



SCCACS NEWS

SOUTHERN CALIFORNIA CHAPTER

AMERICAN COLLEGE OF SURGEONS

SUMMER 2005

VOLUME 10

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.

*James B. Atkinson, MD, FACS
President-Elect, SCCACS*

Calendar

• **Abstract submission deadline**
Tuesday, Sept. 20, 2005
www.socalsurgeons.org for details

• **2006 Annual Scientific Meeting**
Jan. 20–22, 2006
Four Seasons Biltmore Resort
www.fourseasons.com
1260 Channel Drive, Santa Barbara
Call 805/969-2261 by **Dec. 19, 2005**
for a room at \$275/night (sgl/dbl)

• **2007 Annual Scientific Meeting**
Jan. 19–21, 2007
Four Seasons Biltmore Resort
www.fourseasons.com
1260 Channel Drive, Santa Barbara

President's Message

As we enjoy the summer season, it is appropriate that we reflect on activities of the Southern California Chapter of ACS during the past year and begin to seriously make plans for the upcoming year. During the next several months, much needs to be done in preparation for the Annual Scientific Meeting to be held in Santa Barbara.

I know all will agree that the 2005 Annual Meeting was a tremendous success and will be a tough act to follow. Our immediate past President, Dr. Ted O'Connell and meeting Program Director Dr. Marianne Cinat are to be congratulated for their exemplary efforts in planning and providing a truly outstanding meeting that certainly ranks as one of the best ever held. The concurrent Annual California Trauma Conference that was chaired by Dr. Gil Cryer added additional speakers of note and an expanded attendance that enhanced the overall success of the meeting. Guest lecturers were particularly impressive and well received, and the membership certainly benefited by interacting with these leaders of American surgery. Without question, our Chapter has the largest and most comprehensive scientific and educational meeting of any Chapter in ACS. Drs. O'Connell and Cinat deserve our deep appreciation for their leadership and effectiveness in organizing such an outstanding program.

As many of you are aware, there has been an ongoing effort in recent years to enhance the participation of the San Diego Chapter in our own Annual Meeting. After preliminary discussions with the new president of the San Diego Chapter, I believe we may have a real opportunity to strengthen our relationship with them to realize some potential that might be afforded by a closer affiliation. Their members will be encouraged to attend our meeting and participate in the presentation of scientific papers and edu-

cational lectures. I believe that the time may be right for some long-overdue progress in bringing the Fellows from the San Diego region back into the mainstream of activities of the Southern California Chapter. I will be personally pursuing this issue with the leadership of the San Diego Chapter in the upcoming months.

I am pleased to report that the financial health of the Chapter remains very strong. Through the continued support of the membership and the extramural support from in-



dustry, our Chapter has maintained its position as a profitable entity. Surplus funds available are being used to enhance educational opportunities afforded younger Fellows. Three young surgeons have been selected to receive \$3,000 support subsidies to attend the national or local ACS meetings. The Chapter leadership believes this is a very appropriate and productive use of our discretionary funds.

As all of you should be aware, the 12-hour CME requirement in pain management and end of life care required for renewal of California medical licenses goes into effect Jan. 1, 2007. The Southern California Chapter has secured discounts for its members

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for the online CME workshop sponsored by UCSD and also for the live programs presented by the CMA. Interested parties can obtain more information at the Chapter's website, <http://www.socalsurgeons.org/>, or from SCCACS Executive Director Jim Dowden at cjdowden@pacbell.net.

I am also pleased to report that ACS Chapter Performance rankings have placed the Southern California Chapter in a tie for third place among 50 Chapters surveyed nationwide. The ranking is based on a number of checklist performance criteria that include items such as worthwhile member services, sustainable leadership, supportive administrative structure and enthusiastic member involvement. These survey data confirms that our Chapter is not only the biggest, but clearly among the very best in the country.

By now, all of you should have received the recently mailed Call for Abstracts for the Annual Scientific Meeting in January 2006. Please note that the deadline for receipt of abstracts is **Tuesday, Sept. 20, 2005**. The deadline has been pushed a full month later from that of prior years to allow additional time for abstract preparation, particularly by residents beginning their research rotations. We anticipate that this delay in the deadline will substantially increase the number of submissions and further enhance the quality of the scientific program. The Call for Abstracts has also been delivered to members of the San Diego Chapter, and we look forward to their increasing participation in our Annual Meeting.

