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American College of Surgeons
Inpiring Quality. Highest Standards, Better Outcomes

100+ years
DON’T MISS THE NEXT EDITION OF THE CUTTING EDGE NEWSLETTER, ARRIVING TO YOUR INBOX IN SEPTEMBER 2015!

The issue will include the following stories and much more:

- Clinical Congress Participation Details
- Surgeon Human Interest Story
- Pillar Update
- Fascinating Facts from the College
- Did You Know? (Information about Reimbursement and Quality)
- On the Shoulders of Giants

Have an idea for a story to share? A little known fact? Have you taken a trip recently? Attended an exciting educational event? We want to know! E-mail msrap@msn.com or bsanders@facs.org.

The submission deadline for the next issue is August 16, 2015.
LETTER FROM THE EDITOR

This edition of the Board of Governors (B/G) Newsletter carries a new name, The Cutting Edge: News and Notes from the Board of Governors. The name change is the result of a request sent from the Newsletter Workgroup to the Governors soliciting potential name changes for the electronic newsletter. There were multiple suggestions from many Governors, and we considered all of the suggestions. We listed the suggestions and then asked for a vote on the name that best suited what the newsletter represents. The top vote getters included two variations of frequently submitted suggestions. The first was simply changing the name to the BOG News and the other was On the Cutting Edge. The workgroup and Pillar Chair, Dr. Joe Tepas, decided that combining the two would serve to incorporate both suggestions.

The workgroup has worked very hard to refurbish and enliven the newsletter, and we feel that the new name encompasses the intent and the new content that has been incorporated into recent editions. We certainly look forward to comments about the name change.

The Newsletter Workgroup met at the recent Leadership Summit in Washington, DC. The group reviewed the work that has been done to date, discussed material planned for the upcoming edition, discussed the name change, and made suggestions for potential content for future editions. New member Dr. Ali Kasraeian discussed the potential for increasing coverage of the newsletter via social media and even covering health care-related subjects through his Jacksonville Florida radio show and making podcasts available for posting to the newsletter and other College mediums.

We continue to receive stories and ideas from Governors and other Fellows, but there is always room for more. A Fellow recently posed a question about submissions for Clinical Congress session topics, and we have responded by running a piece about the process and have links to helpful College documents describing the process. We have also added another new feature titled “Chapter Highlights,” in which we will run short articles about ACS State Chapters. If you serve as a state chapter leader, please send us a story on any topic of interest about your chapter. This edition of the newsletter features information about a College Chapter Relations Webinar Series that will serve to help chapters grow stronger and more relevant.

The Cutting Edge: News and Notes from the BOG is your newsletter, and the workgroup strives to produce material pertinent and interesting to the Governors, Regents, and Fellows. Please help us by commenting on the content and sending us stories and ideas for inclusion.

Michael D. Sarap, MD, FACS
Chair, Newsletter Workgroup
Cutting Edge Editor
“Ireland: Art on a World Stage, 1690–1840” at Chicago’s Art Institute

Prominently displayed in the entrance to this exhibit is the gift to the College of the extinct Irish elk head that normally resides in the ACS lobby on the 26th Floor. The College has loaned the sizable fossil to be displayed throughout the length of the exhibit, which will run from its opening on St. Patrick’s Day (March 17) through June 7, 2015. It’s an impressive display, and of course the Art Institute is a jewel of Chicago’s Cultural Community.

Following is an excerpt from Christopher Monkhouse, Exhibit Curator’s preface for the Exhibition Catalog.

