



# SCCACS NEWS

SOUTHERN CALIFORNIA CHAPTER

AMERICAN COLLEGE OF SURGEONS

SUMMER 2008  
VOLUME 13

## 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.

*Harry Applebaum, MD, FACS  
President-Elect, SCCACS*

## Calendar

- **Abstract submission deadline**  
Friday, Sept. 19, 2008  
Visit [www.socalsurgeons.org/acs/pages/meetings.html](http://www.socalsurgeons.org/acs/pages/meetings.html) for details
- **2009 Annual Scientific Meeting**  
Jan. 16-18, 2009  
Four Seasons Biltmore Resort  
[www.fourseasons.com](http://www.fourseasons.com)  
1260 Channel Drive, Santa Barbara  
Call 805/565-8299 by **Dec. 15, 2008**  
for a room at \$338/night (sgl/dbl)
- **2010 Annual Scientific Meeting**  
Jan. 22-24, 2010  
Four Seasons Biltmore Resort  
[www.fourseasons.com](http://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. As president, I define as my most important responsibility to provide Chapter activities that meet the broad spectrum of our members needs and to continue encouraging the vitality of our organization. The value of organizations such as our Chapter, which is the largest in the United States, exists both for the camaraderie, educational opportunities, and critical mass of surgeons to respond to the local, regional, and national demands of practice and professional challenges.

Each year we hold the Chapter meeting at the Four Seasons Biltmore Resort in Santa Barbara. This site is chosen for its physical beauty and the structural atmosphere to accommodate both our main sessions and sub-specialty discussions. This year, our meeting will be on January 16-18, 2009. Please mark your calendars with these dates and plan to attend, and more importantly offer of a scientific or clinical paper and participate in the discussion sessions with our senior author panel. We have arranged for a block of rooms at \$338 per night, and reservations can be made by calling the hotel at 805/565-8299 by December 15, 2008. Please mention the SCCACS to get the discounted group rate.

On page 3 of this newsletter, you will see the list of the new officers for the Chapter. I encourage you to call us with any comments, questions or other input you feel would be helpful in designing the activities of the Chapter and enhancing its meaningfulness. We are extremely interested in encouraging our surgical trainees, junior colleagues and even some of the "older guys" with a little extra time on their hands to prepare presentations that challenge and stimulate our intellectual curiosity and enrich the professionalism components of our prac-

tice. The papers are judged in a blind fashion, and those selected for oral presentation have a high percentage of publication in the American Surgeon fall issue. This year, we are publishing 33 of 37 papers that had oral presentations at our 2008 meeting.

### Important Financial Decision

Since our last meeting, the Board has made some very significant decisions regarding investment of our funds in the Surgeons Diversified Investment Fund, which is managed by the College. This aspect of



diversification of our funds and moving them from low yield money markets to what we hope will be a better performing diversified portfolio is one of the ways we hope to secure the future financial integrity of the Chapter. In addition, we have added a special seat on the Board as Representative of Women in Surgery to represent a voice of the AWS and to assist in the planning of the Women in Surgery event at the Annual Meeting.

After many years of discussing the importance of recognizing the changing workforce in surgery, the Board has approved a liaison physician from the Association of Women Surgeons. Guidelines for

*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) 2008 SCCACS CLP Meeting

A number of agenda items were covered during our January '08 Cancer Liaison Physician (CLP) meeting during the SCCACS Chapter meeting. First were introductions and also a welcome to the new CLP members for our state. We had a guest speaker from the American Cancer Society, California headquarters, Ms. Emilia Jankowski. She presented an excellent overview of collaborative opportunities between the CLP and the American Cancer Society.

Additional discussion centered on the collaboration with the American Cancer Society and resources they offer. I have participated with my local American Cancer Society division presenting Colorectal Screening Prof Ed to primary care physicians. After each presentation, it has been observed that colonoscopic screening increased at each participating institution. We would like to thank the core of physicians that have been local presenters for this American Cancer Society project.

We discussed a proposed speaker at the next chapter meeting, Dr. Tom Russell, to give an overview of COC impact within the ACOS organization. We also proposed a venue for presentation of the COC best resident's paper dealing with an oncology subject. This proposal will be submitted to the Chapter board. Our next chapter CLP meeting will be in January 2009.

## 2) Commission on Cancer Update

The Commission on Cancer accepted changes to standards 2.8, 2.10, 3.2, 3.7, 4.3, 4.6, and 7.1. The following descriptions represent changes to the current standards and are effective January 1, 2009.

