

SCCACS NEWS

SOUTHERN CALIFORNIA CHAPTER

AMERICAN COLLEGE OF SURGEONS

SUMMER 1999

VOLUME 4

Editor's Note

In this issue of *SCCACS News*, we have included summaries of the educational and socioeconomic activities of the Chapter.

We would appreciate input from the members on any concerns or issues you would like to have addressed either at the Annual Meeting or in future editions of the *SCCACS News*.

Richard A. Dorazio, MD, FACS
President-elect

Call for Abstracts has been extended to Aug. 18, 1999!

**2000 Annual Scientific Meeting
Waterfront Hilton Beach Resort
Jan. 21–23, 2000**

Abstracts must be submitted on the official ACS Chapter abstract form no later than **Aug. 18, 1999**. 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 more information, call James Dowden, Executive Director (323/937-5514).

President's Message

We were all exhilarated by the stellar quality of the 1999 Annual Meeting in Santa Barbara. At a time when many societies are beset by dwindling interest and modest attendance at their scientific meetings, our Chapter provides a scientific and social program which gets more exciting each year. President J. Kenneth Chong, MD, FACS, and Program Chair Stanley Klein, MD, FACS, deserve our gratitude and congratulations.

We're hard at work to see that the Chapter begins the next century with another great meeting, which will be held from Friday through Sunday, Jan. 21–23, 2000. We have selected Waterfront Hilton Beach Resort in Huntington Beach as the new meeting site. The Hilton is a modern and beautiful oceanfront facility which is quite affordable, despite its desirable location and amenities. In contrast to many resort hotels, the entire convention area is centrally located, allowing the plenary and breakout sessions to be held in adjacent space and making for a more efficient and cohesive meeting.

The program will include presentations of high-quality original scientific work, breakout sessions directed both to general surgeons and surgical specialists, and special lectures by invited guests. Our guests will include Drs. James C. Thompson, President of the College, and Ashbel Smith, Professor of Surgery at the University of Texas Medical Branch in Galveston; David Feliciano, Professor of Surgery at Emory University and a well-known general and trauma surgeon; Alfred Cohen, Professor of Surgery at Memorial–Sloan Kettering and an internationally-famous colorectal oncologist; and Stanley Goldberg, Professor of Surgery at the University of Minnesota and a colorectal surgeon of world renown. This list, while a collection of superstars, is only partial. When you receive your registration

packet in the fall, you'll find the final program to be focused, hard-hitting and of great interest to practicing surgeons.

Please plan to be with us in Huntington Beach next January. We hope to see old friends and also hope that young surgeons and surgical residents who have not attended our meetings in the past will be encouraged to submit their work and join us for the meeting.

While the scientific and educational mission of the College is one of our principal areas of concentration, your Board of Directors also pays close attention to the socioeconomic issues of concern to all surgeons. MICRA legislation is at the top of the list for 1999, and on behalf of the Board, I wrote to all members of the California Assembly Judiciary Committee expressing our strongest opposition to changes in MICRA. In addition, the Board approved a contribution of \$2,500 to the California Medical Association's Political Action Committee, CALPAC, in support of MICRA defense. Don Gaspard, MD, FACS, our CMA representative, provides further comments about legislative matters in his column on page 2 of this Newsletter.

The Chapter's Young Surgeon representatives for 1999 are Drs. Jeffrey Ballard of Loma Linda and Joshua Ellenhorn of the City of Hope. In addition to attending the Young Surgeon's meeting in Chicago in April, Drs. Ballard and Ellenhorn serve as ex-officio members of the Board of Directors and coordinate activities of particular interest to young surgeons at the Annual Meeting.

The Board is at work on a revision of our Chapter Bylaws and will be presenting these to the membership for ratification at the Annual Meeting. An audit of the

See **PRESIDENT** on page 2

Young Surgeon Representatives Meeting in Chicago

The 1999 meeting of Young Surgeon Representatives was convened at College Headquarters in Chicago on April 17 and 18, 1999. Eighty-five representatives selected by 60 chapters of the College in the United States and Canada attended the meeting, which was planned and hosted by the Committee on Young Surgeons.

