

Evidence-Based  
Reviews in Surgery  
to begin  
its seventh year

by  
Robin S. McLeod, MD,  
FACS, FRCSC

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Next month, Evidence-Based Reviews in Surgery (EBRS) will begin its seventh year of existence, three of which were under the joint auspices of the Canadian Association of General Surgeons (CAGS) and the American College of Surgeons. EBRS is now used by most of the general surgery programs in Canada, and we estimate that approximately 50 programs in the U.S. use EBRS in their general surgery curriculum as well. We have published more than 20 reviews in the *Canadian Journal of Surgery* and the *Journal of the American College of Surgeons*. In addition, we have received terrific feedback from members of both organizations with regards to the relevance of the program to their practice. Some of the comments include the following:

- EBRS is excellent. The timely choice of subjects, the informative discussions, the detailed comments that inform and stimulate further thought and searches, the expert selection of references, the availability of this excellent archived source at any time and from any place makes this a unique place to visit first and always.
- I just wanted to write and let you know how much I have appreciated the EBRS program this year. I am constantly looking for educational formats that work well with my time constraints and with my learning abilities. I love the combination of relevant articles, critical reviews, methodological reviews, and discussion. I feel like I've gained quite a lot from the articles themselves and the input of the other participants regarding the topics, but more importantly, I believe I am growing in my abilities to critically review other articles. So thank you, and I look forward to participating in the next series of articles.
- Be assured that the online "study group" on evidence-based surgery has been for me informative, instructional, and, at times, downright useful. Observing the discussion and from time to time throwing in my two bits has reinforced my belief that there is usually more than one way to skin the cat. But the program allows me to consider that my way, good old Sinatra, may not be most effective. Perhaps one of the most interesting features of the course has been those seeds of doubt induced and thus the need to read the data carefully and openly. The analysis can then be compared to one's own surgical beliefs and practice. Rational choice and change may then be considered.

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“Evidence-based surgery,” as you have so adequately presented, is much appreciated.

EBRS continues to expand. Beginning this fall, we will introduce a set of six packages focused on topics in colorectal surgery. These packages are available to all members of CAGS and the College and can be accessed through the College’s Web site at <http://www.facs.org/education/ebrs.html>. There will be a separate listserv discussion, however, so if you wish to participate in this discussion and receive Maintenance of Certification credits for completion of these packages, e-mail Marg McKenzie at [mmckenzie@mtsinai.on.ca](mailto:mmckenzie@mtsinai.on.ca) so she can add you to the list. The topics will include the following:

- Preoperative staging of rectal cancer with magnetic resonance imaging
- Need for initial surgery because of stricturing disease in Crohn’s disease patients carrying the Nod2/CARD15 genotype
- Use of sacral nerve stimulation for fecal incontinence
- American Society of Clinical Oncology guidelines for colorectal cancer surveillance


Nancy Baxter, MD, FACS (University of Toronto), Carl Brown (University of British Columbia), Arden Morris, MD, FACS (University of Michigan), and Larissa Temple, MD, FACS (Memorial Sloan-Kettering) serve on the Colorectal Surgery Steering Committee.

EBRS will also continue to produce general surgery packages. Beginning in October, the following topics will be discussed during the course of the academic year:

- Factor VII as adjuvant therapy for bleeding in trauma patients
- Hernia surgery versus watchful waiting in minimally symptomatic men
- Perioperative chemotherapy versus surgery alone for resectable gastric cancer
- Fast-track colonic surgery
- Evaluation of rectal bleeding in adults
- Simple scoring system for predication of prognosis of acute pancreatitis
  - ALMANAC trial: Sentinel node biopsy versus standard axillary treatment in operable breast cancer
  - Urban versus rural inpatients case mix differences

In addition, we want to remind members that our “old” packages of reviews are available in the Archives section of the EBRS Web site (<http://www.facs.org/education/ebrs.html>), and many surgeons have told us that they are a valuable resource. In addition, members can access the journals that EBRS subscribes to at any time for their own use.

I would like to acknowledge the members of the steering committee: Jeffrey Barkun, MD, FACS (University of McGill); Karen Brasel, MD, FACS (Medical College of Wisconsin); Suzanne Cutter, MD (ACS resident representative); Thomas Cogbill, MD, FACS (Gunderson Lutheran Medical Center); Bill Fitzgerald, MD (St. Anthony, NL); Harry Henteloff, MD, FACS (Dalhousie University); Andrew Kirkpatrick, MD, FACS (University of Calgary); Steve Latosinsky, MD (University of Manitoba); Anthony MacLean, MD, FACS (University of Calgary); Tara Mastracci, MD (McMaster University); Leigh Neumayer, MD, FACS (University of Utah); Shona Smith, MD (CAGS resident representative); Mark Taylor, MD, FACS (Lakeridge Health Corporation); and Dr. Temple (Memorial Sloan-Kettering). Thanks also go to Marg McKenzie, our administrative coordinator who keeps things going, as well as to the many clinical reviewers and listserv discussants who willingly assist us. Finally, EBRS continues to be funded by Ethicon and Ethicon Endo-Surgery Canada as well as Ethicon Inc. and Ethicon Endo-Surgery Inc. in the U.S., and we are grateful to them.

EBRS is flourishing, and we hope that you will participate. If you have any comments, e-mail us at [mmckenzie@mtsinai.on.ca](mailto:mmckenzie@mtsinai.on.ca) 

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**Dr. McLeod** is professor of surgery and health policy, management and evaluation, University of Toronto; head, division of general surgery, Mt. Sinai Hospital, Toronto, ON; and a Regent of the College.

