

SCCACSNEWS

SOUTHERN CALIFORNIA CHAPTER

AMERICAN COLLEGE OF SURGEONS

SUMMER 1998
VOLUME 3

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.

*Jonathan R. Hiatt, MD, FACS
President-elect*

Calendar

•1999 Annual Scientific Meeting

Four Seasons Biltmore Resort
Santa Barbara, CA
January 22–24, 1999

•Abstract Submission

Deadline—August 7, 1998

•Program Committee Meeting

August 26, 1998 at 6:30 p.m.
InterContinental Hotel, Los Angeles

•Board of Directors Meeting

October 14, 1998 at 6:30 p.m.
InterContinental Hotel, Los Angeles

Call 323/937-5514 for more information.

President's Message

Your Board of Directors and Officers are planning an outstanding and memorable meeting at the Santa Barbara Four Seasons Biltmore Resort, which is probably the most favored meeting venue of the Chapter, January 22–24, 1999. We will provide a varied educational and social program which we are confident will please you.

In accordance with the “benchmarks” suggested by the Governors’ Committee on Chapter Activities, our scientific program will include not only general surgery topics but also subspecialty subjects, cancer and trauma presentations, and resident competition papers. We are confident that better participation in chapter activities will result when we have a diversity of attendees. We hope to see many of our younger members and their families next January in Santa Barbara, where there is so much to do and see.

Your Board has adopted a more equitable pricing policy for the meeting this year. All attendees will pay a uniform registration fee. For your convenience, registration fees and membership dues may be charged on your credit cards, or you may continue to pay by check.

Program Directors and Department Chairs can help the Chapter by strongly recommending 100% participation by their faculty members and trainees. All attendees are encouraged to sign up before the deadline set in the registration forms because registration fees will be higher on site.

A Call for Abstracts has been sent to all members and Resident Training Program Directors. Residents who are presenting papers with Senior Authors will also receive a program book. Contact the Chapter office (323/937-5514) for additional copies.

Invited guest speakers include Dr. Blake Cady of Providence, RI, a well-known surgical oncologist; Dr. Harry J. Buncke, Jr. of UCSF and Stanford, Director of

Replantation at UCSF and doyen of micro-vascular surgeons; and Dr. George Sheldon, President-elect of the ACS and Professor and Chairman of the Department of Surgery, University of North Carolina.

Four Seasons Biltmore

The American Riviera’s Premier Resort, the Four Seasons Biltmore is nestled on Butterfly Beach in exclusive Montecito, a few miles south of Santa Barbara. It is an adobe and terra-cotta hacienda flanked by secluded guest cottages within 20 acres of lush tropical foliage. It provides oceanside dining, extensive fitness options and spa pamperings. The private, beachfront Coral Casino Beach & Cabana Club is nearby, and attendees may enjoy its facilities without charge, including the Olympic-sized swimming pool.

The Resort provides a multilingual concierge staff, 24-hour room service, twice-daily maid service, terry-cloth bathrobes, hair-dryers, complimentary newspapers, VCRs in every room, a fully stocked private bar, cardiovascular fitness rooms, a complimentary children’s program (Kids Four All Seasons), salon/spa services, two pools, three private tennis courts, four restaurants, two lounges for oceanside dining and in-room safes. The Chapter has negotiated special discounted room rates for the January meeting.

This is the perfect place for our Chapter meeting. Come, be updated, pampered and enjoy!

*J. Kenneth Chong
MD, FACS*

YOUNG SURGEONS

Take Advantage of ACS Resources

The 27th annual Meeting of the Young Surgeons Representatives was held in Rosemont, IL April 19–20, 1998. Seventy-five young surgeons representing 63 ACS chapters in the United States and Puerto Rico attended. I had the honor and privilege of representing the Southern California Chapter this year. The meeting was sponsored by the American College of Surgeons' Committee on Young Surgeons and was coordinated by the College's Education and Surgical Services Department.

In today's increasingly complex and highly regulated healthcare environment, the young practicing surgeon is faced with social and economic pressures that are complicating and altering the nature of surgical practice and the surgeon–patient relationship. Changing requirements and escalating restrictions are being imposed by the government and third–party payers in an effort to deal with this country's growing problems with healthcare costs. Increasingly, one is being asked to balance the quality of surgical care with the cost of rendering that care.

