



# SCCACS NEWS

SOUTHERN CALIFORNIA CHAPTER

AMERICAN COLLEGE OF SURGEONS

SUMMER 2004

VOLUME 9

## 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.

*Bruce E. Stabile, MD, FACS  
President-Elect, SCCACS*

## Calendar

- **Abstract submission deadline**  
Aug. 25, 2004  
www.socalsurgeons.org for details
- **2005 Annual Scientific Meeting**  
Jan. 21–23, 2005  
Four Seasons Biltmore Resort  
www.fourseasons.com  
1260 Channel Drive, Santa Barbara  
Call 805/969-2261 by **Dec. 20, 2004**  
for a room at \$275/night (sgl/dbl)
- **2006 Annual Scientific Meeting**  
Jan. 20–22, 2006  
Four Seasons Biltmore Resort  
www.fourseasons.com  
1260 Channel Drive  
Santa Barbara, 805/969-2261

## President's Message

Now that we're in summer, I think it is a good time to update our members on what is happening currently and what is being planned for the next year.

First of all, I want to thank Drs. Fred Weaver and Mike Stamos for putting on a wonderful meeting in January in Santa Barbara. Many commented that it was one of our better meetings with excellent talks, interesting and stimulating outside speakers and an enthusiasm that was contagious to all. It was a hit, both scientifically and socially. We thank all for attending and thank Drs. Weaver and Stamos for all their efforts to make it such a success.

In the last several years, we have been trying to have better and closer relations with the San Diego Chapter of ACS. Since we are the biggest Chapter in the United States and San Diego is one of the smallest, we thought it would be beneficial to cooperate with them in having joint meetings, which would be held in Santa Barbara for two years and in the San Diego area in the third year. This approach was also backed and sponsored by the national office.

In addition to combined conferences, we thought we could also have other interactive and cooperative ventures with the San Diego Chapter. However, after multiple attempts to arrange this, the San Diego Chapter met and decided that they wished to remain free and independent from the Southern California Chapter.

Therefore, we will not pursue any planned meetings with them in the immediate future. However, they will be invited to attend and participate in our meetings in Santa Barbara.

Review of our financial situation showed that we fortunately had some additional funds that could be used in a discretionary matter. A committee was set up by the Board of Directors to determine how these monies would be directed. It was decided that since our mission is education, these monies should be directed towards that goal.

It was also concluded to focus on the needs of the younger surgeons – that is, residents and recent graduates of residency who are just starting their practice, in ways that would help them in their transition to full surgical life. We also felt that it would be beneficial to show young surgeons the benefits of belonging to the Southern California Chapter of ACS. A small amount of money was set aside for this project, and we have turned to our Young Surgeons' Representatives on the Board of Directors to canvas the young surgeons in Southern California to determine the best ways that we may contribute to their education and success. More details will be upcoming in future SCCACS Newsletters.

Unfortunately, two valuable members of Southern California Chapter are moving on



See *PRESIDENT* on page 2

**PRESIDENT continued from page 1**

to new fields: Dr. George Velmahos is moving to Boston to the Massachusetts General Hospital. He served capably last year as our Assistant Program Chairman, and we were looking for two more productive years from him. Unfortunately with his leaving, a spot was vacated on our Program Committee.

The Board of Directors has selected Dr. Harry Applebaum to replace George as the Associate Program Chairman this year and to act as Program Chairman in 2005-2006. Dr. Jeffrey Peters is also leaving the area to become Chief of Surgery in Rochester. His spot on the Board of Directors was open, and Daniel R. Margulies has been appointed by the Board to fill out his term. The Board of Directors thank George and Jeff for past services and wish them good luck and success in their future ventures. I hope they stay in contact with their Southern California colleagues in the Chapter and perhaps will be guest speakers in the future.

The Chapter has written two letters supporting bills before the State Legislature:

- The first bill is Senate Bill 1157. This nullifies a law backed by the insurance industry stating that no money would be collected from insurance companies for medical care for trauma if alcohol or drugs were involved. This obviously disenfranchises those who take care of a majority of the trauma patients, and it was felt to be grossly unfair. Also, many of these patients were not identified for their alcohol and drug problems for fear that this would impact reimbursement. This bill would allow collection from insurance companies for trauma-related medical care whether or not it was associated with drugs or alcohol.