As the exhibition has been conceived with a Chicago audience in mind, one of the curator’s goals has been to identify potential loans from public and private collections within the orbit Windy City. The Art Institute of Chicago’s own important Irish holdings served as an impetus for the exhibition; objects have been drawn not only from the department organizing the exhibition – European Decorative Arts – but also from the departments of Medieval to Modern Painting and Sculpture, Prints and Drawings, and Textiles, as well as the Ryerson and Burnham Libraries. Slightly further afield, the Snite Museum of Art at Notre Dame University in nearby South Bend, Indiana, not to mention Loyola University Museum of Art, the Newberry Library, and the American College of Surgeons (ACS), all in Chicago, have lent important objects emanating from the Emerald Isle. While the latter – the American College of Surgeons – may at first seem surprising, their loan has in fact become the natural starting point for introducing the exhibition.

The antlers also have the distinction of being the oldest object in the exhibition. Spanning 10 feet, they likely date to the close of the last ice age, about 11,000 years ago. Irish elk roamed much of Europe, Siberia, China, and northern Africa, but the vast majority of their skeletal remains have been found in Ireland buried in beds of marl, which preserved them. Subsequent layers of sediment above them became peat bogs, and estate workers harvesting the peat for heating fuel frequently discovered the remains of giant elk buried below. In the nineteenth century their bones and antlers were excavated for their value as scientific specimens and antiquarian relics, though the first known example of a giant Irish elk skull and antlers crossing the Irish Sea to England occurred during the reign of Charles II (1660-85). In fact they were for the monarch himself,
who “valued them so highly for their prodigious largeness” that he installed them in the horn gallery of Hampton Court where they “so vastly exceed” all others in size “that the rest appears to lose much of their curiosity.”

The elk skull and antlers in the exhibition highlight the deep and vital connection between Chicago and Ireland. Shortly after the ACS established their headquarters in Chicago in 1913, they developed a particularly warm friendship with their equivalent organization in Dublin, the Royal College of Surgeons in Ireland (RCSI). On the strength of those ties, and with the knowledge that the college in Chicago already had “a large number of very interesting heads of big game of the North American continent” on display at their headquarters, the RCSI presented the ACS with the set in 1921. The skull and antlers were discovered about nine miles southeast of Dublin in Ballybetagh Bog, most likely by W. Williams, a natural history preparator who earned a living from the sale of archaeological specimens. As the RCSI had purchased a skull and antlers as early as 1836 for their own museum in Dublin, having spent the then not inconsiderable sum of £50 on their acquisition, this gift to the ACS truly expressed the deep bond existing between the two organizations.

Through the ebb and flow of objects, artists, and collectors across the Irish Sea, Ireland became an international crossroad for art and design during the period 1690-1840. The subsequent migration of objects across the Atlantic Ocean—such as the elk antlers included here—has enabled the exhibition’s curators to find potential loans throughout the United States and Canada—from Honolulu, Hawaii to Boston, Massachusetts, and from Ottawa, Canada to San Antonio, Texas. The resulting 300 objects in the exhibition, through the history of their production and ever-changing ownership, truly place Ireland on a world stage.

The photo above shows our very own newsletter editor, Dr. Sarap, with a re-creation of an Irish Elk done by Ken Walker that won first place at the 2005 World Taxidermy Championship as Best in the World. It is anatomically totally correct in every dimension, and the colors are those depicted in a cave drawing in France. This particular elk is located in Cambridge, OH.
Dear Governors and Fellows,

This e-newsletter arrives to you only days after the repeal of the Sustainable Growth Rate (SGR). What a great time to feel proud to be a governor of the American College of Surgeons! The Health Policy and Advocacy Group, chaired by Michael J. Zinner, MD, FACS, and co-chaired by John Meara, MD, FACS, and Marshall Schwartz, MD, FACS, along with the Advocacy and Health Policy staff led by Christian Shalgian, Patrick V. Bailey, MD, FACS, and Frank G. Opelka, MD, FACS, need to be thanked for their hard work over the entire life of the SGR and especially in the last 12 months.

