



SCCACS NEWS

SOUTHERN CALIFORNIA CHAPTER

AMERICAN COLLEGE OF SURGEONS

SUMMER 2007
VOLUME 12

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.

*Lawrence D. Wagman, MD, FACS
President-Elect, SCCACS*

Calendar

- **Abstract submission deadline**
Wednesday, Sept. 19, 2007
Visit www.socalsurgeons.org/acs/pages/meetings.html for details
- **2008 Annual Scientific Meeting**
Jan. 18-20, 2008
Four Seasons Resort, The Biltmore
www.fourseasons.com
1260 Channel Drive, Santa Barbara
Call 805/969-2261 by **Dec. 17, 2007**
for a room at \$325/night (sgl/dbl)
- **2009 Annual Scientific Meeting**
Jan. 16-18, 2009
Four Seasons Resort, The Biltmore
www.fourseasons.com
1260 Channel Drive, Santa Barbara

President's Message

Greetings to members of the Southern California Chapter of the American College of Surgeons. It is a real privilege to serve as your president this year. As my most important responsibility, let me invite each of you to take full advantage of your membership in our Chapter and to get involved in our activities. In this letter, I will suggest a number of opportunities that allow you to take an active role, but there are many more.

The Chapter exists only to serve its membership, and I would encourage each of you to let us know how we can do this better. We have included e-mail addresses for your officers and Board members on page 3 of this Summer Newsletter. Please contact us and give us your ideas.

Preparation for our Annual Scientific Meeting has begun. The meeting is scheduled for January 18-20, 2008, again at the Four Seasons Biltmore Resort in Santa Barbara. Please mark your calendars for these dates, and plan to attend. We've arranged for a block of rooms at \$325/night. Call the hotel at 805/969-2261 by **Dec. 17, 2007** and mention SCCACS to get this rate. Our Chapter distinguishes itself every year with our outstanding Scientific Meeting, and we hope to make this next meeting better than ever.

Our Program Committee this year is chaired by Dr. Chris de Virgilio, who will be assisted by Drs. Shirin Towfigh and Joe Hines, associate chairman and assistant chairman, respectively. As we plan our meeting, the committee and I welcome your input and suggestions. This is your meeting, and we want to make it as valuable for you as we can.

Another great opportunity to get involved in our Chapter is to present your clinical or scientific ideas at our Annual Meeting. I would urge each of you to consider submitting an abstract. Many of you

have important ideas and experiences, but have not presented your work in the past. There is an excellent chance of your abstract being selected for presentation at this meeting. If accepted for oral presentation, we have an excellent record of publishing nearly all of our papers in *The American Surgeon*. The abstract deadline is **Wednesday, September 19, 2007**. The abstract instructions and form can be found on our chapter website at www.socalsurgeons.org. I urge you to take advantage of this opportunity to share your new ideas.



Improving Online Presence

As some of you know, the national ACS website has been greatly improved. We have invited representatives from the College to our January meeting to demonstrate the many educational and organizational features of facs.org, including the surgical case log.

What about our Chapter website? Our website currently serves as a vehicle to provide information to our membership. It could certainly do more. If there were interest and expertise amongst our members to increase the functionality and interactivity of socalsurgeons.org, much could be done. We are very interested in hearing from any of

See PRESIDENT on page 2

Commission on Cancer Liaison Report

This update will summarize the previous year of my position as SCCACS cancer liaison for the Commission on Cancer.

1) A number of agenda items were covered during our January '07 Cancer Liaison Physician (CLP) meeting. First were introductions and also a welcome to the new CLP members for our state. We reviewed the role of the CLP under recent changes in Standard 2.3. "Appointed Cancer Liaison Physician (or their designee) oversees CoC quality initiatives such as, CoC Special Studies and acts as the lead for interpreting the facility's CP3R reports and meets the requirements for this standard."