Other pressures include concerns about professional liability and the threat of malpractice litigation which sometimes result in the practice of defensive medicine and adversarial relationships between surgeons and their patients. At the same time, surgical advances and rapidly developing technology are improving patient care and the quality of life, but often are raising unrealistic expectations on the part of patients. These multifactorial forces can lead to frustration and disillusionment as young surgeons struggle to maintain their dedication to the tradition of the surgical profession and to provide the best possible care for their patients.

Although these various socioeconomic and medicolegal conflicts may continue to directly or indirectly affect a surgeon's daily practice, one need not fall victim to them. As the leading organization for all surgery, the ACS has been actively dealing with the complex healthcare environment at both the local and national levels, speaking on behalf of surgeons and serving as an advocate for their patients. The College has been firmly committed to maintaining its stature as a leader in surgical education and as a proponent of the highest standards of practice throughout the entire spectrum of the healthcare system.

As an ACS Fellow, your active participation in the local affairs of the Southern California Chapter are important to influence public attitudes and policy affecting surgical practice at the state and local levels. The following are mechanisms that the College has put in place to help you do this:

1. Regional workshops for Chapters: Since fall 1990, the College has been conducting regional workshops for its chapters to enhance a Chapter's ability to influence policy affecting surgical practice at the state and local levels. Practice tips are offered for effective interaction with five groups that have an influence on surgical practice today: the state legislature, third-party payers, peer review organizations, the media and local community groups.

2. Media relations workshops: An ongoing program of the College since 1980, these workshops were developed to help Chapters establish working relationships with the media at the local level

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Committee on Trauma Activities

The Chapter's Committee on Trauma met during the 1998 annual meeting of the Chapter in La Quinta. There are 28 active members on the committee.

Activities of the committee include:

1. Advanced Trauma Life Support: The committee continues to monitor the ATLS program. During the last year, 20 provider courses and one instructor course were given in Southern California.

2. Research competition: We continue to participate in the Committee on Trauma Resident Paper Competition, and we hosted the Region IX Competition for the third consecutive year. Once again, the winner of this regional competition was the overall winner at the National Competition during the spring meeting of the Committee on Trauma (COT).

3. Education: The committee has actively sponsored and participated in two formal postgraduate courses, the California Trauma Conference and the USC Trauma Conference, both held in Los Angeles.

4. Legislation: The committee has participated in a review of

the new proposed Title 22 Trauma Guidelines, as members of a subcommittee of the Los Angeles County Trauma Hospital Advisory Committee. Significant changes in both the Title 22 document and the resource document for trauma center verification of the ACS COT have been requested.

5. Trauma center verification: The committee continues to monitor and participate in the activities of the ACS COT Verification Committee. Five hospitals in our area have undergone verification visits within the last year.

6. Future projects: In the coming year, we anticipate that the new ATLS course will be successfully implemented and that a new trauma center resource document will become available. We also expect that we will continue to have good representation in the Trauma Resident Paper Competition.

The next meeting of the Trauma Committee will be in Santa Barbara at the January Annual Meeting.

*H. Gill Cryer, MD, FACS
State Chairman, Committee on Trauma*

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to increase public awareness and an understanding of the work of the surgical profession. The workshops are designed to provide members of local chapters with suggestions and tools for fostering better communications with the media and others.

3. The Chapter Visit Program: Through its Washington Office, the College offers a Chapter Visit Program to provide members of Congress with an opportunity to learn about the concerns of surgeons in their states. For chapters that wish to visit their congressional delegation, appointments are arranged with senators and representatives from the state, briefings are conducted for Chapter representatives, and ACS staff accompany the surgeons on visits to their legislators.

4. "Mini-Medical Exchange" program: This program was

initiated to provide congressional and federal agency staff with a deeper understanding of the surgical profession. Hosted by Fellows at local teaching hospitals, these programs provide staff of key health policymakers with an opportunity to follow a surgical resident for an entire day, viewing first hand the demands of surgical training, including operations, patient rounds, surgical conferences and administrative processes.