The meeting began with an afternoon workshop entitled, "How to be effective in getting your message across." This workshop, run by Bobbie Craddock Lawrie, a media consultant to the College, emphasized communication skills necessary to speak to the media and other audiences. One important theme was the importance of answering questions from the media from the perspective of a **patient advocate**, regardless of the focus of the question.

When speaking to the media, it's important to quickly ask the reporter or interviewer the reason they are writing the particular story. It's also helpful to ask what interests the audience of the story. In presenting one's point of view to a reporter, there are three points that need to be addressed: Who cares? So what? and What's in it for the audience? In getting your story across, it's important to use examples, analogies to daily life, personalized numbers and statistics (benchmark local values), and third party endorsements (FDA, JAMA, etc.), when appropriate.

On the second day of the Young Surgeon Representatives meeting, there were presentations by Dr. Josef Fischer, first vice president of the college, who stressed the importance of each individual surgeon's participation in the college.

View from the Peak (or Valley) of Organized Medicine

Is organized medicine an oxymoron? In fact, it doesn't matter because if collectively we fail, then individually we are irrelevant. Third-party payers continue to merge—Prudential and Aetna being the latest—creating an ever greater force to posit lower fees to doctors. CMA backs the Campbell bill which seeks to allow physicians to collectively bargain. This bill requires maximal support by all doctors.

Mr. Villaraigosa's efforts to destroy MICRA are well-known. The fact that a COLA correction is all that has happened so far is mute testimony to the power of CMA opposition to more draconian change. It is interesting to note that over \$600,000 has been raised by the CMA to fight MICRA change, the great majority of which is medical staff dollars—not physicians' dollars. Where are the doctors? I suggest they are where they've always been—waiting to hop on the victory train. My friends, it's nearing the endgame, if we don't put up, be prepared to shut up. Dollars lead to lobbying muscle—CMA is doing a great job—help out. Join.

Remember that representation in CMA is based on ACS members who belong to the local Chapter as well as to CMA—again, joining is good.

*Donald J. Gaspard, MD, FACS
CMA Delegate & Council on Legislation*

Dr. Henry Desmarais, the newly appointed director of the Socioeconomic Affairs Department of the college, headquartered in Washington DC, captivated the audience with his discussion of the colleges' activities in Washington. He reviewed the college advocacy efforts for surgeons in Medicare reform, patient protection legislation, patient confidentiality, changes in reimbursement formulas and coding and other efforts of the college on behalf of the surgical patient and surgeon. He also discussed upcoming legislation, which may dismantle the current global surgical fee system for Medicare and unbundled post-operative care into its various components.

Sessions on successful practice management by George Conomikes, personal financial health by Roger Gibson, an investment advisor, and Dr. Brian Miscall, a general surgeon, were followed by a meeting with Dr. Samuel Wells Jr., ACS director, who spoke on the current activities of the college in a number of areas. He emphasized the new clinical research program coordinated by the college, The American College of Surgeons Oncology Group (ACoSOG), under the auspices of the National Cancer Institute. Through this new cooperative group, clinical trials in cancer management of the surgical patient can be simultaneously conducted at a number of medical centers.

ACoSOG is well underway, and a number of centers are now recruiting patients. Participation by young surgeons is especially important in the success of these clinical trials. Dr. Wells encouraged young surgeons to be active in their chapters and politically active, especially in areas of patients' rights initiative. The individual impact of surgeons on their congressional representatives in congress was emphasized as being vital to the health of excellent medical care.

*Joshua D.I. Ellenhorn, MD, FACS,
and Jeffrey L. Ballard, MD, FACS*

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Chapter's financial status also will be conducted and reported to the membership in January.