Although the Annual California Trauma Conference will not be held concurrently with the Chapter meeting in 2006, we will continue to provide a concurrent track for a trauma surgery program, organized by Dr. Gil Cryer. The addition of the trauma track will maintain the strong presence of trauma and critical care on the program, as has been the case in recent years. A number of trauma experts will be invited as guest speakers, and a very informative program is anticipated. Additional information will be available as the program is developed and will be disseminated in future mailings.

The Annual Scientific Meeting will again be held at the Four Seasons Biltmore Resort in Santa Barbara on Jan. 20-22, 2006. Dr. Harry Applebaum is making impressive headway in planning a most stimulating and educational meeting. Invited speakers will include **Dr. Jeffrey Ponsky**, Professor and Chair of the Department of Surgery at Case Western Reserve University and the current Chairman of the American Board of Surgery; **Dr. H. Randolph Bailey**, Professor and Chief of Colon and Rectal Surgery at the University of Texas, Houston, and **Dr. Scott Spear**, Professor and Chief of Plastic Surgery at Georgetown University. In addition to specific state-of-the-

art lectures on clinical topics, the program will incorporate educational presentations on the current status of the maintenance of certification (MOC) process being promulgated by the ABS.

As has always been the case, the mainstay of our Annual Meeting will be the presentation of original research by members and residents. This is perhaps the premier opportunity in the nation for young surgeons to present their original research to an ACS Annual Chapter meeting. Papers selected for plenary session podium presentation have an excellent chance of being published in *The American Surgeon*, the official journal of the Southern California Chapter.

I sincerely hope that you will plan on attending the meeting in Santa Barbara in January. To reserve a room at \$275 per night (single/double) at the Four Seasons Biltmore Resort, you must make reservations no later than **Dec. 19, 2005**. The reservation telephone number is (805) 969-2261.

A critical element in providing the high-quality meeting that we have all come to expect is the support of our partners in industry. Their support and cooperation ensure that the meeting can be produced at a cost that will not be unaffordable for our members. To maintain this symbiotic relationship with industry, it is incumbent upon each of us to seek the participation and support of industry vendors with whom we interact. I ask that you be proactive in securing the support of industry through company representatives with whom you have a working relationship. Companies have the opportunity to participate as exhibitors and sponsors of a wide array of scheduled activities. If you think you have a vendor who might participate,

please contact me at bstabile@ucla.edu or SCCACS Executive Director Jim Dowden at cjdowden@pacbell.net with this information. Any and all efforts in this regard are greatly appreciated. Information and signup forms for exhibitors are on the website, <http://www.socalsurgeons.org/>.

Finally, I want to express my appreciation for the privilege and honor to serve as President of the Southern California Chapter of ACS. I greatly look forward to serving the needs of our membership and providing an Annual Meeting that fulfills not only your educational needs, but also provides an enjoyable social event for you and your spouses or significant others. If you have any concerns or issues that you feel require my attention, please do not hesitate to contact me by e-mail or telephone at (310) 222-2701. Have an enjoyable summer, and I look forward to seeing you at the January meeting, if not before.

Bruce E. Stabile, MD, FACS
President, SCCACS



Commission on Cancer Liaison Report

The Commission on Cancer activities in approved hospitals in Southern California continues to expand in multiple areas:

1) As you know, the new approval process came into effect several years ago and has been modified over this time. Reports from hospitals undergoing reaccreditation based on the new approval process have been very positive. They feel that this process is much more user friendly and helpful to them in developing top-rated cancer programs. I am also happy to report that more of our hospitals are getting full three-year approvals without contingencies and that many of our hospitals are also getting additional commendations for being among the best hospitals in the country. I certainly congratulate all those who have been reappraised and especially those who have gotten commendations.

2) The state plan for cancer is continuing to be developed and will be implemented shortly. This is a combined effort between 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. The various committees have met and are continuing to meet to get a final document and plan, which will be an aide to all our patients in the state.