It stands to reason that your active efforts to influence the socioeconomic affairs of your profession will ultimately mold the future of the surgical specialties. The vitality of our profession depends on the vigor with which young surgeons take part in our organizations.

*Roy M. Fujitani, MD, FACS
Young Surgeon Representative*

Highlights of the Meeting of the Board of Regents—June 5–6, 1998

Committee on Emerging Surgical Technology and Education

The committee recently published standards for approval of hands-on courses in new technology and will publish the verification process for a basic course in the use of ultrasound this summer. The committee sponsors courses in ultrasound and image-guided breast biopsy. A new course in sentinel node biopsy will be developed and offered for the 1998 Clinical Congress, using telemedicine technology instead of wet laboratory experience.

Joint Commission on Accreditation of Healthcare Organizations (JCAHO)

Sentinel events that affect recipients of care (patients, clients, residents) and that meet the following criteria are acceptable and reviewable by the JCAHO under the JCAHO Sentinel Event Policy:

1. The event has resulted in an unanticipated death or major permanent loss of function not related to the natural course of the patient's illness or underlying condition, or
2. The event is one of the following (even if the outcome were not death or major permanent loss of function):
 - a. Suicide of a patient in a setting where the patient receives around-the-clock (e.g. hospital residential treatment center, crisis stabilization center) care.
 - b. Infant abduction or discharge to the wrong family.
 - c. Rape.
 - d. Hemolytic transfusion reaction involving administration of blood or blood products having major blood group incompatibilities.
 - e. Surgery on the wrong body part.

Council of Medical Specialty Societies (CMSS)

The CMSS Council approved a proposal from the American Society of Plastic and Reconstructive Surgeons to provide insurance coverage for children's deformities. The CMSS reviewed but took no action on a consensus statement from four primary care specialty organizations and boards requesting that the AMA modify the American Medical Accreditation Program (AMAP) based on four principles, including the principle that the sole purpose of the program must be to provide accurate, unbiased and valid assessments of physician quality. The four organizations include the American Academy of Family Phy-

sicians, American College of Physicians, American College of Obstetricians and Gynecologists, and the American Academy of Pediatrics.

Professional Liability Activities

The U. S. Department of Health and Human Services' Health Resources and Services Administration (HRSA) reported that as of April 1, 1998, 182,882 files pertaining to 121,306 health care practitioners were listed in the National Practitioner Data Bank (NPDB). Of the practitioners in the data bank, 96,672 were included for medical malpractice only, 12,207 were registered for adverse action reports only, and 6,013 were listed due to exclusion from the Medicare or Medicaid programs. The HRSA published a notice of proposed rulemaking on March 24, 1998 regarding self queries to the NPDB which would amend the existing regulation that established the NPDB and give the data bank the authority to charge for self queries. Dr. Samuel A. Wells Jr., ACS Director, expressed his concern regarding the proposed rulemaking in a letter to HRSA.

The 1998 Clinical Congress Panel Program, "The Surgeon and the Law," will discuss pertinent topics such as the "Pros and Cons" of the NPDB." The 1998 Postgraduate Course, "Professional Liability and Risk Management in a Changing Health Care Environment," will be presented again at the 1998 Clinical Congress.

Legislative and Regulatory Activities Report

On June 1, advance copies were made available of a notice of proposed rulemaking (NPRM) regarding the implementation of resource-based practice expense relative value units (RVUs) into the Medicare Fee Schedule. The NPRM, which was published in the *Federal Register* on June 5, would make significant changes in the methodology the Health Care Financing Administration (HCFA) originally proposed to use to develop the new practice expense RVUs. College staff and consultants are in the process of reviewing and analyzing these proposed changes and their likely impact on Medicare payment for surgical services. However, it appears that aggregate payment reductions for most surgical specialties will be considerably less severe than those expected to result under earlier proposals.