Many of you attended the Leadership Summit on April 18 and 19 in Washington, DC. Attendance reached an all-time record with more than 500 attendees. The energy and enthusiasm generated by the recent repeal of the SGR was palpable and informed all talks at the Summit. David B. Hoyt, MD, FACS, Executive Director of the ACS; Patricia Turner, MD, FACS, Director of the Division of Member Services; and the ACS staff had prepared a very informative conference focused on leadership development. Three chapters (Tennessee, Louisiana, and Pennsylvania) shared success stories prior to lunch break-out sessions where each state representatives gathered to discuss areas for enhanced engagement at the Chapter level.

The Leadership Summit led seamlessly into the Advocacy Summit on April 20 and 21. Though the repeal of the SGR was a major victory, our work is far from done. The Summit focused on how best we can help our legislators and the Center for Medicare and Medicaid Services (CMS) to implement the new Medicare Access and CHIP Reauthorization Act of 2015. Talks on strategies for successful state advocacies preceded a panel on the changing world of health care. An engaging talk by Stanley McChrystal, former Commander of U.S. and International Forces in Afghanistan and an “insider” analysis of the political landscape for the 2016 Presidential Campaign by Chris Cillizza, Political Analyst of the Washington Post, enriched the Summit prior to spending a day on Capitol Hill visiting with congressional representatives.

As one of the Governors’ tasks and duties is to foster new membership, this SGR repeal victory gives all of us the ability to start the conversation about the advantages of belonging to the ACS with prospective Fellows. They probably do not know that the ACS has been proactive at offering solutions that eventually resolved this issue after a long 13 years. Let’s not waste this opportunity, and let’s bring new surgeons in the folds of the ACS!
A MESSAGE FROM THE CHAIR CONTINUED

Make plans to attend next year’s Summit, especially if you did not attend this year. It will be held in Washington, DC, April 9–12, 2016. Pencil these dates on your calendar! Also, make plans to attend Clinical Congress, October 4–8, 2015, in Chicago, IL. At this meeting, mandatory for all domestic governors and international governors, the Board of Governors workgroups will meet on Saturday, October 3, the business meeting will occur on Sunday prior to the conjoint meeting with the Board of Regents and the Convocation Ceremony, the black-tie dinner will take place on Tuesday night, and the adjourned meeting on Wednesday morning prior to the Annual Business meeting of all Fellows in the afternoon.

See you in Chicago.
Coding Tips: Breast Surgery
Mark Savarise, MD, FACS

In 2014, there were substantial changes to CPT coding for breast biopsy and localization procedures, to better reflect current practice. The new codes have generated some confusion. Codes 19081-19086 describe percutaneous needle biopsies of breast lesions, and are sorted by the imaging modality (stereotactic, ultrasound, and MRI). Each code includes “placement of breast localization device, when performed.” This phrase means that the codes can be used whether or not a localization device is left.

Codes 19281-19288 describe the localization procedures prior to lumpectomy, most commonly performed by wire. These are also sorted by imaging modality (mammogram, stereotactic, ultrasound and MRI). Reporting the surgical excision of these lesions has not changed: use code 19125 for image-guided excisional biopsy of a benign lesion; use 19301 for partial mastectomy (lumpectomy) for cancer, whether or not preoperative localization was performed; use 19302 for partial mastectomy with concurrent axillary node dissection.

For the now-standard practice of treating early breast cancer with partial mastectomy and sentinel lymph node biopsy, three codes must be used: 19301 (partial mastectomy), 38525 (biopsy of lymph node, open, deep axilla) with -51 modifier, and 38900 (sentinel lymph node identification).

Many new techniques have been developed for performing mastectomy for breast cancer with preservation of skin and/or nipple. Old CPT literature directed surgeons to use code 19304 (mastectomy, subcutaneous), which was incorrect. Current CPT literature now reflects ACS coding advice to use code 19303 (mastectomy, simple, complete) for all of these procedures, regardless of incision type. Code 19304 was not valued for treatment of breast cancer (7.95 wRVU, vs. 15.85 wRVU for 19303).