- The second bill that we are supporting by letter is the Immigrant Children's Health Act. This states that legal immigrant children and pregnant females would be covered by state funds just as others are covered through Medi-Cal. In addition, this will bring millions of dollars of federal matching funds to the State to support their care and compensate those individuals in our communities who are taking care of these patients without adequate compensation.

Finally, I wish to remind you about our Annual Scientific Conference Jan. 21-23, 2005 in Santa Barbara. I know it sounds like it is a long way away, but it is just around the corner. Marianne E. Cinat, MD, FACS, our Program Chairman, is already constructing an interesting and stimulating meeting. Already invited to speak are **Tom Russell, MD, FACS**, Executive Director, American College of Surgeons; **Layton F. (Bing) Rikkers, MD, FACS**, Chairman of the Department of Surgery at the University of Wisconsin; **Lazar Greenfield, MD, FACS**, Professor of Surgery at the University of Michigan, and **Robert Fry, MD**, Professor of Surgery at the Hospital of the University of Pennsylvania. In addition, there are several other speakers who have been invited and will add to the enrichment of our program.

In addition to these speakers, we always depend on the original contributions of our members. This is to remind you now to start thinking of good papers that you could present at our meeting. The abstract deadline is **Aug. 25, 2004**. I urge you to

circle this date on your calendar and start working on appropriate abstracts.

Also, this year as in the past several years, Dr. H. Gil Cryer has volunteered to again organize and direct the California Trauma Conference, with combined trauma-emergency general surgery sessions, in association with our SCCACS Annual Scientific Meeting. This has been a great enhancement to our meetings, in that it gives a broader spectrum of educational activities to meet everyone's needs. This has met with great popularity and acclaim. We certainly thank Gil for his past efforts and his continued work in this area that has enriched us all.

Please join us in Santa Barbara Jan. 21-23, 2005. You need to call 805/969-2261

no later than **Dec. 20, 2004** to reserve a room for \$275/night (single/double) at Four Seasons Biltmore Resort.

As we are talking about the meeting, we also have to start thinking about industry support. That is what makes our meeting viable at low cost and keeps our dues affordable. It is extremely impor-



tant to have this outside support if we are to carry on, and we certainly thank our partners in industry for their cooperation and for helping us produce this meeting. As members of the SCCACS, I ask all of you to keep this in mind not only to have vendors exhibit, but also have vendors who sponsor individual activities. With so many of our members throughout Southern California, we should have broad contacts with many vendors to ask for their help and support. If you have vendors that you personally deal with, and who you feel would be potential exhibitors and sponsors of our meetings, please contact me at Theodore.X.O'Connell@kp.org or SCCACS Executive Director Jim Dowden at cjdowden@pacbell.net with this information. Any efforts would be greatly appreciated.

Finally, it is an honor and a privilege to be your president. In the next year, we hope to maintain the high standards set by our predecessors in truly serving our members in Southern California. If there are any questions or we can help you in any way regarding any of your concerns or issues, please contact me by e-mail or phone (323/783-4924).

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

## Commission on Cancer Liaison Report

In the past year, there has been continued progress in Cancer Liaison activities:

1. The new approval process is firmly in place. This is based more on quality improvement than on simple numbers and resources. There are currently some adjustments being made to the approval process because it became evident that some of the new standards could not be attained by the programs reviewed. The Commission and the Approvals Committee are taking a very flexible approach on this and are actively seeking input from the member hospitals. This is certainly a refreshing type of approach and should benefit us all and especially our patients. If you have any feedback on the approvals process (positive or negative), please contact me.

2. The California Dialogue in Cancer has met and has set up the State Plan for Cancer. This has been finally released recently and should be available soon for review. It's a cooperative effort between multiple groups, including the Department of Health Services of the State of California, the American Cancer Society and the American College of Surgeons through the Cancer Liaison Program. This should substantially improve our abilities to deliver high-quality cancer care to our patients.