We were deeply saddened by the untimely passing in October 1998 of Dr. John Goodwin, a longtime member of the Chapter and the Board of Directors, past Program Chair, and Governor-at-large of the College. In his memory, the Board of Directors made a contribution to the Dr. John Goodwin Fund at the Glendale Memorial Health Foundation. We are grateful for John's friendship, hard work and unfailing good humor over the years, and we offer heartfelt condolences to his family.

As this is the only official written communication for the year, may I offer deepest thanks to all of the members for the honor of the presidency and sincere appreciation to the Officers, Board of Directors and Executive Director C. James Dowden and his staff for their hard work and support.

Jonathan R. Hiatt, MD, FACS

Commission on Cancer Programs

Since I last reported to you regarding the activities of the Commission on Cancer, several changes have occurred. Many hospitals in our local area have been reviewed by the approvals program of the Commission on Cancer and have been given approval for three years.

As I review the reports, I have noted that a key element in many of the reports is the participation of surgeons in their Cancer Committee and Tumor Boards. The initiator and leader for the care of cancer patients, the surgical community fostered and maintained these roles for many years. Either through increased responsibilities, abrogation of their role or simple lack of interest, there seems to be a significant shift towards non-surgical clinicians providing advice about the care of cancer patients. Because the tumor board is charged with evaluating and prescribing treatment plans for the majority (80%) of new cancer cases that come to any hospital in a given year, the surgeon must maintain a high profile position. The loss of surgical leadership in this area damages patient care and recognition of the importance of surgery in the treatment of the patient.

I recommend that surgeons in the Commission on Cancer approved hospitals contact their liaison physician and ensure that they have access to the tumor board and are well-represented in the various areas specifically general surgery, thoracic surgery, urologic surgery, gynecologic surgery and neurosurgery. Participation by surgeons in the tumor board will also position them to identify patients who will be eligible for the American College of Surgeons Oncology Group Clinical Trials.

Last year I reported on the start-up of this group and the possibility of protocols to look at the most common solid tumors, specifically those carcinomas of the breast, lung, rectum and melanoma. Several studies are activated or ready for activation, providing an outstanding opportunity for the "local" surgeon to participate in national, cooperative clinical trials. Reimbursement for patient accrual is significant and can offset costs of data collection and time spent obtaining local institutional review board approvals.

On Sept. 16, 1999, an interactive video conference for cancer care physicians (providers) will be held nationwide. The City of Hope Cancer Center is serving as the local site for the video conference and cancer liaison physicians and others interested in treatment of the cancer patient have been invited to this AJCC sponsored activity. Following the morning session (10 a.m. - noon), a lunch will be served and a City of Hope Cancer Center-sponsored program focusing on the treatment of breast cancer (including prevention) and metastatic liver tumors will be held (12:30 - 2:30 p.m.). The day will provide four CME credits, and participants in the program will also receive the staging manual from the AJCC. This is an excellent opportunity to be updated on staging procedures, which are the responsibility of the operating surgeon and receive an update on some key surgical issues. If you are interested in attending, please contact me for registration information.

The Joint Commission for the Accreditation of Hospitals Organization has announced jointly with the American College of Surgeons Commission on Cancer that information used for each of the

organization's surveys will be complimentary, and there will be a significant reduction in the duplication of information required for each of the surveys. This should put a smile on the face of any hospital administrator and cancer committee chairman. This may help to reduce the number of programs that were dropping out due to increasing administrative costs.

A clinical trial entitled the LifeLink Study—which was begun by the American Cancer Society in 1993, and sought to follow about 180,000 middle-aged and older men and women in the United States to establish patterns and identify new information about cancer ideology and prevention—is entering its second phase. The second phase of the LifeLink Study will include the collection of blood samples that will be frozen and stored for future nested case controlled studies on the relationships between hormonal, dietary, genetic and other factors and important health outcomes, particularly breast, prostate, and colorectal cancer. This extraordinary epidemiologic study targets the many interactive elements in the environment with the epidemiology of cancer. This new knowledge may lead to completely new primary prevention strategies against major cancers particularly with chemoprevention agents.