3) I ask all cancer liaison physicians to make certain that their hospitals continue to submit their data to the National Cancer Database (NCDB). This is a very valuable resource both nationally, statewide and locally. This gives us up to date information of trends in cancer diagnosis and treatment. The data should also be used by each of the hospitals to compare their outcomes with other like hospitals either in their locale or nationally. Such benchmarking and comparison should be done at least several times a year and presented to the cancer committee to see if there are any ways that they can improve their approach and outcomes. This is a valuable tool for giving us feedback in our delivery of care to patients. A significant report developed nationally out of this data involved stage 3 colon cancer patients. The number of patients receiving adjuvant chemotherapy was analyzed. There was a significant difference among hospitals in the percentage of patients that received the therapy. It is the

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Membership Report

Current membership in the Southern California Chapter of ACS is 1,491 members. This breaks down into 916 Active Fellows, 507 Senior Fellows and 68 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 have a full-color recruitment brochure available listing membership benefits. You can view this on the Chapter's Web site at www.socalsurgeons.org/acs/pages/membership.html (click on View or Download next to Membership Brochure).

If you know a colleague who's not part of the Chapter, please encourage him/her to accept this invitation to join SCCACS. Or invite them to download the Chapter membership application posted at www.socalsurgeons.org/acs/pages/membership.html.

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

One of the key goals of the Board of Directors of the SCCACS has been to enhance and improve the experience of young surgeons in this Chapter. As the young surgeons' representative to this Chapter, we have been assigned the task of discovering how the College can provide leadership, guidance and support to younger members.

Our primary goal has been, and continues to be, identifying the most pressing issues that young surgeons face today. Therefore, a short e-mail questionnaire with regard to these issues will be sent to all members younger than 40 years old.

The information gathered from this questionnaire will form the basis of our roundtable discussion at the upcoming Young Surgeons' breakfast meeting in January 2006. This information will also be conveyed to the Board of Directors so appropriate resources can be allocated to tackle these concerns.

In addition, the SCCACS has provided substantial grants to support the attendance of three young surgeons to the 2005 ACS Clinical Congress meeting in San Francisco or to

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feeling that more than 90% of eligible patients should be offered adjuvant chemotherapy in this setting since multiple reports have shown a benefit. This would certainly be worthwhile for you as an individual hospital to check to see how your hospital compared with the national data.

4) The Facility Information Profile System (FIPS) is currently in the second stage. The second level is that in which hospitals submit the number of cancer cases in various categories. This is a two-phase system in that the data first needs to be delivered to the Commission on Cancer, and the second phase is that it needs to be confirmed by your cancer registrar that the data is accurate. I ask all cancer liaison physicians to check with their cancer registrars to make sure this data has been submitted and that when it has been fed back to them online, that they confirm that the data is accurate. It is only then that this information can be shared with the National Cancer Information Center, which is a joint venture of the American College of Surgeons and the American Cancer Society. This data is then online and available for patients to select their hospitals for cancer treatment.

5) The Commission on Cancer is now developing online cancer education material. This will be extremely valuable to our member hospitals and individual physicians. This will keep them up to date in new approaches to cancer treatment and should be a valuable professional education tool. This online service will also have CME credits and can be used individually or at Tumor Board meetings.

6) I encourage the cancer liaison physicians as part of their outreach obligations to maintain their cooperation with the American Cancer Society. Hopefully, all approved hospitals will have a member of the American Cancer Society either as a member of their cancer committee or in an ad hoc position to deliver information and dialogue between your hospital and the American Cancer Society. We have met statewide with members of the American Cancer Society who liaison with your individual hospitals to give them help and support that will be conducive to good relations for all involved. We are also going to continue to

work in the next year to have smaller, more local meetings between member hospitals and regional ACS offices. Hopefully, this type of meeting will increase the communication and dialogue that will be helpful to you and your patients.

7) We ask as many of the surgeons as possible and certainly all the cancer liaison physicians to become member of the American College of Surgeons Oncology Group (ACOSOG). In this way, sentinel trials in cancer therapy can be done where most cancer treatment takes place, that is, in the local community hospitals. If you need any information regarding the way to become an investigator ACOSOG, please contact the Commission on Cancer in Chicago.