3. The NCDB of the Commission on Cancer has proven to be very helpful in many different ways. I ask all member hospitals to continue to contribute to the NCDB as required by the approval's process. In addition, I ask member hospitals to use the results of the NCDB for research purposes to find out trends of treatment and more importantly to be used by their Cancer Committee to seek possible areas of improvement in their cancer care. With the NCDB data, you can compare your outcomes with hospitals in your area or like hospitals throughout the county. This information is extremely valuable for feedback on how we are doing in delivering care.

4. Facility Information Profile System (FIPS) of the Commission on Cancer is a necessary and very helpful part for all member hospitals. Information on your

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*See CANCEER on page 4*

## Membership Report

Current membership in the Southern California Chapter of ACS is 1,625 members. This breaks down into 987 Active Fellows, 587 Senior Fellows and 51 Associate members. The Chapter membership represents just over 58% of all ACS Fellows in the Southern California region. We need your help in reaching your colleagues.

Chapter 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 of ACS provides 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.

Recently, we invited area ACS Fellows to join the Chapter to represent the surgical profession at all levels affecting our practice. We mailed a full-color recruitment brochure listing membership benefits. You can view this online by clicking on Membership Brochure at [www.socalsurgeons.org/acs/pages/membership.html](http://www.socalsurgeons.org/acs/pages/membership.html).

If you know a colleague who's not part of the Chapter, please encourage him or her to accept this invitation to join SCCACS. Or invite them to download the Chapter membership application posted online at [www.socalsurgeons.org/acs/pages/membership.html](http://www.socalsurgeons.org/acs/pages/membership.html) (click on Membership Application).

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

## *Leadership and Lobbying in the Capital*

This year, the American College of Surgeons Leadership Conference was again held in Washington, DC. More than 100 Fellows of the College, including Chapter Officers and Young Surgeons, took part in the meeting's events, which included visits to Congressional Offices.

During these visits on Capitol Hill, they lobbied for a number of important causes, including medical liability reform, changes in physician payment under the Medicare system and funding to support trauma systems across the country. If you are interested in participating in the advocacy efforts of the College, please visit the ACS website ([www.facs.org](http://www.facs.org)) to obtain updates on legislative issues, or you can contact your legislators via the ACS Legislative Action Center, which can be accessed at <http://capwiz.com/facs/home/>.

## *Improving the Experience of Young Surgeons in the Local Chapter*

This year, one of the key goals formulated by the Board of Directors of SCCACS is to enhance and improve the experience of young surgeons in the Chapter. This task has been assigned to the Young Surgeon Representatives.

To accomplish this, we will be working closely with the Education Liaison, leadership in the Associate and Candidate Groups, and Young Surgeon Representatives from the previous years. Our common goal is to identify the most pressing issues that young surgeons face today, and more importantly, to discover how the College can provide the leadership, guidance and financial resources to tackle these problems.

If you are a young surgeon and have suggestions or comments on how the ACS can enrich your professional experience, we would like to hear from you. Please contact us ([andrew.L.difronzo@kp.org](mailto:andrew.L.difronzo@kp.org), [rchoi@sansum.org](mailto:rchoi@sansum.org)). We look forward to getting your input and hope to see you at the meeting in Santa Barbara in January 2005.

**L. Andrew DiFronzo, MD, and Rosa S. Choi, MD**  
**SCACS Young Surgeon Representatives**

## ***CANCER continued from page 3***

hospitals submitted to FIPS are shared with the National Cancer Information Center, which is a cooperative venture of the American College of Surgeons and the American Cancer Society. Patients can go online to find out what services your hospital offers and help better direct them to appropriate care in their geographic area. Hopefully, this will be helpful to you to market your hospital's facilities to patients in your area.

5. One of the major complaints of new cancer liaison physicians was that they did not know what their duties were or how to interact with the College. There is a new Cancer Liaison orientation program that is conducted by telephone and web access that hopefully solves these problems. The program is to be improved but is already very well received and hopefully will answer many of these anxieties and questions posed by these Cancer Liaison physicians.