These and other frequent issues in breast surgery coding are addressed in the ACS Bulletin 99(9), September, 2014; and in CPT Assistant, March 2015.

All specific references to CPT codes and descriptions are copyright 2015 American Medical Association.
PILLAR UPDATE: ADVOCACY AND HEALTH POLICY

The Advocacy and Health Policy Pillar is comprised of two workgroups, the Health Policy and Advocacy Workgroup (Chair: Chad Rubin, MD, FACS) and the Coalition Workgroup (Chair: David McAneny, MD, FACS).

Health Policy and Advocacy Workgroup

- To identify public policy issues and concerns affecting surgeons and our patients, prioritize these issues and concerns; identify those on which the College should focus its attention and resources. In addition, the workgroup will develop action plans to address issues, expand and monitor mechanisms by which the College makes surgeons, patients, and the public aware of our health policies and agendas, and develop and maintain mechanisms by which legislative and regulatory issues can be addressed in a timely and effective manner.

Coalition Workgroup

- To engage the surgical sub-specialties around common issues that impact the surgical profession and to develop a unified voice on legislative and regulatory issues affecting the “House of Surgery.”

The Coalition Workgroup serves the Board of Governors and the American College of Surgeons by coordinating efforts among surgery specialty societies, emphasizing advocacy on behalf of surgeons and their patients.

Members represent

- American Academy of Ophthalmology (AAOp)
- American Academy of Otolaryngology-Head and Neck Surgery (AAOHNS)
- American Association of Genitourinary Surgeons (AAGUS)
- American Association of Neurological Surgeons (AANS)
- American Burn Association (ABA)
- American Society for Aesthetic Plastic Surgery (ASAPS)
- American Society of Colon and Rectal Surgeons (ASCRS)
- American Society of General Surgeons (ASGS)
- American Society of Plastic Surgeons (ASPS)
- American Urological Association (AUA)
- Association of Program Directors in Surgery (APDS)

Continued…
The Advocacy and Health Policy Pillar entertains philosophies about advocacy, as well as specific strategies and tactics. Its discussions have culminated in the development of a Grassroots Advocacy pilot that was described in the November 2014 Bulletin of the ACS (see p.11) and is being implemented by the Massachusetts and Tennessee Chapters. This program is supported by the College’s Surgeons Voice web page that provides educational infrastructure for home district visits with legislators (District Office Contact by Surgeons – DOCS). We believe this model can support the structure of advocacy for both the College and its Coalition partners, and we certainly welcome recommendations from all Governors about how to enhance the program and disseminate it among all Chapters.

The Health Policy and Advocacy Workgroup is comprised of Governors who chose this committee because of personal interests in advocacy. As a result, we have a diverse group of Fellows that forms the basis for the Workgroup’s focus and production. It is expected that the Governors will be the front line of Advocacy, whether hearing from the Fellows they represent or experiencing an issue firsthand. Some recent issues include the “zip audits”, and we are currently working on a white paper regarding Patient Surveys. It is our plan that the Governors will be the ground floor of Advocacy, advising the Governor’s Executive Committee and, in turn, the Health Policy Advocacy Group. While the Surgeon’s Voice provides structure and support for advocacy, this Workgroup is the mechanism for the Governors to be involved in the advocacy effort. The two remain complimentary.

The Coalition Workgroup supports this greater coalition as well as the ideal of the American College of Surgeons hosting the “House of Surgery.”

One example of the workgroup’s efforts includes recently organizing information regarding the legislative priorities of its constituent specialty societies. These concerns were reviewed to establish common themes and presented to Michael Zinner, MD, FACS, in advance of the ACS Health Policy and Advocacy Group meeting in January 2015. The Coalition Workgroup will also coordinate with the Chapter Activities Domestic Workgroup to foster Chapter goals that appeal to a variety of surgery specialists, including resident paper competitions and lectures about surgical sciences and socioeconomic issues.