### Standard 2.8

Ensures that at least 75% of cases discussed are presented prospectively and that AJCC staging (or other) is discussed and documented.

### Standard 2.10

The cancer committee evaluates the quality of cancer registry data and the accuracy of Collaborative Stage derived stage

*See CANCER on page 4*

## *PRESIDENT continued from page 1*

this individual's selection and participation levels have been outlined. The goals of the position will be to develop strategies and avenues to increase the involvement and number of women surgeons in the SCCACS.

Finally, we have become more involved in the national activities of the College with participation in the Joint Surgical Association Summit Meeting in Washington, DC. The agendas there of most pressing issue of Medicare reimbursement, and their downstream implications, were defined for our leadership. Numerous surgical societies participated and alignments are being developed that will allow us to be both proactive and reactive to the issues we face.



## **Interact with ACS Leadership**

We are excited that we will have both the Chairman of the Board

of Regents, Dr. Joseph Fischer, and the Executive Director of the College, Dr. Tom Russell, at our Annual Scientific Meeting. I'm sure this will give the fellows an opportunity to interact and advise our leadership as to our needs and our availability to serve as a resource. As a reminder, we will continue to have the many "contests" at the meeting including the raffle for the highly sought after gifts and the resident competition for the best paper. There will be three awards for the best paper and an opportunity also to have an award in the area of surgical oncology.

I would also like to request the assistance of all members in recruiting industry participation in our Annual Meeting. The vendors give us an opportunity to view the latest technology and get one-on-one discussions with them regarding the technology, pharmaceuticals, or tools that we will be utilizing in our practices. In addition, they provide much-needed support for our scientific program. If you have any association currently with members of industry who have supported us in the past or expressed an interest, please forward your contact information to Jim Dowden, our Executive Director (310/364-0193, administrator@socalsurgeons.org). He will do the follow-up and provide the vendor with a selection of opportunities that are available for participation.

Once again, I encourage you to find time to come to Santa Barbara and enjoy the atmosphere and education at our program put on by Chair Shirin Towfigh, Associate Chair Joe Hines and Assistant Chair Vincent Rowe.

*Lawrence D. Wagman, 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:

### OFFICERS

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hcryer@mednet.ucla.edu

Recorder Daniel R. Margulies, MD  
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Assistant Chairman  
Vincent L. Rowe, MD, vrowe@surgery.usc.edu

### Commission on Cancer State Chairman

James A. Recabaren, MD, recabare@usc.edu

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Daniel R. Margulies, MD, daniel.margulies@cshs.org

### CMA Council on Legislation and CMA Delegate

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### Young Surgeon Representatives

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Angela Neville, MD, angelane@usc.edu

### Executive Director

James Dowden, administrator@socalsurgeons.org

## Membership Report

Current membership in the Southern California Chapter of ACS is 1,531 members. This breaks down into 910 Active Fellows, 582 Senior Fellows and 39 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.

We have 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](http://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](http://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 (310/364-0193) 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**

through medical record review.

**Standard 3.2**

CoC data standards and coding instructions used to describe reportable cases now allow either physicians or registrars to assign clinical stage in the cancer registry abstract.

**Standard 3.7**

Requires that accuracy of data is assured for additional years specified in the NCDB Call for Data.

**Standard 4.3**

Ensures that the cancer committee develops a process to monitor physician use of AJCC (or other) staging, prognostic indicators, and evidence-based treatment guidelines in treatment planning. The commendation rating was deleted for this standard.

**Standard 4.6**

Requires compliance with CAP protocols and review of performance using NCDB quality reporting tools.

**Standard 7.1**

Requires the cancer committee to offer a second educational activity each year focused on stage, prognostic indicators, and evidence-based national treatment guidelines.

**3) State Chair Reporting Recommendations To The Local College Chapter**

Being active in your local College chapter is an important part of being a CoC State Chair. To best support this role, we encourage you to (1) be a member of your local Chapter Executive Council; (2) communicate CoC activities to Chapter members; and, (3) work to integrate the CoC's mission into that of the Chapter.

Below are a few ways to communicate CoC activities to your local Chapter:

(1) Give a presentation on the benefits of CoC accreditation and/or give regular updates on CoC activities. (2) Provide a written report to the Chapter. (3) Host a meeting of your Cancer Liaison Physicians in conjunction with your local Chapter meeting. (4) Use the CoC tabletop exhibit to promote the CoC at the next Chapter meeting. (5) Make CoC brochures and materials available to your Chapter members.