6. As you know, there is a continued effort to have integra-

tion with the American Cancer Society so their services may be delivered more efficiently to our patients. The requirement now is that each Cancer Committee have, at least as an "ad hoc" member of their Cancer Committee, a member of Mission Delivery from their local American Cancer Society. The goal is to better integrate the two systems and to better serve all of our needs. We are currently planning regional meetings between Cancer Liaison physicians and local members of the American Cancer Society to further discuss integration and any other potential or real problems. Hopefully, this will improve the system and the cooperation between the member hospitals and the American Cancer Society.

7. If you have any questions regarding the Commission on Cancer or Cancer Liaison issues or interaction with the American Cancer Society or any other questions related to your hospital's involvement in the cancer program, please feel free to contact me (323/783-4924, [Theodore.X.O'Connell@kp.org](mailto:Theodore.X.O'Connell@kp.org)).

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

# California Medical Association Report

## CMA, The Terminator and Choices

We can all agree the past year has been eventful – even exciting. But, as the tachycardia subsides, the rapprochement of legislature and governor is producing bills of substance, initiatives of value and budgets of wonder. Here, agreement may only be to disagree, but choices are going to be made. Stay informed and make your opinions known. Some highlights follow:

CMA is co-sponsoring the initiative called Coalition to Preserve Emergency Care (CPEC), which has qualified for the November ballot. This is a no-brainer for every physician in the state – whether they see emergency patients or not – simply because it will create a stable funding source for ED care, the Trauma System, including aftercare – yes, orthopods, aftercare – and improved pre-hospital care and 911 equipment.

Sounds like mom and apple pie? Not so to SBC, who is now spending millions to defeat this measure. Who is SBC and why so opposed? SBC was one of the baby Bells created by the breakup of AT&T. It's the biggest local phone company in California, having bought Pac Bell, but *it is not a California company*. Rather it is a Texas-based utility (think Enron), which it certainly doesn't advertise. Its choice to oppose may be based on its reluctance to open the books to see where all the 911 money has gone over the years.

SBC could well have diverted some 911 dollars to the bottom line to soften the impact of shrinking market share, falling stock price and a compensation package for its CEO in excess of \$20 million last year. This seems exceedingly generous given the corporate performance but reminds me of our friend at Blue Cross. However, its choice to oppose has caused the California Hospital Association (CHA) – one of CPEC's original sponsors – to make its choice – neutral on the issue, withholding a big chunk of money from the initiatives' campaign.

The CMA is committed to the battle – CHA or not, but the real impact of CHA's decision will be in the eyes of the public. Hospitals being unsupportive of physicians' and patients' needs isn't going to further the doctor-hospital equanimity nor will it look good in the press. If the issue is just and it's only about money, strongly support but give less. If it loses, at least we lose together.

There are several bills in play with significant CMA input to force HMOs and insurance companies to pay for care rendered – pre-approved or not, contracted or not. This includes one that holds them responsible for bills not paid by their contractors if they knew, or should have known, that the contracts were financially unsound. These will have important benefits to all who must deal with payor malfeasance.

Back to choices. The CMA was instrumental in formulating the Governor's Workmen's comp reform package. This reminds me of the old adage, "A deal isn't a deal until everyone is equally unhappy". This has certainly accomplished that. The docs don't like the fee schedule, the chiropractors don't get millions of office

visits, the patients can't cheat as easily, etc. Better, yes, but a work in progress. Keep the faith.

The CMA actively helped Senator Burton pass SB2, the so-called play or pay plan that will provide coverage for millions of Californians. It is now law but is being challenged, in court, on at least three issues – any of which stand a good chance of voiding the whole thing. The CMA had a choice: stick with Senator Burton despite the imperfections in the bill, or act to repeal SB2, which would infuriate the good senator and destroy lobbying efforts for a long time. CMA chose the former, to howls of protest by a vocal minority. The choice to stick by friends should not be lost – see above.

The budget is fertile ground for choices. At this writing, it would appear that health care escaped the big ax this year. The governor is looking at a major overhaul of Medi-Cal, which can't get any worse, so, just maybe .....

Last year, I opined that the debt bonds to be sold by California would make investors drool. When approved by the voters, they went like hotcakes. Strange behavior unless the naysayers are wrong about the vitality of California's economy. Speaking of voters, they approved an additional \$12 billion to fix schools, not an expected choice if we're really into belt-tightening. Remember Measure B in Los Angeles County that raises money for hospitals and emergency services – a strong choice of the voters. In my view, voters are enthusiastic about their services – those they want, they support.