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The General Accounting Office (GAO) consulted on three occasions with the College while developing its report, *HCFA Can Improve Methods for Revising Physician Practice Expense Payments*. The Balanced Budget Act of 1997 required GAO to evaluate HCFA's efforts to develop resource-based practice expenses. The ACS subsequently wrote to Acting Comptroller General James Hinchman, thanking the GAO for allowing representatives of the College to review and comment on the draft of the agency's report to Congress.

The ACS has made several recommendations for improving the report, including explicit recognition of the impact of the recent implementation of a single Medicare fee schedule conversion factor on payments for surgical services. Additionally, the ACS has commended the GAO for conducting, in a short time frame, a thorough assessment that sheds considerable light on many problems with the data and methodology HCFA has contemplated using.

On Feb. 3, Dr. Ebert wrote to Horace Deets, Executive Director of the American Association of Retired Persons, suggesting that the organization monitor very closely the development of resource-based practice expense relative values, to assess their reasonableness and potential impact on beneficiary access to care.

Regarding the issue of evaluation and management (E&M) documentation, several Fellows participated in the April 24 meeting cohosted by the American Medical Association (AMA) and the Health Care Financing Administration (HCFA), to discuss problems surgeons and other physicians have had with the 1997 guidelines.

In addition, the College wrote to the AMA on March 13 requesting that: 1) HCFA develop safeguards to ensure that inadvertent coding and documentation errors do not constitute fraud and abuse; 2) any revisions be pilot tested; 3) the requirements for conducting a

comprehensive patient history be eased in cases involving intubated, incoherent or unconscious patients; 4) a single organ system exam be developed for the gastrointestinal system; and 5) the guidelines be presented in a more comprehensive manner.

The College will continue to sponsor coding workshops for general surgeons and for nonclinical staff in 1998. Practice management workshops will also be held.

Communications Activities

The College's print advertisement, which focuses on patient choice, appears from April through October in several national magazines. Radio air time was purchased again this year as part of the ACS "image building" campaign. A 60-second spot on surgical qualifications and the importance of an individual's ability to choose his or her surgeon will air from July 6 through Aug. 15 on 17 stations in Arizona, Arkansas, Florida, Iowa, Nevada, Oklahoma and Wisconsin.

The development, expansion and updating of the College's website continues to be a major focus of activity for the Public Information/Electronic Publishing Division of the Communications Department. The content on the site has expanded to more than 2,000 pages, with additional departments and committees coming on line each month. Visitor activity on the ACS website remains high, with an average of more than 3,400 hits per day for the month of May. Websites are now maintained by 12 Chapters.

Committee on Informatics Status Report

The committee's second annual postgraduate course at the 1998 Clinical Congress will provide a basic introduction to the use of computers and the Internet, including a hands-on session. In addition, a booth providing Internet access will be available during the Congress.

*Edited by Jonathan R. Hiatt, MD, FACS
President-elect*

In Your Interest...

Current membership in the Southern California Chapter of ACS is 1,550 members. This breaks down into 924 Active Fellows, 578 Senior Fellows and 48 Associate members. The Chapter membership represents just over half of all ACS Fellows in the Southern California region. We need your help in reaching out to your colleagues and the ACS Fellows who have not yet joined the Chapter. It is in your interest!

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

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

The Southern California Chapter provides its member surgeons with unique services not offered in most other areas of the country. We are the only Chapter that provides a free subscription to *The American Surgeon*. This outstanding journal is provided to active members of the Chapter throughout the year. The Chapter also funds the cost of participation on

the various CMA legislative bodies and meetings by surgeon 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 the 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 that your voice continues to be heard, your continued support of the Chapter is vital. But equally important is your assistance in reaching out to your colleagues who are not currently part of the Chapter to encourage their membership and their involvement.

In the next few weeks, we will be inviting every ACS Fellow in Southern California to join the Chapter to take part in these efforts to represent the surgical profession, at all levels affecting our practice.

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

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

*Gregory C. Greaney, MD, FACS
Chair, Membership Committee*

California Medical Association Update

The cover story in the April edition of *Medical Economics* is entitled "Organized Medicine—Dying or Just Fading Away?" The article explores why doctors are deserting traditional associations such as the AMA. This obituary may be premature, however.