**4) Cancer Guidelines Issued**

The American Cancer Society, in conjunction with the American College of Radiology and the US Multi-Society Task Force on Colorectal Cancer, has released new guidelines for colorectal cancer screening. Ensure that your CLPs are aware of these updated guidelines and that they share this information with members of their cancer committee. This is also information you should report to members of your Chapter or Cancer Council.

**Tests That Detect Adenomatous Polyps and Cancer**

Flexible sigmoidoscopy every 5 years, or  
Colonoscopy every 10 years, or  
Double contrast barium enema (DCBE) every 5 years, or

CT colonography (CTC) every 5 years

**Tests That Primarily Detect Cancer**

Annual guaiac-based fecal occult blood test (gFOBT) with high test sensitivity for cancer, or

Annual fecal immunochemical test (FIT) with high test sensitivity for cancer, or

Stool DNA test (sDNA), with high sensitivity for cancer, interval uncertain.

To review the full guideline please log onto: <http://caonline.amcancersoc.org/papbyrecent.dtl>

**5) COC Identified Areas For State Chair Improvement In 2008**

Hosting CLP meetings/conference calls (involving ACS staff in CLP meetings)

More frequent communication with CLPs

Active review of your CLPs' Activity Reports through CoC Datalinks

Increased involvement with your state cancer plan

Using FIPS reports available through CoC Datalinks to encourage Level II data release

Motivating CLP involvement in CoC activities

**6) Annual COC Meeting**

Last May, I represented the chapter at the ACOS State Chair meeting in Chicago. This was a three-day meeting with workshops in CLP recruitment and support. Also covered were tumor registry support and community outreach participation and changes in local program standards. 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. 13, 2008, in conjunction with the American College of Surgeons Clinical Congress in San Francisco. We will have a reserved chapter table to facilitate our working breakfast

I have been honored to be your state cancer chair for the past year. Contact me at 626/449-6606 or [recabare@usc.edu](mailto: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

*A look at the national, as well as local, picture -- also, MLK trauma*

Last year, my column in this newsletter explored the nature of bipartisanship, its strengths and weaknesses and, ultimately, its failures. As an optimist, I tend to view life as a positive experience but, I must admit, optimism sits on a supply-demand curve currently near its nadir.

I somehow feel as though the entire country is holding its collective breath-waiting- for what? This column will explore this breath-holding on the national scene and in California.

Bipartisanship means folks of disparate views coming together to solve a common problem. In Washington, we have the Medicare problem. For more than 10 years, Congress has had the authority to cut physicians fees as related to the sustainable growth rate (SGR). They have ducked this decrease, passing legislation essentially deferring the cuts to another day. The total cut now exceeds 10%, and so congress prepares to chop our schedule 10% + this July. Rather than address the faulty calculation contained in the SGR, the simple fix seemed to be to, once again, delay implementation of the cut by finding a source of funds to, once again keep the docs quiet. Enter SB6331 which is essentially the Democrats' fix, taking billions of dollars from the Medicare Advantage program and stuffing it into the physician's pockets.

From the Republican perspective, keeping docs happy is a good thing. After all, many of us are – on one level or another – Republicans. Inject, however, the notion that we are going to take money from the private insurance sector (Medicare Advantage) to cancel the physicians pay cut and the perfect storm ensues. Both sides say they want to fix the physicians' dollar problem but differ in how to fix it. Medicare Advantage programs have herded millions of Americans into their HMOs, benefiting patients with lower premiums and overall costs. Attempts to suck money out of this cash cow bring howls of protest from (a) the insurers, (b) the patients who subscribe and (c) the Republicans – ever vigilant to protect the private sector. This latter group has yet to propose their fix-assuring us they want to, but....

Tom Russell has led the good fight-thousands of docs – not just surgeons- have called their congressional reps- and won an impressive victory-passing 6331 with enough votes to defeat a veto. But, here's the rub, the AARP, consumer groups, patients groups and even some physicians are outraged.

It may be that the cost of this bill to the insurers is insignificant and patient's coverage and costs will not be seriously affected. On the other hand, if significant disruption of coverage occurs as a result of this, I see doctors taking the blame.

One of the problems of being a July pundit is that it's a long way to November so relevance is always a factor. Last year here, I wrote about bipartisan support here in California to address health care coverage. Pfffft. Certainly discouraging, but my optimism persists. Just keep holding your breath.

## Important Local Issues

Continuing locally there are several issues of importance. The Blues have suffered significant legal setbacks related to their recission policies (post-hoc cancellations as a result of presumed- or real – deficiencies in patient applications). While the fines per patient are small, the demand to re-insure the patients is important. Subsequent payouts will be substantial.