The Ventura Hospital fight nears an end. The administrator is gone; the elected medical staff is back in office and a probable settlement is in the offing.

The requirement for 12 hours of care in pain management is still with us, needed for licensure in California in 2006. To this end, CMA and UC Davis are sponsoring a course in Anaheim Jan. 7-8, 2005.

This year marks the end of Triplicates. CMA has a list of approved secure-form providers, if you need it.

Membership in CMA continues to grow, and I urge you to join as the single best way to preserve MICRA, save yourself money, and make your voice heard.

As always, I can be reached at [dgaspard@iopener.net](mailto:dgaspard@iopener.net).

Have a good summer. Football season can't be far away.

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

# ACS Board of Regents meeting

The following are highlights from recent meetings of the ACS Board of Regents:

## **Medical Liability Reform**

At its June meeting, the Board of Regents voted to dedicate significant financial resources toward addressing the medical liability crisis that is having such a severe impact on surgeons and their patients. In September, the ACSPA sent educational material to all its members for distribution to their patients to help facilitate communication with their Senators on the need for strong medical liability reform. The ACSPA helped create a new coalition called Doctors for Medical Liability Reform. Its purpose is to increase public awareness about the need for medical liability reform.

## **ACSPA-SurgeonsPAC**

Since its inception, the ACSPA-SurgeonsPAC has raised about \$160,000 from over 720 College members. The Board of Directors has continued to raise funds through venues like the Leadership Conference and Chapter meetings. In 2003, ACSPA-SurgeonsPAC contributed to 38 federal candidates and committees.

## **Bylaws Revision**

The Board of Regents approved a change in the Bylaws that will allow all Regents who fill unexpired terms to serve a full three-year term. In the past, Regents who filled such terms served until the expiration of the term of their respective predecessors. This change is consistent with a Bylaws change regarding unexpired terms for the Board of Governors that was approved by the Board of Regents at its June meeting.

## **Special Logo**

In an effort to be responsive to its members' requests for a symbol they might use for individual business purposes, the College has developed a special logo for its Fellows. At its June meeting, the Board of Regents approved in principle a proposal regarding a "slogan logo" that can be used by Fellows to indicate membership in the College. At its October meeting, the Board of Regents approved the final logo design and the guidelines governing its use. To access the guidelines and an electronic copy of the logo, visit: [www.facs.org/members/sloganlogo/disclaimer.html](http://www.facs.org/members/sloganlogo/disclaimer.html).

## **Development Program**

As of September 16, 2003, the College received gifts totaling \$778,261. This figure represents an increase over the same period during the previous year.

## **Capital Campaign Case Statement**

The Board of Regents approved a capital campaign case statement. The case statement, "Surgery in the 21st Century: Leading the Challenge to Meet the Need," highlights three general purposes for which funds will be sought:

- To strengthen and expand research and optimal patient care
- To ensure surgical patient safety
- To provide gold-standard surgical education through scholarships, fellowships, bcourses, and programs.

## ***Statement in Support of a Sustainable, Competent, and Diverse Nursing Workforce***

The Board of Regents approved a statement on the nursing shortage that was developed by the Health Policy Steering Committee. The statement was developed following a request from the Association of periOperative Registered Nurses (AORN), who asked the College to participate in advocacy efforts aimed at addressing the growing shortage of nurses.

## ***Patient Safety Principles for Office-based Surgery***

The Board of Regents approved a document outlining 10 core patient safety principles that should govern office-based procedures involving moderate sedation, deep sedation, or general anesthesia. The statement was a collaborative effort of more than 35 organizations. Both the ACS and the AMA have formally adopted these patient safety principles. The core principles are posted on the ACS Web site at: [www.facs.org/patientsafety/patientsafety.html](http://www.facs.org/patientsafety/patientsafety.html).

## ***Revised Statement on the Surgeon and HIV Infection***

The Board of Regents approved a revised *Statement on the Surgeon and HIV Infection*. The statement was initially developed in 1991 by the Governors' Committee on Surgical Practice in Hospitals Subcommittee on AIDS. The statement was previously revised in 1998 by the Governors' Committee on Bloodborne Pathogens.