8) One of the difficulties that I have experienced in being your cancer liaison is the size of Southern California. We are the largest chapter in the nation and certainly for educational activities and political strength, this is commendable. However, to try to be the cancer liaison physician to such a large and geographically diverse area is impossible for one person. Recognizing this, the Commission on Cancer has now allowed us to split our cancer liaison duties into districts or subsections. Therefore, in the future, there will be one chair for Southern California with several sub chairs representing different areas such as Orange County, Inland Empire, Central LA, etc. The exact way that this will be administered and grouped is currently being worked out but may be done on the same system and approach as the American Cancer Society regional offices.

9) I have been honored to be your state cancer chair for the last six years. My term of office is up Jan. 1, 2006, and a new chair will be named to carry on with the initiatives I have outlined. If you or anyone you know is interested in pursuing this position, contact either Bruce Stabile, MD, president of SCCACS; Jim Dowden, our executive director, or myself for any nominations. In the meantime, thank you for your help and support during these six years, and until Jan. 1, 2006, feel free to contact me at 323/783-4924 or Theodore.X.O'Connell@KP.org regarding any Commission on Cancer problems or questions.

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

California Medical Association Report

A Year of Great Expectations — and Little Else

A year ago, Prop 67 was polling well, and visions of solving uncompensated care were dancing in the heads of California Medical Association gurus. Then came the telecom industries' furious opposition, causing the hospital association to abandon its support, leaving the CMA to fight a battle it couldn't win. Out-voiced, out-spent and out-foxed, CMA was left to a lopsided defeat, though claiming, rightly enough, that we had traveled the high road, raising awareness of the huge need.

Alas, awareness is one thing — getting the money is another. A blue ribbon group of politicians from Southern California was charged with proposing legislation to address this issue. Eight months later, great expectations are impaled on hard reality. Sen. Romero's nickel-a-drink tax is alive — barely — opposed by the liquor industry.

Her other bill, 267, stands a good chance of passage, with the landmark idea that trauma care is a duty of the government, like fire and police. This bill would provide for call-panel coverage, but only for trauma centers. While thus limited, it might provide incentive for hospitals to become trauma centers because it also funds equipment and surge capacity needs. Hopefully, the governor will like this one. Sen. Alacon's bill (SB 57) to allow counties to surcharge criminal offenses \$2 for every \$10 levied seems passable, but considering the time it takes the county to do anything, plus the real possibility that high fines may provoke more people into doing jail-time, makes this something less than ideal. The governor is said to oppose it in any event.

Another example of great expectations was a senate proposal during the joint budget session to put the entire Prop. 99 (tobacco tax) appropriation — \$24.8 million — into a Medi-Cal match. Beady little eyes in Sacramento looking at \$24.8 million federal dollars were thus blinded to the facts. The Bush administration has little sympathy for California's problems. They've yet to approve the very same match for Measure B money in Los Angeles County — 2 years and counting. They've indicated little interest in bailing out

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attend another College meeting. This tradition will continue for the 2006 academic year, and applications for this grant will be distributed to all young members in early fall.

If you are a young surgeon and have suggestions or comments as to how the SCCACS can enrich your professional experience, we would like to hear from you. Please contact us at bpetriemd@yahoo.com and/or asalim@surgery.usc.edu.

We look forward to your input and hope to see all of our young surgeons at the January 2006 meeting in Santa Barbara. Please note that in addition to the annual breakfast, we are also planning an informal Saturday night cocktail gathering.

***Beverly A. Petrie, MD, FACS, and Ali Salim, MD, FACS
SCCACS Young Surgeons' Representatives***

LA County's impending healthcare crisis — neighboring around 1 billion dollars. More importantly, Medi-Cal matched dollars can only go to a Medi-Cal patient — not to the vastly more numerous self pays. Additionally, the governor is actively trying to reduce those eligible for Medi-Cal, leading to the bizarre result of too many dollars chasing too few patients.

Further to the issue of Measure B, great expectations have again eluded us. The language, while vague, clearly indicates that the money is for physicians and hospitals to maintain Emergency Medical Services. Despite the fact that LA County has run out of money to pay for non-trauma indigent care given by physicians in both trauma and non-trauma hospitals, the Board of Supervisors refuses to use Measure B money to this end, arguing that the shortfall was caused by the state, and Measure B funds cannot be used to satisfy the state's responsibility. Many call-panel physicians are now turning to their hospitals for sustenance. This seems reasonable, since Measure B money has created black ink for many hospitals' bottomline.