Another discussion centered on the collaboration with the American Cancer Society and resources they offer. I recently participated with my local American Cancer Society chapter pre-

senting Colorectal Screening Prof Ed to primary care physicians. After each presentation, it has been documented that colonoscopic screening increased at each participating institution. We would like to have a core of physicians (CLP?) that would be willing to be local presenters for this American Cancer Society project.

We discussed a proposed speaker at the next chapter meeting, Dr. David Ota, co-chair of ACOSOG.

Finally a prize was proposed for the best resident's paper dealing in an oncology subject. This proposal will be submitted to the Chapter board.

Our next chapter Liaison meeting will be in January 2008.

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you with an interest in working on enhancing our website and would welcome your input. Please let me know your thoughts.

Forum for Female Surgeons

It is also time for another change in our Chapter: It is clear that women are becoming an increasingly important part of our surgical workforce, but have not been sufficiently represented in surgical leadership positions. To address this and other issues, we will be supporting a forum for women in surgery at this year's meeting. Drs. Shirin Towfigh and Lina Romero will be organizing this forum; they will welcome your input and participation.

We would like more young surgeons to participate in our Chapter (a young surgeon is age 45 or less). Drs. Lina Romero and Sherif Emil will serve as the Board's Young Surgeon representatives this year, and will be organizing a breakfast meeting at the January meeting for young surgeons, residents and students. We encourage you to plan to attend and bring your young colleagues. In addition, our Chapter will again be providing travel awards (\$3,000 each) for young surgeons. To be eligible for this award, you must fill out an application (available on the website), and must attend the January meeting. Drs. Romero and Emil will select the recipients, and will



present these awards at the Young Surgeons' breakfast. Check out these doctors' report on page 6 for details.

New Contests

The Board would also like to encourage more resident participation in the meeting. There will again be generous cash prizes for the three best resident papers. In addition, this year there will be an additional prize for the best resident paper in surgical oncology. While residents have historically presented many of our scientific papers, they often have not fully participated in the entire meeting. We encourage all chairpersons and program directors to support your residents' attendance. To help in this effort, Dr. de Virgilio and the Program Committee are developing a Surgical Jeopardy contest, in which residents from each of our Southern California programs will have an opportunity to compete. This contest promises to be both an entertaining and educational part of our meeting; we will be sharing the details as they are finalized.

I would also request the assistance of all members in recruiting industry participation in our Annual Meeting. The vendors provide an important resource to our membership by displaying the latest technology and providing a forum for interaction about new products and innovations. Our industry partners also provide an important source of funding for the scientific program, and make our meeting more affordable. Please forward your personal contact information for interested companies to Executive Director Jim Dowden (cjdowden@pacbell.net). He will do the follow-up and provide the vendor with a selection of opportunities that are available for participation.

I would like to close by again inviting each of you to fully participate in our Chapter. Please contact me (kwaxman@sbch.org) or any of your Board members with your input. I look forward to hearing from you.

Kenneth S. Waxman, MD, FACS
President, SCCACS

Chapter seeks feedback

SCCACS is your organization. The Chapter leaders below want to hear from you with any comments and suggestions:

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Membership Report

Current membership in the Southern California Chapter of ACS is 1,619 members. This breaks down into 961 Active Fellows, 603 Senior Fellows and 55 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*

CANCER continued from page 2

2) I was elected to the ACOS, Commission on Cancer last October during the Clinical Congress. This is a three-year membership in the governing body of the ACOS Cancer program. It was an honor to be elected and represent the SCCACS on a national level.

3) "What is Available to Educate Your Cancer Program"?