In addition, the more precise understanding of knowing environmental cancer risk factors and the specific populations at risk may lead to more effective public health interventions and public awareness. In Southern California, several hospitals—including the little company of Mary and Daniel Freeman—have agreed to serve as sites for collection. The process of blood collection is done on site with phlebotomists from the sponsoring institution and administrative personnel from the American Cancer Society. Participants are invited to a session for their blood draw. The blood is prepared by the American Cancer Society volunteers and transmitted to the storage facility. More hospitals are required to participate in this activity. If you wish to be included, please contact me and I will make further arrangements.

Finally, the Commission on Cancer is beginning to address the issue of cancer cases being lost because of diagnostic procedures being performed in outpatient departments. The data collection systems are all geared toward hospital-based systems. With the shift within the last 5–10 years to surgery performed in the outpatient environment and the use of non-hospital based pathologic labs, much critical data is lost. As you might suspect, the greatest impact is on earlier stage cancers. This information is absolutely critical as it reflects the impact on screening and prevention interventions and on patterns of cancer presentation and treatment. As earlier stage disease is likely to be treated in the outpatient setting, this further complicates the problem.

The American College of Surgeons Commission on Cancer is continuing to modernize and respond to the needs of the cancer surgeon and cancer community. The participation of surgeons in cancer activities is critical and must be maintained.

*Lawrence D. Wagman, MD, FACS
State Chair, California
Commission on Cancer Liaison Program*

Highlights of the Meeting of the Board of Regents—June 4-5, 1999

Revision of the College's Education Mission Statement

The Board approved a revision to the College's education mission statement to include non-physicians as potential participants in College-sponsored CME activities. The revision specifies that "although these programs are primarily designed for surgeons, all physicians and related allied health professionals are potential participants."

Board of Regents Committee on Ethics

The committee reported that a final version of an annotated bibliography on ethical issues in surgery has been completed and submitted to the *Journal of the American College of Surgeons*. It has also been recommended that this be made available on the ACS web page.

Committee on Emerging Surgical Technology and Education

A report from the committee indicated that the hands-on courses in Image-Guided Breast Biopsy and Ultrasound for Surgeons have been revised to consist of core courses in the fundamentals of the technology, followed by advanced courses in specific applications. The intent of this process is to develop standardized course content, learning materials audiovisual materials, and syllabi, similar to the format used by ATLS.

Surgical Research and Education Committee

The committee will hold its second course in Clinical Trials Methods Oct. 29 - Nov. 3, 1999 at the Westfields Conference Center in Chantilly, VA. The fifth biennial Young Surgical Investigators Conference (grantsmanship) is scheduled for March 11-13, 2000, also at the Westfields Conference Center.

Joint Commission on Accreditation of Healthcare Organizations (JCAHO)

A report of the ACS Commissioners to the JCAHO Board was presented. The Joint Commission has supported provisions in the Freedom from Restraint Act of 1999 that would mandate the reporting and public disclosure of deaths related to use of restraints, and would facilitate the collection and use of information by protecting the confidentiality of indepth analyses of root causes underlying these tragic occurrences. The Commission has also established a Public Advisory Group on Health Care Quality to define public expectations for quality in healthcare and offer insights for improvement in the Commission's accreditation process. On April 30, the JCAHO and the ACS Commission on Cancer announced the initiation of a cooperative agreement that will reduce duplicative onsite evaluations of cancer treatment facilities.

Council of Medical Specialty Societies

A report was presented on CMSS activities. The Council approved a recommendation requesting Federation of State Medical Boards (FSMB) to institute an immediate moratorium upon the implementation by its member boards of recommendations contained in the 1996 "Report of Licensure of Physicians Enrolled in Postgraduate Training Programs." Among its recommendations, the FSMB Report recommends legislation that would bring residents under the jurisdiction of state medical boards. The CMSS also reaffirmed its policy that holds that residents are primarily students, not em-

ployees, while engaged in graduate medical education.