The College already sponsors a broad coalition among surgery specialty societies, promoting common interests and discussing challenges such as the Medicare sustainable growth rate (SGR), liability reform, graduate medical education, administrative burdens on physicians and surgeons, PQRS reporting, electronic medical record incentives, physician tiers, network restrictions, scope of practice issues, “zip audits” of CMS regional carriers, and bundling of funding for care rendered by surgeons. The Coalition Workgroup supports this greater coalition as well as the ideal of the American College of Surgeons hosting the “House of Surgery.”

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PILLAR UPDATE: ADVOCACY AND HEALTH POLICY
CONTINUED

The DOC5 program partners Fellows with ACS Washington Office staff who possess the knowledge of the issues and of the legislative process to educate their Fellows on key topics.

Introducing Fellows to advocacy

The notion of advocating with legislative about health care matters likely is unfamiliar to most Fellows, beyond what they realize publications such as the Bulletin. Although the ACS Advocacy Summit concen-

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SPRING/SUMMER 2015

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trates on active legislative issues, it occurs only once annually and attendance at the meeting costs a considerable sum.

For many years, the American College of Surgeons (ACS) has sponsored an annual spring leadership and advocacy Summit in Washington, DC. I have the good fortune of participating in sever-

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The American College of Surgeons Division of Education has announced the annual call for program proposals to be presented at Clinical Congress 2016, October 16–20, 2016, in Washington, DC. Please work with the members of your Committee, Advisory Council, Task Force, and so on to identify and propose educational programs. All Governors are assigned to a Pillar and many are involved in specific workgroups and Advisory Councils. Individual Fellows can contact the Governors from their state to help get topic ideas to specific College councils or other workgroups. The Division of Education continues to implement changes brought about by the Clinical Congress strategic planning process.

For more information, follow the steps below to access two documents that contain FAQs and the proposal submission process:

**Step 1:** Visit [http://acscommunities.facs.org/home/](http://acscommunities.facs.org/home/)

**Step 2:** Choose “Log in to see members only content”

**Step 3:** Choose “Communities”

**Step 4:** Choose the community “BoR and BoG”

**Step 5:** Click on “Library”

**Step 6:** Choose the document “2015 Clinical Congress Proposal Site Information”
SPRING/SUMMER 2015

PILLAR UPDATE: MEMBER SERVICES

Kevin Behrns, MD, FACS
Member Services Pillar Lead

What a great time to pen an update on the membership pillar, fresh off the repeal of the Sustainable Growth Rate (SGR)! While much of the heavy lifting related to the American College of Surgeons’ (ACS) role in the elimination of the SGR was out of the Health Policy and Advocacy Pillar, all our efforts begin with membership. The ACS’ international membership and linked communication network create a unified voice that must be heard across the nation. Thank you for being a contributing member and a collective voice!

Though the repeal of the SGR was a major advance that will help us strive for continued improvement in patient care, we must remain unified and help the Center for Medicare and Medicaid Services (CMS) implement the new Medicare Access and CHIP Reauthorization Act of 2015. How do we do this? We do it through recruitment of new fellows and engagement of existing fellows by demonstrating the power of a collective voice.

Under the direction of Patricia Turner, MD, FACS, Division Director of Member Services, the Member Services Pillar is clearly focused on advancing the benefits of membership so that we attract surgeons of all specialties and energize our current members through chapter related activities and recognition of extraordinary work of our members. As the chair of the Member Services Pillar, I am fortunate to have enthusiastic leaders of our three workgroups: (1) Chapter Activities Domestic Workgroup led by S. Rob Todd, MD, FACS, (2) Chapter Activities International Workgroup chaired by Miguel Cainzos, MD, FACS, and (3) Surgical Volunteerism and Humanitarian Awards Workgroup shepherded by Francis Ferdinand, MD, FACS. Each of these workgroups has numerous activities that will foster growth in membership and enlist further engagement of our existing fellows.