The Commission on Cancer (CoC) and American Joint Committee on Cancer (AJCC) often receive requests for presentations or speakers on cancer staging. At this time, the CoC and AJCC do not have a speaker's bureau, but they do have resources Cancer Liaison Physicians can use! I encourage you to take the lead at your own facility and disseminate and share staging information with staff in the cancer program. You have three options at this time:

(A) AJCC TNM Schema Slide Library The AJCC has developed a slide library consisting of site-specific material covering a variety of tumors. This is an excellent teaching tool to complement tumor conferences, physician CME events, or resident teaching conferences. Each slide set includes the site-specific TNM, stage grouping, and pertinent survival data. Slide sets can be downloaded free at <http://www.cancerstaging.org/education/media.html>

(B) Staging Moments. Use these brief, case-based presentations during departmental conferences, tumor board, or cancer conferences. These slide sets include site-specific cases, the staging system for the organ site, and the final stage for the case. The program will offer three cases for each of the following nine sites: breast, colorectal, melanoma, lung, cervix, ovary, pancreas, prostate, and uterus. Presentations on breast, colon, and pancreas are now available online at

<http://www.cancerstaging.org/education/media.html>.

(C) CoC's On-Line Education Center - NEW Online Courses Available! The CoC and AJCC have released nine new cancer staging courses for physicians and cancer registry personnel, including: Breast Cancer Staging: Fundamentals for Physicians Colorectal Cancer Staging: Fundamentals for Physicians Stereotactic Breast Biopsy: Medical Radiation Physics for Surgeons.

4) The CoC is developing electronic-Quality Improvement Packets (or e-QulP) for breast cancer, and will release them to each CoC-approved program during the first week of October. This new reporting application has been designed to specifically promote quality improvement activities that can assist facilities in the fulfillment of the CoC Approvals Standards requirements—8.1: Complete and document studies that measure quality and outcomes; and 8.2: Documented implementation of two improvements that directly affect cancer patient care. This Web-based application, accessible through CoC Datalinks, will provide program-specific case summary reports for breast cancers diagnosed in 2003 and 2004, as transmitted to the

NCDB by each CoC-approved program, which are designed to enable facilities to review and address data completeness in prepa-

ration for the release of future CP3R-like applications for breast cancer. These future applications include: Patients undergoing breast-conserving surgery and who are under the age of 70 should be considered for or receive radiation therapy. Patients with Stage I (tumor size > 1cm and N0) or Stage II/III (any tumor size and N+) with hormone receptor negative breast tumors should receive or be considered for combination chemotherapy. Patients with Stage I (tumor size > 1 cm and N0) or Stage II/III (any tumor size and N+), ER+ or PR+ breast tumors should receive or be considered for hormonal therapy. CoC-approved cancer programs will be notified via e-mail when the reports are available.

5) The Commission on Cancer (CoC) has partnered with the American Cancer Society (ACS) for more than 90 years to help prevent, diagnose, and treat cancer through research, education, advocacy and service. As a CLP, your role is to serve as a physician champion, keep your cancer committee abreast of CoC initiatives, and help facilitate the relationship with the ACS. Is your local ACS representative attending your Cancer Committee meetings? Consider a collaborative project for 2007. Please let me know if your hospital has had a particularly successful CQI project that would be of interest to other facilities as well. I have recently participated with my local American Cancer Society chapter presenting Colorectal Screening Prof. Ed. to primary care physicians. We need more physicians who would be willing to be local presenters for this American Cancer Society CRC project. A PowerPoint presentation is available. I will continue to solicit participants for this collaborative venture.

6) Last May, I attended the ACOS State Chair meeting in Chicago. This was a three-day meeting with workshops in CLP recruitment and support. Also covered was tumor registry support and community outreach participation. I was asked to give a presentation on Physician engagement. This meeting was a worthwhile experience, which will help in my interaction with our local Cancer Liaison Physicians.

7) Annual CLP Breakfast Meeting at Clinical Congress

Don't miss this opportunity to meet with your State Chair and network with other Cancer Liaison Physicians in your state! The CoC is hosting its Annual Cancer Liaison Physician Breakfast on Monday, Oct. 8 in conjunction with the American College of Surgeons Clinical Congress in New Orleans.