On another greed issue, patients who were treated at Centinela Hospital as far back as 2006 have been billed for charges deemed not to have been covered by in-force insurance at that time. The claim is that patients who had valid insurance coverage, in fact, didn't. The hospital claims it negated that coverage, even though it accepted payment. This sort of doctor-sponsored greed is going to tarnish us all. Lawsuits to follow.

On the issue of quality improvements, there are many benchmarks in play. You are all familiar with the core measures of TICU, SCHIP, NSQUIP and others. The reason they are important is that they are transparent- hospitals (and us) either embrace these standards or be exposed to the public as outliers. You perhaps noted the LA Times articles relative to this issue... Literally hundreds of preventable incidents were tallied – by hospital, in print. While it is important that the public can see the relative risk of a 'never event' (something defined as an event which should never occur) the more important issue is that every hospital and every major carrier negotiate these risks. Dollars flow to and fro from these discussions. I think physicians would be fools to not join our hospitals in efforts to achieve high scores on core measures for quality. That said, data collection and verification of data elements should be strenuously validated

## MLK Trauma

Further, locally, the MLK saga continues. Ken Hahn must turn in his grave over this mess. The bad apples (at all levels) which allowed this to happen continue to occupy public space.

From my perspective, The SEIU should get a black eye for aiding and abetting the work – challenged ethics of its members.

I would point out that one of the highest job- related injuries at MLK was "fall from a chair."

This egregious group is still around; thanks to the civil service rules. Not something we can be proud of. The latest revelation hitting print point to criminal records both before county employment and possibly during. That this scandal was unnoticed by our supervisors has been blamed on a cover up by the bosses of these bad apples. This is not what medicine needs.

The current group of lobbyists at CMA has compiled a stunning list of victories relating to bills CMA opposes. It is important that you keep us informed regarding legislative efforts

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*See CMA REPORT on page 6*

## ACS Board of Regents meeting highlights

The following are highlights from the Feb. 8-9, 2008 meeting of the ACS Board of Regents:

### Physician Quality Reporting Initiative (PQRI)

The Medicare Physician Quality Reporting Initiative program (initiated in 2007) will be continued in 2008. The program links a 1.5% Medicare physician payment bonus to the reporting of quality data on Medicare claims. This year, the program has 199 measures from which physicians can choose to report. Physicians who report on three or more performance measures for at least 80% of relevant procedures are eligible for the full 1.5% bonus payment. For physicians who report more than four performance measures, the Centers for Medicare & Medicaid Services (CMS) will choose the three measures with the highest reporting rate to calculate the bonus payment.

### 2008 Practice Management Web Casts

The College has once again joined with Economedix to present a series of practice management Web casts in 2008. The program consists of 24 live distance-learning courses dealing with critical aspects of practice management and is designed to help surgeons maintain productive, efficient, and profitable practices in today's challenging environment. The Wednesday Web casts are followed by on-demand audio casts for surgeons and their staff in the event they miss the live session. For more extensive information on the efforts of the College's Division of Advocacy and Health Policy, please visit the Advocacy Web page at [www.facs.org/ahp/index.html](http://www.facs.org/ahp/index.html).

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

The ACS National Surgical Quality Improvement Program is being modified to improve upon a number of issues encountered by the enrolled private sector hospitals. A sample of the changes includes: decreasing the amount of data collected per case, changing the sampling frame to collect more of the important and clinically meaningful cases, providing surgeon specific outcomes, and providing more instruction to hospitals on how to improve their outcomes. Since initiating the program three years ago, ACS NSQIP has been recognized by the Joint Commission, Centers for Medicare & Medicaid Services, Leapfrog, and specific payors such as Blue Cross. The American Board of Surgery now recognizes the ACS NSQIP as an acceptable program in meeting the Evaluation of Performance in Practice requirement for Maintenance of Certification. With increasing formal recognition and endorsement, ACS NSQIP is becoming the acknowledged standard for surgical quality of care measurement and improvement.

### HealthCareers (aka Job Bank)

As of mid-January there were 1,057 active jobs listed on the Web site with 302 posted résumés. This is a valuable service for all of our members. The service is complimentary to our Resident members.

*For more, visit*

*<http://www.facs.org/news/regentsfeb2008.html>*

### **CMA REPORT** continued from page 5

that threaten your practice. Scope of practice bills seem a legislators' favorite but you should be aware that defending physicians' turf requires hard data as to quality of services, safety of the service and outcome stats- which may not exist. This speaks to the issue of performance data that physicians need to embrace – not oppose.