## ***Revised Statement on the Surgeon and Hepatitis***

The Board of Regents approved a revised *Statement on the Surgeon and Hepatitis*. Initially developed in 1994 by the Governors' Committee on Bloodborne Pathogens, the statement was previously revised in 1999 to include Hepatitis C.

## ***National Surgical Quality Improvement Program (NSQIP)***

The Board of Regents approved a business plan that will allow the ACS to expand the NSQIP into additional private-sector hospitals—96 within the first year. The NSQIP operated in the US Department of Veterans Affairs for the past 11 years. It collects patient risk data, intraoperative data, and postoperative outcomes on all patients undergoing major surgery at participating surgical services; provides risk-adjusted outcomes to the participating surgical services so they can compare their outcomes to others on an anonymous basis; evaluates high outliers through medical record reviews and site visits; and provides best surgical practices of low outliers to other services in the system. This program supports the College's mission of promoting the highest standards of surgical care through the evaluation of surgical outcomes in clinical practice and promises to improve the quality of surgical care.

# 2005 Annual Scientific Meeting

## Four Seasons Biltmore Resort

www.fourseasons.com  
1260 Channel Drive  
Santa Barbara, CA  
January 21-23, 2005

Once again, the Southern California Chapter Scientific Meeting will be held at the ever-inviting Four Seasons Biltmore Resort in Santa Barbara. Also, the 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 Marianne E. Cinat, MD, FACS; Associate Chairman Harry Applebaum, MD, FACS, and Assistant Chairman Joshua Ellenhorn, MD, FACS, in collaboration with H. Gil Cryer, MD, PhD, FACS, 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

### • Layton F. Rikkers, MD, FACS

Chairman, Department of Surgery  
University of Wisconsin  
Madison, Wisconsin

### • Lazar Greenfield, MD, FACS

Professor of Surgery  
University of Michigan  
Ann Arbor, Michigan

### • Robert Fry, MD

Professor of Surgery  
Chief, Colon and Rectal Surgery  
Hospital of the University of Pennsylvania  
Philadelphia, PA 19104



View from Four Seasons  
Biltmore Resort

## Program Highlights

- California Trauma Conference with combined Trauma-Emergency General Surgery Sessions (Chair H. Gil Cryer, MD, PhD, FACS)
- Breast Symposium (Chair Hernan Vargas, MD, FACS)
- High-quality, original papers
- General and sub-specialty sessions
- Lectures from invited guests
- Friday evening Cocktail Reception with hors d'oeuvres
- Saturday luncheon with spouses and an invited guest speaker
- Saturday afternoon Wine & Cheese Reception running concurrently with Poster presentations
- The Young Surgeons breakfast and special activities
- **What's New in Surgery:**
  - Trauma/Critical Care
  - Vascular
  - Hepatobiliary
  - Colorectal
- **Specialty Sections and their Chairs:**
  - Pediatric Surgery - Chair Cartland Burns, MD (Childrens Hospital LA)
  - Vascular Surgery - Chair Peter Lawrence, MD (UCLA)
  - Cardiothoracic Surgery - Chair Bassam Omari, MD (Harbor-UCLA)
  - General Surgery - Chair Hernan Vargas, MD (Harbor UCLA)
  - Head & Neck Surgery - Chair Dale Rice, MD (USC)
  - Plastic Surgery - Chair Jay Calvert, MD (UCI)
  - Colon & Rectal Surgery - Chair Jonathan Sack, MD (UCLA)

Please join us in Santa Barbara Jan. 21-23, 2005. You need to call 805/969-2261 no later than **Dec. 20, 2004** to reserve a room for \$275/night (single/double) at Four Seasons Biltmore Resort.

*Marianne E. Cinat, MD, FACS*  
*Program Chairman*

www.socalsurgeons.org

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

Los Angeles, CA 90010

4929 Wilshire Blvd., Ste. 428

SCCACS NEWS



# *Save The Dates!*

2005 Annual Scientific Meeting

Four Seasons Biltmore Resort

Santa Barbara, CA

Jan. 21–23, 2005

Surgical Residents and medical students may attend free of charge

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