A recent article in the LA times proclaimed millions of dollars are coming to California via the CMS 1011 program. Great expectations, but don't buy your retirement villa just yet. First, the program is, by Federal standards, too small to lure a contractor to manage it. Second, while it admits, for the first time, some federal responsibility for undocumented aliens, it requires the patient to "voluntarily (unsolicited) self-attest to being an alien and present proof of foreign birth:" presenting a "foreign birth certificate, passport, voting card or drivers license." And finally, it also requires an "invalid Social Security number," but makes no mention of the fact that there is no mechanism in place to ascertain this.

The great expectations that rose from the ashes of the '65 riots took the form of Martin Luther King Hospital. In its 40 years of existence, those dreams have changed into a nightmare the size of which is even now uncertain. The LA County Board of Supervisors, on whose watch this occurred, and various organizations, including the American College of Surgeons, must share the blame for letting politics replace responsibility and standards of care. Nonetheless, while we stood around doing nothing, the administration and medical staff of MLK- bottomline — failed to do their job.

Speaking of medical staffs, the Ventura matter has been settled, and stronger laws are now in place to protect the identity and integrity of these organizations. The CMA contributed greatly to this effort. The CMA continues to actively lobby for the preservation of the corporate bar for the practice of medicine, thus keeping medical staffs in charge of physician recruitment. This is law in only three states, and while it seems to work most of the time, I would caution those specialties who demand — and get — extremely high compensation for services that they should temper their enthusiasm for this tactic, lest the corporate bar may fall.

California's pain management requirement for Licensure goes into effect next January. At the time of your renewal, you will be

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ACS Board of Regents meeting highlights

The following are highlights from the Feb. 11-12, 2005 meeting of the ACS Board of Regents:

Advocacy and Health Policy

The Board of Regents approved funds to complete an analysis of closed malpractice claims to generate data that will help guide relevant ACS educational efforts and the development of resource material for ACS members. The ACS Patient Safety and Professional Liability Committee is conducting a pilot project to analyze closed claims to see if the surgical profession can replicate the success realized by the anesthesiologists, whose claims-review process has resulted in programs that have reduced the number and severity of lawsuits for their specialty. The committee was intrigued with implementing a similar program because there is potential for reducing patient injuries and improving patient care, as well as stabilizing the liability premiums paid by surgeons. The process could be used to identify and prioritize patient safety issues. Such a program would demonstrate that the profession of surgery is doing what it can to prevent those maloccurrences that are, in fact, preventable. At the conclusion of the project, the committee believes it will be able to report on the most common events leading to malpractice claims, as well as the causes of the most severe injuries.

In comments submitted to the Centers for Medicare & Medicaid Services (CMS), the College focused on the need for CMS to adopt a new methodology and better data collection for calculating malpractice relative value units (RVUs) that would more fairly compensate high-risk surgical specialties. The College submitted codes that it considers undervalued for consideration during the five-year review of RVUs. The review will take place in 2005, and any resulting changes to the value of these codes will become effective in 2007. The College also called into question the issue of parity with regard to newly established Medicare payment for drug administration codes.

CMS published a new proposed list of procedures it will cover in ambulatory surgical centers (ASCs). CMS proposed to add 25

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asked to certify that you took the course. If you are then audited, you must prove that you took the course. Otherwise, you will be judged to have submitted a false application and run the serious risk of losing your license. Several CMA courses are available, as well as other organizations.

The CMA continues to work hard for physicians. It derives its power from dues — thus joining is a good idea. Have a nice summer...football season is near. Comments, criticisms: dgaspard@iopener.net

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

procedures and delete 100. The College submitted its comments on the proposed list. In addition to commenting on specific procedures included and excluded from the list, the College urged CMS to reevaluate its methods for approving procedures for Medicare reimbursement in ASC settings and for establishing payment rates for individual procedures.

Certification/Accreditation

The Board of Regents approved funding for the infrastructure to support verification, certification, and accreditation activities within the Division of Education. National trends impacting surgical practice and surgical education include intense focus on surgical competence, surgical outcomes, and patient safety. The need to verify, certify, and accredit individuals, educational programs, and educational systems is an integral component of these trends.