8) I have been honored to be your state cancer chair for the past year. Contact me at 626/449-6606 or recabare@usc.edu regarding any Commission on Cancer problems or questions.

*James Recabaren, MD, FACS
State Chair, Southern California Chapter ACS
Commission on Cancer*

California Medical Association Report

Year seemed ripe for real health care reform

What's Bipartisanship worth?

For anyone with his head above ground, this year seemed ripe for real health care reform. By December last, there were three major plans and several smaller ones.

The Governor's plan contained the attention-getting feature of a tax on doctors and hospitals to pay for itself. The Democrats' plan included an employer mandate much like the one disapproved by voters a couple of years ago. The Republicans' offering touted personal responsibility – breathing requires health insurance.

In the above, I limited the debate to the key issues as most of the plans contain many similar features. So, what has happened?

For one, broad bipartisan support to solve the problem.

For another, large players (industrial giants such as GE and GM), major insurers, business folks as in the Chambers of Commerce, the CMA and the CHA among others, gathered round the table to find "the" solution.

One truth that emerged was that the solution could not involve a new tax because that would require a legislative supermajority – an impossibility (think of the current budget fight).

Another truth is that bipartisan support guarantees nothing. Everyone recognizes the problem, but the devil lies in the how to fix it. Proposals are out there – each championed by powerful groups (paid your CMA dues?) and the battle goes on. The Democratic plan has passed the Senate Health Committee (AB8) and will be fiercely debated by the Senate as a whole. It includes an employer mandate with a 7-8% payroll tax, but no tax on docs or hospitals.

Premiums & Fees

There has been lots of interest to reign in the unfettered ability of insurers to raise premiums and/or reduce fee payments. Most people of sound mind think that some proof of need should be required prior to rate hikes or fee reductions. AB 565 (Jones) was written to require the big guys (read Blue Cross) to show cause much like the public utilities. Despite all talk of bipartisanship, this was defeated.

Speaking of our friends at Blue Cross, you may recall the dustup when BC unilaterally decided to pay endoscopies in outpatient centers at a higher rate than in a hospital. The CHA filed suit with support from the gastroenterologists. The judge ruled that BC couldn't do the deal, absent approval by the DHS. The good news is that the regulators might disapprove BC's plan. The bad news is that BC (for unknown reasons) reduced the fee for ALL endoscopies.

Some other areas of common ground as to the problem but difficulty in crafting a solution include hospitalists, MLK hospital, and specialty hospitals, including Prem Reddy's business model.

Having ICUs staffed by critical care specialists seems like a no-brainer. How these folks relate to the patients' doctor remains a touchy issue. In-house internists caring for HMO patients is old hat, but extension to those who care for patients without a private physician is growing under the auspices of internal medicine de-

partments. Most of these patients are un- or under-insured, so one is left to wonder whether this is better patient care or a dollar-driven exercise.

Now there is talk of hospital-based general surgeons – with or without trauma call, hospital-based orthopods and hospital-based neurosurgeons. Models for these endeavors extol the virtue of increased efficiency, better patient care, increased revenue through better billing practices and better partnering between the hospital and young surgeons to assist them in getting started. There are, of course, two sides to this and I ask withergoist private practice?

Future of MLK

The plight of MLK is clear. Everyone knows the problem. The solution is not so clear. What to do with the 47,000 ER visits/year? Will there be a riot? Will St. Francis buckle under the increased load? Will the County Clinics have the resources to save the day? What can be done to assure quality care?

Every surgeon has envisioned an operating environment, at one time or another, featuring one-minute turnover times, scrub nurses who never hand the wrong instrument and never is the right instrument lost or broken. Thus was born the specialist hospital boasting a streamlined path for patient and surgeon alike. Not that such specialization is new – we have orthopedic, childrens, cancer, and eye to name a few – but what is new is doctor ownership and the inevitable scrutiny that will follow.

