little political capital since those folks don't vote, but cutting a cumulative 15% off physicians' pay for serving the disadvantaged puts us in the position of the Indians – but without the ability to rig the system. The CMA will push for reconsideration during the fall sessions.

Another example of structural imbalance is tort reform. No tweak here either. California, arguably, has the best malpractice law in the nation. CMA has adamantly opposed any change in MICRA basically because it works for patients and doctors alike. Don't believe those who claim that premiums are solely based on how well the insurance companies' investments do. While a factor, it's payouts and reserves that hurt. Look at the premiums in states without MICRA-like protections – over \$100,000 per year in several of them.

That there is a national problem is evidenced by the regents of the College loaning \$3 million to our new PAC to influence legislation. Unfortunately, the final proposal in Congress this year would have effectively dismantled MICRA in California – first by raising the cap across the board, and second by removing it altogether in all cases claimed to be "egregious." That bill might have helped many surgeons in many states, but the College, as well as CMA, is acutely aware of the necessity of preserving MICRA here.

Some more structural imbalance... consider the legal battle between the doctors and hospital in Ventura. This is

no dust-up at the beach. At issue here is the separation of church and state... the maintenance of a medical staff as a legal entity with its right to judge qualification for staff membership, assess privileges, do peer-review and set standards for medical care. The hospital claims the medical staff is a department of the institution – like food service – and thus is entirely subject to the wishes of the board of directors. This concept is not new and probably finds a warm spot in the heart of administrators everywhere, but, if given a legal basis, would forever alter the playing field between doctors and hospitals.

If you think the physician anti-trust laws are onerous, imagine the HCAs of the country running the show. This is a big deal – CMA and AMA are both providing assistance to the docs as are several specialty societies and medical staff around the state. I have avoided the rhetoric on both sides of this dispute and I urge you to focus on the structural issue here.

On a final note about balance and the lack of it – I represent the Southern California Chapter of ACS at CMA's specialty delegation and am always struck by the assaults on one specialty or another by less-trained groups. To mention just a recent few, there are the lay mid-wives (NOT nurse practitioners) taking on ACOG, the optometrists vs. ophthalmology, nurse anesthetists wanting autonomy from anesthesiology, and podiatrists chasing a bigger piece of orthopedics. This is in addition to intramural turf battles, e.g. Plastics vs. OMF or interventional radiology vs. vascular surgery. Each of these battles requires more than a tweak. The CMA brings a great diversity – and balance – to these matters. Each specialty is strengthened by an association with many others. The CMA is a good place to be when your specialty is threatened by structural imbalance.

CMA needs your membership – and dues – to counter structural imbalance. Joining CMA is good, voting in October is equally good.

Football season is here. Comments to dgaspard@iopener.net.

Donald J. Gaspard, MD, FACS
Delegate, California Medical Association

2004 Annual Scientific Meeting

Four Seasons Biltmore Resort

www.fourseasons.com
1260 Channel Drive
Santa Barbara, CA
Jan. 16-18, 2004

Once again, the Southern California Chapter Scientific Meeting will be held at the ever-inviting Four Seasons Biltmore Resort in Santa Barbara. Also, SCCACS is again fortunate to have the opportunity to join forces with the California Trauma Conference. This collaboration makes an already outstanding meeting even more unique, and we hope, exceptional. The Program Committee — with Chair Michael J. Stamos, MD, FACS, Associate Chairman Marianne Cinat, MD, FACS, and Assistant Chairman George Velmahos, MD, FACS, in collaboration with Gil Cryer, MD, PhD, of the California Trauma Conference — remain hard at work planning the meeting. Highlights of the meeting will include:

Guest Faculty

- **Tom Russell, MD, FACS**

Executive Director
American College of Surgeons
Chicago, IL

- **J. Patrick O'Leary, MD**

Professor and Chair
Department of Surgery
LSU School of Medicine
New Orleans, LA

- **Anthony J. Comerota, MD**

Director
Jobst Vascular Center
Toledo, OH

- **Terry C. Hicks, MD**

Associate Chair
Department of Colon & Rectal Surgery
Ochsner Clinic
New Orleans, LA

- **Charles Stolar, MD**

Professor of Surgery
Chief, Division of Pediatric Surgery
Columbia University
New York, NY



View from Four Seasons
Biltmore Resort

Program Highlights

- Friday evening Cocktail Reception with hors d'oeuvres and a Saturday afternoon Wine & Cheese Reception running concurrently with Poster presentations

- The Young Surgeons breakfast and special activities

- **What's New in Surgery:**

- Pediatric Surgery (Charles Stolar, MD)

- Breast Disease (Hernan Vargas, MD)

- Surgical Education (Patrick O'Leary, MD)

- Colon & Rectal Surgery (Terry Hicks, MD)

- Trauma & Critical Care (Gil Cryer, MD)

- Vascular Surgery (Tony Comerota, MD)

- **Specialty Sections and their Chairs:**

- Pediatric Surgery – Chair Harry Applebaum, MD, Kaiser Sunset

- Vascular Surgery – Chair Doug Hood, MD, USC

- Cardiothoracic Surgery – Chair Bassam Omari, MD, Harbor-UCLA

- General Surgery – Chair Ed Phillips, MD Cedars Sinai

- Head & Neck Surgery – Chair Dale Rice, MD, USC

- Plastic Surgery – Jeff Antimarino, MD, USC

- Colon & Rectal Surgery – Chair Clifford Ko, MD, UCLA

- High-quality, original papers, general and sub-specialty sessions and lectures from invited guests

- **CA Trauma Conference – Chair H. Gill Cryer, MD**

Please join us in Santa Barbara Jan. 16-18, 2004. You need to call 805/969-2261 no later than **Dec. 16, 2003** to reserve a room for \$265/night (single/double) at Four Seasons Biltmore Resort.

*Michael J. Stamos, MD, FACS
Program Chairman*

www.socalsurgenos.org

323/937-5514, fax 323/937-0959

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SCCACS NEWS



Save The Dates!

2004 Annual Scientific Meeting

Four Seasons Biltmore Resort

Santa Barbara, CA

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Surgical Residents and medical students may attend free of charge