While not a legislative effort, an LA Times op-ed piece caught my eye. The lady author wrote extolling the virtues of home delivery assisted by midwives. This so ruffled the feathers of our OB-GYN brethren that a resolution was introduced and passed by the AMA house that naysayed the whole thing. The op-ed piece strongly criticized doctors for standing in the way of natural child-birth. All we need are the rice paddies.

The point of all this is that doctors are being assaulted from all sides and it behooves us to be little Marcus Welby's.

Next, for those still breath-holding, here's the current status on health care reform in California: it's gone – probably for years. Those who think about these things believe the next big thing will be national health reform with a new president.

My ultimate prediction (for this year) is that national health reform will be a nightmare, highlighting, once again the failure of bipartisanship

### **A Great Loss**

Finally, I note the passing of Michael DeBakey, at the age of 99. Truly, surgeon for the ages. Godspeed.

Football season is near.

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

# 2009 Annual Scientific Meeting

**Four Seasons Biltmore Resort**  
[www.fourseasons.com/santabarbara](http://www.fourseasons.com/santabarbara)  
 1260 Channel Drive  
 Santa Barbara, CA  
 Jan. 16-18, 2009

We are excited to announce the Southern California Chapter ACS Annual Scientific Meeting 2009, which will be held January 16-18<sup>th</sup>, at the venerable Four Seasons Biltmore Resort in Santa Barbara. The Program Committee — Chair, Shirin Towfigh, MD FACS; Associate Chair, O Joe Hines, MD, FACS, and Assistant Chair, Vincent Rowe, MD FACS — are working diligently to make this another educational and fun meeting.

Highlights of the Annual Scientific Meeting include:

## Guest Faculty

**Murray F. Brennan, MD, FACS**  
 Benno C. Schmidt Chair in Clinical Oncology  
 Department of Surgery  
 Memorial Sloan-Kettering Cancer Center  
 New York, NY

**Josef E. Fischer, MD, FACS**  
 Chair, ACS Board of Regents  
 Professor & Chair  
 Department of Surgery  
 Harvard School of Medicine  
 Beth Israel Deaconess  
 Medical Center  
 Boston, MA

**Santiago Horgan, MD, FACS**  
 Professor of Surgery  
 Director of Minimally  
 Invasive Surgery  
 Director  
 Center for Treatment of Obesity  
 UCSD  
 La Jolla, CA

**Thomas E Russell, MD, FACS**  
 Executive Director  
 American College of Surgeons



*View from  
 Four Seasons Resort  
 The Biltmore*

## Program Highlights

- \* *New this year:* Bariatric Surgery Specialty Session
- \* Trauma Session fully integrated with general program
- \* Young Surgeons' breakfast
- \* Women in Surgery luncheon—Students, residents and practicing surgeons welcomed.
- \* Poster session to run concurrently with Wine & Cheese Reception
- \* High-quality oral presentations of original papers
- \* What's New in Surgery topics: Acute Care Surgery, Pediatric Surgery, Colorectal Surgery, Minimally Invasive Surgery, Breast Surgery, Surgical Education
- \* Kids for All Seasons program for families with children ages 4-12.

Specialty Sessions and their Chairs:

- **Bariatric Surgery Chair:** Edward H Phillips, MD FACS, Cedars-Sinai
- **Cardiothoracic Surgery Chair:** TBA
- **Colorectal Surgery Chair:** Maher Abbas, MD FACS, Kaiser Permanente
- **General Surgery Chair:** E William Taylor, MD FACS, Kern County
- **Head & Neck Surgery Chair:** Ellie G Maghami, MD FACS; City of Hope
- **Pediatric Surgery Chair:** Steven L Lee, MD FACS, Kaiser Permanente
- **Plastic Surgery Chair:** Christopher Crisera, MD FACS; UCLA
- **Trauma Surgery Chair:** Ali Salim, MD FACS, Cedars-Sinai

We look forward to seeing you in beautiful Santa Barbara, January 16-18, 2009. Sign on to [www.socalsurgeons.org/acs](http://www.socalsurgeons.org/acs) for meeting registration and hotel reservation information, or see the front page of this newsletter. Early-bird discounted Annual Scientific Meeting registration deadline is end of December. The block of hotel rooms sells out early, so make your reservations early. Four Seasons Biltmore Resort block deadline is December 15.

*Shirin Towfigh, MD, FACS  
 Program Chair*

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SCCACS NEWS



# *Save The Dates!*

2009 Annual Scientific Meeting  
Four Seasons Resort, The Biltmore  
Santa Barbara, CA  
Jan. 16–18, 2009

Surgical Residents and medical students may register free of charge

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