The entrepreneurial spirit that drives us all is clearly profit-driven and finds its expression in Dr. Reddy's business model. His small to mid-size hospitals have no insurance contracts and carry only those lines that make money. The problem is not making money, it's that there must be some hospitals doing the things that make no money. Where will this go?

A Watershed Time

Many of the questions I have raised would require a different set of answers were California to solve the health care problem. Bipartisanship regarding the solution is much more difficult than recognizing the problem.

What has CMA done to make your life better? A host of new lawyer-lobbyists has defeated turf intrusions by nurse practitioners, physician assistants, psychologists and optometrists. Bating 1,000 isn't bad.

Finally, CMA continues to fight to recalculate the SGF (sustainable growth factor) which this year will result in a CMS reduction of 9.9% to physicians. When will it end?

Football season is here.

Comments to dgaspard@iopener.net.

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

Young Surgeons Representatives' Report

With health care reform once again climbing to the top of the political agenda, the 2007 ACS Leadership Conference in Washington, DC was especially pertinent to all surgeons, and particularly young surgeons in the early phase of career planning.

Five surgeons from the SCCACS attended this year's conference, including three young surgeons and a surgical resident. The conference lasted three days and included general sessions, workshops, appearances by members of congress from both political parties, and visits to Capitol Hill. Highlights included inspirational presentations by Edward Copeland, MD, FACS, president of the American College of Surgeons, and Stephen Evans, chair of surgery at Georgetown.

A well-attended young surgeons networking luncheon examined the particular needs and challenges facing young surgeons around the country. A highly engaging session entitled, "From Imus to Oprah to Katie," demonstrated effective strategies and techniques in communicating with the media and the public regarding issues of importance to surgeons. The Young Surgeons also met with multiple personnel on Capitol Hill, including health care legislative assistants to Senators Barbara Boxer and Diane Feinstein, who both demonstrated impressive in-depth knowledge of health care issues.

Although much of the conference was dominated by potential cuts to MEDICARE and the new Pay-for-Performance initiatives, multiple other issues were raised. Some of those included SCHIP funding, medicolegal reform, implementing health information technology, limiting the scope of surgical practice by non-surgeons, funding for trauma care systems development, supporting graduate medical education and surgical residents, and the plight of the uninsured and underinsured.

The experience left the young surgeons with a better understanding of how Washington, DC works, an appreciation of the challenges facing American surgery, and an enthusiasm to assume activist roles regarding issues important to them.

With declining compensation and soaring housing costs in Southern California, young surgeon members have faced particular challenges in the last several years. Nevertheless, this is an exciting time as health care again takes front and center as a statewide and national issue. Young surgeons have both an opportunity and an obligation to provide leadership and vision that advocates for surgical patients and the physicians who attend to them.

Young Surgeon Stipend

In order to encourage young surgeon participation in both local Chapter and national activities, a stipend to help defray travel and registration costs to a future ACS meeting is offered to three Young Surgeons every year. This \$3,000 stipend can be used to attend either local or national meetings and will be awarded at the Young Surgeons' Breakfast at the Annual Scientific Meeting in Santa Barbara in January 2008. During this breakfast meeting, each young surgeon also has the opportunity to meet and establish a professional relationship with visiting professors and leaders of the ACS and our Chapter, and to discuss pressing issues for the practicing young surgeon. Applications for the travel stipend will be sent out via e-mail in the near future.

We look forward to seeing you all in Santa Barbara.

*Sherif Emil, MD, CM and Lina Romero, MD
SCCACS Young Surgeons' Representatives*

ACS Board of Regents meeting highlights

The following are highlights from the Feb. 9-10, 2007 meeting of the ACS Board of Regents:

The Board of Regents approved a proposal for enhancing the public profile and visibility of the College. Estimates regarding the number of new physicians who are likely to enter the profession of surgery continue to fall; ongoing cuts by health care providers and payors continue to negatively affect the ability of surgeons to provide optimal patient care; and skyrocketing medical malpractice premiums continue to erode the surgical community's morale, practice environment, and livelihood.