Consider the stunning victory of organized medicine in dealing with HCFA and its egregious E&M codes. This win was crafted by a cooperative effort between many medical societies throughout the nation, including CMA. As you know, the CMA is the proving ground for many of the AMA's future leaders, and it was not just chance that the House of Delegates of CMA voted unanimously (a word rarely used in medical circles) to oppose the initiation of the E&M codes. This rapidly translated into national action and indefinite postponement for the new coding format.

That's the good news.

The bad news is that those E&M codes were actually crafted by doctors; many specialty societies and groups within organized medicine had an opportunity to look at them during their nascent phase, and no one paid much, if any, attention to them. This resulted in their assuming a life of their own, and the bean counters took the ball and ran with it, albeit in the wrong direction.

The importance of belonging to an organization, and more importantly participating in it, should be clear. There are three Chapters of the College in California with more than 4,000 members. The College membership nationally for California is almost twice that number. This is a limitation on the Chapters to participate in CMA, as delegate strength in CMA is based upon College members who belong to their California Chapter—not just national membership. Were the Chapters to grow in this regard, voting strength in CMA would increase and also dollars would be available for our socioeconomic (read lobbying) efforts. The Southern California Chapter board does recognize a political agenda and supports it to the extent financially possible. These dollars must be shared with the scientific and educational activities of the Chapter, and I would urge you to help us grow our Chapter membership.

The CMA has been quite successful in the past session. In addition to the E&M code victory, CMA is well positioned to defend MICRA, which every surgeon should find to his or her benefit. The defense of MICRA is primarily dependent upon dollars, and those dollars can only come from you. The CMA has sponsored legislation, AB162, which would consolidate the growing number of government audits of physicians' offices. One audit would then suffice for all interested parties. Also, Senate bill SB317 would require that capitation rates be based on actuarially sound data—rather than on what the market will bear—to allow physicians to be compensated at a rate that ensures quality and continuity of care.

The CMA has also opposed the repeal of the working place smoking ban. In addition, it opposes AB1412 which would repeal the law requiring motorcyclists to wear helmets. And then there is managed care. As you may have read, the task force convened by Gov. Pete Wilson submitted its report which is quite a mom and apple pie thing. There is very little in the report with which one could disagree. The devil is in the details. The report makes very sweeping generalizations which will require heated debate before legislation ensues. The CMA has reviewed, literally, 100 bills dealing with managed care, and the effort to include the physicians' perspective within the mix is ongoing, expensive, and exhausting.

The control and improvement of managed care will only occur with a concerted effort by doctors, and only then in a organized way. Small groups with single item agendas are antithetical to the process. If you look closely, you will note that the CMA has actually stopped its downward spiral and, in fact, is leaner, meaner and increasing its membership. The thrust of the organization is collaborative effort—not fractious behavior, and it deserves every doctors' support. I would urge you to join the CMA, support its socioeconomic efforts, and participate in your Chapter's activities. Membership is the first step and participation is the next.

*Donald G. Gaspard, MD, FACS
CMA Delegate*

Carrier Adviser Committee Joint Meeting

This joint meeting on April 15, 1998 was attended by 65 representatives from sundry organizations. The meeting consisted predominantly of a discussion of proposed carrier policies, updates on a recent carrier medical director meeting held in April of 1998, discussion of newer Medicare issues and a guest speaker on cryogenics.

Physicians should be assured that both medical directors (Dr. Gerald N. Rogan, National Heritage Insurance Company, Northern California, and Dr. Arthur Lurvey, TransAmerica Occidental Life Insurance Company) are sincerely interested in physicians and surgeons. They are trying to improve the claims and HCFA policies to make them as "hassle-free" as possible. They have open lines (phone, fax and e-mail) and will listen and address issues if indicated. They are, however, bound by legislative policies (screening laws) as well as HCFA rules and regulations and are required

to perform focused medical reviews to isolate areas of potential fraud and abuse.

Particular issues of interest to the ACS chapter members discussed included:

1. A decision to reimburse for goserelin acetate in preference to leuprolide acetate (Lupron) for prostatic cancer. Lupron accounts for one-third of drug expenses reimbursed by Medicare, Part B. Since patient benefit and survivals are equivalent and the cost differential is excessive, payment for Lupron will not be made. This raises a significant amount of agitation and concern from the oncologists and urologists as well as others regarding philosophical issues of drug prices vs. HCFA interference with the practice of medicine.

