

Why are clinical trials relevant to surgeons?

by David Ota, MD, FACS; and Heidi Nelson, MD, FACS

For the past two years, we have been providing monthly updates regarding clinical trials conducted by the American College of Surgeons Oncology Group (ACOSOG). These *Bulletin* articles describe trials that focus on procedures and adjuvant therapies that require a surgeon's judgment. The articles are also about surgeons who actively participate in ACOSOG trials. However, it seems that the ACOSOG membership of hundreds is small in comparison with the ACS membership of thousands.

So how does ACOSOG relate to the greater members of the College? Perhaps there is a perspective that justifies the clinical trials endeavor within the College. Prospective clinical trials offer the best opportunity to validate new treatments or procedures. These trials prospectively select the patient population, describe the treatment or procedure, and define the surgeon credentialing process. The trial is conducted with a consistent standard of care and the data will determine the evidence that will ultimately establish improved and safer standards of care. Technology and science are always changing and they are affecting our surgical practice. Our role—indeed,

our obligation—is to bring those changes to our patients by validating their benefit and by proving that they are safe, clinically efficacious, and cost-effective. This scientific approach is the underpinning of “evidence-based surgery” and is a primary reason for surgeons to participate in clinical trials.

But there must be more reasons. Surgeons hear a lot about measuring results; pay for performance, outcomes research, registries, and clinical trials are about data collection. However, the surgical community is not alone in measuring results. Governmental agencies and payors are generating data banks to catalog our performance and there are emerging search engine technologies that will review our electronic medical records, just as major search engines trawl the Web. This developing software can be used by others to measure and benchmark our clinical outcomes. Clinical research based on outcomes and prospective clinical trials give us an opportunity to take the initiative to create our databases and set new standards of care through measured results. By this approach, we have some measure of control over what new treatment or procedures

should become standard of care with specific medical indications. All research approaches give surgeons a chance to develop these databases and interpret the results from a surgical perspective. Although none is likely to argue that medicine remains an art and our humanity figures prominently in medical decisions, we are also taught that science ultimately determines what is standard of care. Surgeons should embrace, and even lead, this scientific approach.

It is not uncommon to hear that clinical research competes for time and effort to generate clinical income. This becomes even more important as clinical revenue continues to decline for many of us. However, there are models to show that industry or government clinical trials can generate an additional revenue stream while we care for our patients. In the near future, ACOSOG will plan educational programs that will focus not only on successfully conducting clinical trials, but also on the financial management and business expertise that will enable a busy surgical practitioner to incorporate clinical trials as a distinguishing part of their practice and to bring the latest innovative care to their patients. More

about these programs will be discussed in future articles.

Clinical trials can also enhance the image of those who participate. Past ACOSOG columns in the *Bulletin* cite those surgeons who contribute to the success of a clinical trial (such as “Never...was so much owed by so many to so few” in August and “Neoadjuvant aromatase inhibitor trials for breast cancer” in June). ACOSOG will continue to publicize these

individuals who enroll patients into trials. Surgeons who are cited in these articles can print these articles for their patient waiting rooms.

With its recent grant renewal, ACOSOG will expand its list of trials for breast, thoracic, and gastrointestinal malignancies. ACOSOG will continue to provide regular updates regarding trials, honor enrolling investigators, and provide educational material

on the conduct and management of trials in your practice. Prospective collection of data will set new standards of care for cancer patients. Society will benefit and will value those who participate. For more information about ACOSOG, go to www.acosog.org. We ask that you consider ACOSOG trials for your patients.

Dr. Ota and Dr. Nelson are ACOSOG co-chairs.

Conjoint surgical congress to be held in Hong Kong in 2008

The Royal Australasian College of Surgeons (RACS) and the College of Surgeons of Hong Kong (CSHK) will sponsor a conjoint scientific congress May 12–16, 2008, at the Hong Kong Convention and Exhibition Center.

The overall theme of the congress is Achievement through Collaboration, and the large numbers of combined sessions will emphasize this important aspect of how surgeons apply themselves to the practice of surgery every day. The theme will be further promoted with the participation of the Australian and New Zealand Burn Association and the Australian and New Zealand Society of Craniomaxillofacial Surgeons.

All of the scientific program presenters from Melbourne will have a co-presenter in Hong Kong with whom they will work

closely to bring the programs together and to ensure that the interests of fellows and trainees of both colleges are addressed. An international faculty of invited surgical leaders from Southeast Asia, China, Europe, and the U.S. will be in attendance.

The congress will commence on the evening of Monday, May 12, with a diploma and convocation ceremony, bringing together the important ceremonial elements of both colleges. The scientific programs will be held over the following four days and will cover contemporary and controversial topics, including the following: Doing More with Less—Improved Bed Utilization, Minimally Invasive Surgery—The Future for All Specialties, Credentialing for New Technology—Who Is Responsible?, and Identifying and

Helping the Underperforming Surgeon.

The plenary program will be followed by a named lecture. Scientific sessions will then occupy the remainder of each day and section dinners will be held in the evenings, with a banquet on the final evening.

The call for abstracts for research papers will occur this month. Information will be mailed to fellows and trainees of the RACS and CSHK with instructions on how to submit an abstract. All other health professionals and surgeons from other international colleges should write to casg.abstracts@surgeons.org with any queries.

Registration for the congress will open in December 2007. Additional information and registration may be found online at <http://www.surgeons.org/AM/Template.cfm?Section=ASC>.