The College intends to launch a communications plan designed to create a more positive climate that will be receptive to the changes necessary to improve the care of the surgical patient and safeguard the standards of care in an optimal and ethical practice environment. The plan will focus on reaching key audiences:

- * Health care/policy influencers – hospitals, health plans, etc.
- * The broader community – opinion-leading news media, etc.

* Surgical community – College members and prospective ones

e-FACS.org

Statistics for the College's Web portal continue to show increased usage and greater adoption by its members. Since the portal's launch, there have been more than 360,000 page views. During its first year, e-FACS.org was visited by about 13,000 individual members of the College.

A highlight has been the collaboration with the Division of Education in developing the CME tracking and logging tool on the My Page area of the portal. Fellows attending the Clinical Congress were able to use the portal to log CME credits earned by attending scientific sessions. Nearly 1,600 people entered their CME credits through the portal during the week of the meeting. Also, the My CME area of the portal gives Fellows the option of tracking credits for educational activities not sponsored by the College.

For more minutes, visit www.facs.org/news/regentsfeb2007.html.

2008 Annual Scientific Meeting

Four Seasons Resort, The Biltmore

www.fourseasons.com/santabarbara

1260 Channel Drive
Santa Barbara, CA
Jan. 18-20, 2008

Once again, the Southern California Chapter ACS Annual Scientific Meeting will be held at the ever-inviting Four Seasons Resort, The Biltmore in Santa Barbara. The Program Committee -- with Chair Christian de Virgilio, MD, FACS; Associate Chair Shirin Towfigh, MD, FACS; and Assistant Chair O. Joe Hines, MD, FACS -- remains hard at work planning an exciting meeting.

Highlights of the Annual Scientific Meeting will include:

Guest Faculty

*J. David Richardson, MD

Editor
The American Surgeon

*Thomas Russell, MD, FACS

Executive Director
American College of Surgeons

*Michael G. Sarr, MD

James C. Mason
Professor of Surgery
Mayo Clinic
Rochester, MN



View from
Four Seasons Resort, The Biltmore

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

Program Highlights

- *Trauma sessions fully integrated with the general program
- *High-quality, original papers
- *General and sub-specialty sessions
- *Lectures by invited guests
- *Friday evening Cocktail Reception with hors d'oeuvres
- *Saturday afternoon Wine and Cheese Reception running concurrently with poster presentations
- *Young Surgeons breakfast and special activities

*What's New in Surgery:

An indepth look at important new developments in a variety of areas, including Surgical Oncology, Colorectal, Vascular, Minimally Invasive, Trauma and Endocrine.

*Specialty Sections and their Chairs:

-**Pediatric Surgery:** Chair Jeffrey Upperman, MD, FACS (USC/CHLA)

-**Vascular Surgery:** Chair Bruce Gewertz, MD, FACS (Cedars-Sinai)

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

-**General Surgery:** Chair O. Joe Hines, MD, FACS (UCLA)

-**Head and Neck Surgery:** Chair Uttam Sinha, MD, FACS (USC)

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

-**Colorectal Surgery:** Chair Maher Abbas, MD, FACS (Kaiser)

-**Trauma:** Chair Areti Tillou, MD, FACS (UCLA)

Please join us in Santa Barbara Jan. 18-20, 2008. You need to call 805/969-2261 no later than **Dec. 17, 2007** to reserve a room for \$325/night (single/double) at Four Seasons Resort, The Biltmore.

*Christian de Virgilio, MD, FACS
Program Chair*

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SCCACS NEWS



Save The Dates!

2008 Annual Scientific Meeting
Four Seasons Resort, The Biltmore
Santa Barbara, CA
Jan. 18–20, 2008

Surgical Residents and medical students may register free of charge