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2. Discussion of the proposed local review policy for colorectal screening tests and acceptable ICD-9 codes. Examinations done for signs and symptoms should not be coded as screening examinations. Recently released guidelines for screening were a result of Congressional legislation, and unfortunately HCFA and its medical directors have had little influence in effecting changes.

3. A new policy is to be formulated for coding and reimbursement for percutaneous gastrostomy (PEG) placement to reconcile charges from gastroenterologists, surgeons and radiologists.

4. Highlights from the April, Baltimore, HCFA meeting of the carrier medical directors (65 MD's):

a. Specific intention to home health care reimbursement defining specific needs. Definition of "home-bound" surety bonds for new as well as pre-existing agencies.

b. Increased scrutiny of independent physiological laboratories (IPL); specifically, requirements for general vs. direct supervision (MD in-house).

c. Disbanding of a technical advisory committee (TAC) due to

confidentiality issues which will delay national approval of new technical innovations but will allow more local care review and appeal.

d. Significant release of new Medicare plans to compete with present existing coverage.

1. Indemnity plans.

2. Point-of-service plans.

3. Coalition of hospital(s) and doctor group(s) who will receive direct capitation monies from the Government without going through HMO's or requiring capitalization.

4. Evaluation of management codes and reimbursement.

5. If a Medicare HMO patient goes outside of the HMO for service, the MD or surgeon can charge the patient usual and customary charges. It is advisable, but not mandatory, to have the patient sign certification that they understand that they are totally responsible for the entire bill and not the HMO nor Medicare.

*Ronald G. Latimer, MD, FACS
Representative to Carrier Advisory Committee*

Commission on Cancer Programs

The Commission on Cancer has been responsible for collecting large amounts of data and providing results of that collection to the individual hospitals that have approved cancer programs. This information is evaluated and reported to the cancer committee annually, and its review is a requirement of the approval process.

The primary outcome from this data collection was to trend the care patterns over five-year periods. The information included the percentage of esophageal cancer patients that received operative intervention, the percentage of patients presenting at each stage of the disease, mortality rates and regional differences. This retrospective data is used to standardize treatment, establish treatment expectations, and introduce new multidisciplinary approaches.

NIH Funds ACoSOG

A new and far more exciting era is about to begin. In March, the ACoS and the NCI/NIH announced the funding of a new cooperative group—the American College of Surgeons Oncology Group (ACoSOG). The primary goal of the group will be to evaluate surgical interventions in patients with solid malignancies. The most common solid tumors—carcinoma of the breast, lung, colon and rectum—will be the target of the initial studies. The trials will evaluate selected new operations, technologies and instrumentation as they are introduced into clinical practice.

New basic science discoveries will also be explored. These include using molecular markers in the diagnosis, treatment planning and prognosis of disease and the role of genetic predisposition in the planning of preemptive therapeutic interventions.

The grant is initially funded for two years at approximately \$3.7 million per annum. During the early phase of the grant, the group will be responsible for the start-up and accrual of patients to clinical trials. This process should very actively involve the cancer liaison physicians in the individual hospitals. For some, this will finally identify an ongoing and critical role for the liaison physician

in their hospital.

The process of activating a clinical trial invariably includes learning the trial details completely, preparing the document in the format utilized in the individual hospital, preparing a consent form and finally having the protocol reviewed and approved by the Institutional Review Board (IRB). This elaborate and labor-intensive process can take as long as three months to complete. The "marching orders" for the liaison physicians will be to choose the most appropriate protocols and get local individuals (medical oncologists, family practitioners, radiation oncologists, pulmonologists) to champion the protocol in their hospitals.

In addition to the general excitement related to this new opportunity, participation will have monetary rewards. There is an anticipated funding of \$1,000 per patient entered. This revenue can go a long way in supporting the efforts of the cancer registry and physician educational objectives. It can be used to enhance the objectives of patient accrual, data collection, data management and other costs that are often incurred in performing clinical research.