Initial planning for an ACS Accreditation Center is under way. Noting that this is one of the College's major priorities, the Executive Committee of the Board of Regents discussed and approved the formation of a task force to review the creation of an ACS Accreditation Process.

E-learning

The Board of Regents approved funding for a demonstration project involving development of an e-learning module to support practice-based learning and improvement. The purpose of the project will be to define the characteristics and standards in e-learning important for authoring modules, to evaluate the educational impact and use of the module, and to create a framework for designing multiple e-learning modules and integrating them with other e-learning resources.

For more details, visit www.facs.org/news/regentsfeb2005.html.

Help ACS with donation

The American College of Surgeons holds a restrictive 501(c)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 voted unanimously in favor of a College affiliate establishing a Political Action Committee (PAC), a new organization with the more flexible 501(c)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.

For further information about ACSPA-SurgeonsPAC, visit www.facs.org/acspa/about.html.

2006 Annual Scientific Meeting

Four Seasons Biltmore Resort

www.fourseasons.com

1260 Channel Drive
Santa Barbara, CA
Jan. 20-22, 2006

Once again, the Southern California Chapter ACS Annual Scientific Meeting will be held at the ever-inviting Four Seasons Biltmore Resort in Santa Barbara. This year, the concurrent trauma sessions that have rapidly become a very popular feature of our extensive program will continue — though not formally as the CA Trauma Conference — and trauma sessions will be more fully integrated with the general program to allow greater participation in all features of the meeting. The Program Committee, with Chair Harry Applebaum, MD, FACS; Associate Chair Joshua Ellenhorn, MD, FACS; Assistant Chair Hernan Vargas, MD, FACS, and Trauma Program Chair H. Gil Cryer, MD, PhD, FACS, remain hard at work planning the meeting.

Highlights of the meeting will include:

Guest Faculty

***Jeffrey Ponsky, MD, FACS**

Chair, Department of Surgery
Case Western Reserve
School of Medicine
Cleveland, OH

***H. Randall Baily, MD, FACS**

Professor of Colorectal Surgery
University of Texas, Houston
Houston, TX

***Scott Spear, MD, FACS**

Professor and Chief
of Plastic Surgery
Georgetown University
Washington, DC



View from Four Seasons
Biltmore Resort

And, others to be announced for the General Meeting and Specialty Sections!

Program Highlights

*Trauma sessions more fully integrated with the general program to allow greater participation in all features of the meeting

*High-quality, original papers

*General and sub-specialty sessions

*Lectures by invited guests

*Friday evening Cocktail Reception with hors d'oeuvres

*Saturday luncheon with spouses and invited guest speaker

*Saturday afternoon Wine and Cheese Reception running concurrently with poster presentations

*Young Surgeons breakfast and special activities

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

An in-depth look at important new developments in a variety of areas

***Specialty Sections and their Chairs:**

-Pediatric Surgery: Chair Steve Chen, MD, FACS (Cedars)

-Vascular Surgery: Chair Peter Lawrence, MD, FACS (UCLA)

-Cardiothoracic Surgery: Chair Bassam Omari, MD, FACS (Harbor-UCLA)

-General Surgery (Abdominal Tumors): Chair Lawrence Wagman, MD, FACS (City of Hope)

-Head and Neck Surgery: Chair Dale Rice, MD, FACS (USC)

-Plastic Surgery: Chair Dong-Joon Lee, MD, FACS (Kaiser)

-Colorectal Surgery: Chair Ravin Kumar, MD, FACS (Harbor-UCLA)

Please join us in Santa Barbara January 20-22, 2006. You need to call 805.969.2261 no later than Dec. 19, 2005 to reserve a room for \$275/night (single/double) at the Four Seasons Biltmore Resort.

*Harry Applebaum, MD, FACS
Program Chair*

www.socal surgeons.org

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

Los Angeles, CA 90010

4929 Wilshire Blvd., Ste. 428

SCCACS NEWS



Save The Dates!

2006 Annual Scientific Meeting

Four Seasons Biltmore Resort

Santa Barbara, CA

Jan. 20–22, 2006

Surgical Residents and medical students may attend free of charge