Professional Liability Activities

The Regents received a report on professional liability activities. Committee members have written the following articles which appeared or will appear in future issues of the *Bulletin*: "The Criminalization of Medical Negligence," "The Challenge to Confidentiality in Peer Review," "Caps on Awards," and "Surgery and the Science of Human Errors." The 1999 Clinical Congress Postgraduate Course #19 will be presented in San Francisco. Among the topics to be discussed in the course is the psychological trauma a surgeon and his or her family experience during a medical malpractice suit, and patient safety: a systems approach. The 1999 Board of Governors panel program will address, "The Surgeon and the Law." Subjects to be reviewed include, "Sentinel Event Reporting - Consequences for Professional Liability," and "Health Care Fraud - How to Avoid Meeting the Prosecutor/Inspector General."

Legislative and Regulatory Activities Report

The Board of Regents agreed to endorse the Managed Care Reform Act of 1999, H.R. 719, a comprehensive managed care reform bill introduced by Rep. Greg Ganski, MD, FACS (R-IA). The legislation contains virtually all the managed care reforms proposed and endorsed by the medical community, including those supported by the College.

It was noted that the College had joined 28 other national medical and surgical specialty societies in signing a letter to Rep. Tom Campbell (R-CA) expressing support for his legislation that would allow healthcare professionals to band together to negotiate with HMOs and other health plans. Under terms of HR 1304, the Quality Health-Care Coalition Act of 1999, negotiations between these groups would be treated under the antitrust laws as if they were collective bargaining units governed by the National Labor Relations Act. The legislation would not confer the right to participate in collective cessation of services to patients. The Regents expressed continued strong support for HR 1304.

In another activity, the College joined 46 other national medical and surgical specialty societies in signing a letter that was sent to the entire House and Senate on April 7, urging that meaningful patients' rights legislation be passed in the 106th Congress.

Communications Activities

The College's weekly electronic newsletter, ACS News Scope, debuted on Feb. 26, 1999. To date, reaction to this new communications vehicle from the Fellows of the College and others has been very positive. Statistical reports on visitors to the ACS web site show continued heavy traffic, with an average of 5,229 hits per day during April and an average of 4,873 hits per day as of mid-May.

The College's print advertisement, which focuses on patient choice, will appear during 1999 from May through October in the following magazines: *Time Magazine*, *U.S. News & World Report*, *Kiplinger's Personal Finance*, *Life Magazine*, *Atlantic Monthly*, *Newsweek Magazine*, *New Yorker Magazine*, *Ladies' Home Journal*, *McCalls Magazine*, *Consumer's Digest*, *Better Homes & Gardens* and *Money Magazine*.

The American Surgeon accepts 26 papers for publication

A total of 50 papers were submitted at the Annual Chapter meeting in Santa Barbara, Jan. 22-24, 1999, for consideration of publication in the Chapter edition of *The American Surgeon*. All papers were distributed for independent review to members of the Program Committee and Executive Board. Their critiques contained itemized suggestions to improve the paper, some commenting that it was a valuable paper, but better suited for another specialty journal. A total of 26 papers were accepted for publication in *The American Surgeon*. The remaining 24 papers were returned to the authors for revision and possible submission to another journal. A list of accepted papers with the first author is listed below:

1. **UPJOHN RESIDENT PRIZE:** "Gastroduodenostomy After Gastric Resection for Cancer," Bill J. Kim, MD
2. "Simplifying the Waterston's Stratification of Infants with Tracheoesophageal Fistula," James C. Y. Dunn, MD, PhD
3. "Abnormal Esophageal Body Function: Radiographic Manometry Correlation," Leah Fuller
4. "Signet Ring Cell Histology is Associated with Unique Clinical Features But Does Not Affect Gastric Cancer Survival," Charles P. Theuer, MD
5. "The Utility and Reliability of CT Scan in the diagnosis of Small Bowel Obstruction," Siamak Daneshmand, MD
6. "Same Admission Colon Resection with Primary Anastomosis for Acute Diverticulitis," Melinda Maggard, MD
7. "Primary Resection and Anastomosis for Perforated Left Colon Lesions," Richard A. Dorazio, MD
8. "Clinical Use of a Bioartificial Liver in the Treatment of Acetaminophen-Induced Fulminant Hepatic Failure," Olivier Detry, MD
9. ***"Radio Frequency Ablation- A Novel Primary and Adjunctive Ablative Technique for Hepatic Malignancies," D. Michael Rose, MD
10. "Current Management of Recurrent Pyogenic Cholangitis," Carlos A. Cosenza, MD
11. "Iatrogenic Gallbladder Perforation during Laparoscopic Cholecystectomy: Etiology and Sequelae," Thomas T. Hui, MD
12. "A Mortality-Free Decade of Pancreatoduodenectomy: Is Quality Independent of Quantity?" Roderich E. Schwarz, MD
13. "Unresectable Pancreatic Carcinoma: Correlating Length of Survival with Choice of Palliative Bypass," L. Andrew Di Fronzo, MD
14. "CT for the Diagnosis of Perforated Appendicitis," Michael J. Stamos, MD
15. "Perforated Appendicitis is not a Contraindication to Laparoscopy," Daniel R. Margulies, MD
16. ***"Doppler Ultrasound Accurately Screens Patients with Appendicitis," Charles J. Gutierrez, MD
17. "Abdominal CT Scan in Pediatric Blunt Abdominal Trauma," Eric M. Sievers, MD
18. "Complex Repair for the Management of Duodenal Injuries," George Velmahos, MD
19. "Determinants of Survival After Inferior Vena Cava Trauma,"

Jonathan Kuehne, MD

20. "Percutaneous Dilatational Tracheostomy: Still a Surgical Procedure," M. Michael Shabot, MD
21. "Nonsocomial Infections in the SICU: A Difference Between Trauma and Surgery Patients," William C. Wallace, MD
22. "Axillary Dissection After Unsuccessful Sentinel Lymphadenectomy for Breast Cancer," J. Michael Guenther, MD
23. "Objective Assessment of Axillary Morbidity in Breast Cancer Treatment," James T. Kakuda, MD
24. ***"Initial Experience with Beating Heart Surgery: Comparison with Fast Track Methods," Richard A. Ott, MD
25. **"Lung Cancer Found Unresectable at Thoracotomy: Reappraisal of an Old Problem," Robert Michaelson, MD
26. ***"Endoscopic Video-Assisted In Situ Bypass: First 15 Cases," Harry B. Kram, MD

** Will appear in the November issue of *The American Surgeon*.

I recently spoke with the Editorial Office at the journal and was informed that due to space limitations, 21 of the articles submitted will be appearing in the October 1999 issue of *The American Surgeon*. The remaining five articles will appear in the November 1999 issue. Included in the submitted papers was the Upjohn Resident Prize winner "Gastroduodenostomy After Gastric Resection for Cancer" by Bill J. Kim, MD. This will be the lead article in the October issue.

I would like to thank all reviewers and members who submitted papers for consideration. I believe the Southern California Chapter of the American College of Surgeons issue of *The American Surgeon* will be outstanding.

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

'It's in Your Interest...'

Current membership in the Southern California Chapter of ACS is 1,585 members, up from 1,550 this time last year. This breaks down into 937 Active Fellows, 66 Associate Fellows, 545 Senior Fellows and 37 Candidates. 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's in your interest!

In the next few weeks, we will invite ACS Fellows in Southern California to join the Chapter to take part in these efforts to represent the surgical profession, at all levels affecting our practice. 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 become a member and to join in these efforts.

Please let me know if you need membership applications for your colleagues, or if you have any suggestions for us.

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