The first protocols available for activation will be for lung and breast cancer. The lung cancer protocol will examine the efficacy of mediastinal lymph node dissection. The theme of nodal disease will also be the target for breast cancer, where a comparison of standard and sentinel lymph node dissection will be performed.

The ACoSOG is committed to and places great emphasis on educating surgeons in clinical trial methodology. Training in these new technologies will accompany the introduction and activation of the protocols. Surgeons will have an opportunity to learn the new techniques along guidelines established by the ACoSOG. This will guarantee a level of consistency that will enhance the validity of the study's outcomes.

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The leadership for the group will reside in the hands of three individuals: Dr. Samuel Wells is the overall group chairman and two deputy chairs, Monica Morrow, MD, and Douglas Fraker, MD, will serve as the Deputy Directors. The following committees will guide the development of the clinical and basic science protocols: Quality Assurance, Research Strategy, Publications, Nursing, Cancer Control and Basic Science.

Institutions and groups of individuals can become members of the ACoSOG through a variety of classifications. Fifteen academic institutions will be selected as Full Members of the group. Affiliate members will participate under the umbrella of a full institution membership and must place 10 patients on clinical trials per annum. Associate members will participate if they have unique technical expertise or access to a population of patients needed for a specific trial. The Clinical Community Oncology Programs (CCOP) are those entities that will participate using the ACS as a CCOP research base and must place five patients on treatment and five cases on cancer control studies per annum.

When the protocols are ready for distribution, the Southern California liaison physicians and the interested members of the cancer committees and hospital staffs will be invited to a project kick-off meeting. There, we can discuss the mechanics of activation for the available protocols and prepare for a successful launch. I will be contacting the local liaison physicians directly with a meeting date and plan to present an update at the Chapter meeting in January.

*Lawrence D. Wagman, MD, FACS
State Chairman, Commission on Cancer*

Call for Abstracts Annual Scientific Meeting January 22–24, 1999 Four Seasons Biltmore Resort Santa Barbara, CA

Abstracts must be submitted on the official ACS Chapter abstract form no later than **Friday, August 7, 1998**. For copies of the abstract form, contact the Chapter office (323/937-5514).

Attention Residents!

Cash prizes will be awarded for the three best papers submitted by and presented by Residents. \$1,000 in prizes will be awarded. Residents must prepare and submit the abstract with a letter from the program director to be eligible. For additional information, contact Jim Dowden, Executive Director (323/937-5514) or Stanley Klein, MD, FACS, Program Chairman (310/222-2795).

1999 Annual Scientific Meeting

**Santa Barbara Four Seasons Biltmore Resort
January 22–24, 1999**

The Program Committee, headed by Stan Klein, MD, FACS, and including Jim Atkinson, MD, FACS, and Steve Stain, MD, FACS, is hard at work planning a great meeting at this world-class resort. In his President's column, J. Kenneth Chong, MD, FACS, has described the terrific beauty and many amenities which the Biltmore has to offer. These are among the highlights of the program:

Guest faculty

Blake Cady, MD

Director, Breast Health Center
Chief of Surgery, Women's and Infants' Hospital
Professor of Surgery, Brown University School of Medicine
Professor of Surgery, Emeritus, Harvard Medical School

Harry Bunke, MD

Director of Replantation Surgery
University of California, San Francisco School of Medicine

George F. Sheldon, MD

Professor and Chairman of the Department of Surgery
University of North Carolina at Chapel Hill School of Medicine
President-elect, American College of Surgeons

Program Highlights

- What's New in Surgery, an update on the latest in various fields including surgical oncology, colorectal surgery, cardiovascular surgery and others.
- Scientific sessions with presentation of cutting-edge original research.
- The popular Young Surgeons' breakfast, with a socioeconomic focus.
- Saturday luncheon, with a lecture by Dr. Sheldon on "John Hunter and the American School of Surgery."

Please join us in Santa Barbara January 22–24, 1999 for a stimulating scientific and socioeconomic program and a great weekend for you and your family.

Jonathan R. Hiatt, MD, FACS