The Chapter Activities Domestic Workgroup had a vibrant meeting just days ago at the ACS Leadership and Advocacy Summit in Washington DC. The workgroup discussed six operational methods to recruit and engage fellows through chapter activities. The Chapter Partner Program fosters collaboration between existing domestic chapters or international chapters. Through these efforts, the best practices of existing chapters can be shared through domestic or international partnerships. Likewise, the Chapter Guidebook Program serves as a content resource that provides information on chapter operations. Importantly, the Guidebook is under revision so that the information is current. The Board/Officer Training Program seeks to provide resources to chapter surgeon leaders as they grow into leadership positions and work with chapter administrators. The education of both surgeon leaders and executive administrators will also be augmented through the...
PILLAR UPDATE: MEMBER SERVICES CONTINUED

development of Chapter Webinars. One of the major activities of nearly all chapters is to plan a meeting and the Chapter Activities Domestic Workgroup is preparing an Annual Meeting Toolkit that will serve as a reference guide to chapter leaders. Finally, this Workgroup is promoting a “Speed Networking” session and reception at the annual Clinical Congress so that leaders of the chapters will be introduced to one another and ACS leaders.

The Chapter Activities International Workgroup has also had a busy past several months. The formation of international chapters is rapidly occurring around a regional organizational structure, which includes Latin America (Region 14), Europe and South Africa (Region 15), Asia and Australasia (Region 16) and the Middle East and North Africa (Region 17). Common goals for all international regions include recruitment of new fellows into existing chapters, formation of new chapters, enhanced communication among chapters, dissemination of ATLS, NSQIP and other ACS programs and planning for regional meetings. In addition, each region has specific goals that are clearly outlined and operational. In fact, one region conducted a survey of members with a 93% response rate- that’s terrific! The new regional organizational structure of international chapters will boost engagement and foster collaboration not only in the international regions but also between domestic and international chapters.

Finally, the Surgical Volunteerism and Humanitarian Awards Workgroup is busily reviewing a large number of nominations for four awards: the Humanitarian Award, Volunteerism International Award, Volunteerism Domestic Award and Resident Award. In addition, this workgroup continues to refine the review and scoring processes of the applications and, importantly, they wish to solicit even more applications to recognize our fellows who graciously give their time and talents to needy surgical patients.

In summary, the collective power of membership in the ACS is clearly at work across the Member Services Pillar. I thank my colleagues for their unified voice that strives for continued improvements in patient care.
Emmanuel A. Ameh, MBBS, FWACS, FACS, was until recently, a professor of surgery and consultant pediatric surgeon at the Ahmadu Bello University and Ahmadu Bello University Teaching Hospital, Zaria, Nigeria. He had his undergraduate medical education at the Ahmadu Bello University Medical School, Zaria, Nigeria, graduating with honors in 1989 and went on to train in general surgery and pediatric surgery at the Ahmadu Bello University Teaching Hospital, Zaria, Nigeria, obtaining the Fellowship of the West African College of Surgeons (FWACS) in 1997.

In 2003, Dr. Ameh was awarded the International Guest Scholarship of the American College of Surgeons, making it possible for him to obtain further experience and training outside Nigeria for the first time. He attended the Annual Clinical Congress of ACS in Chicago, and proceeded to spend time with Dr. Henri Ford and his colleagues at the Children’s Hospital, Pittsburg, Dr. Charlie Stollar and colleagues at Children’s Hospital, New York, and Dr. Michael La Quaglia at Memorial Sloane Kettering Cancer, New York. His ACS appointed mentor, Dr. Kenneth A. Forde of the Department of Surgery, at Columbia University Medical Center, New York was invaluable and very magnanimous and friendly in arranging the visits. The visits to the U.S. centers marked a turning point in his professional career and made it possible for him to significantly impact the development and training in pediatric surgery in Nigeria and West Africa. Other institutions he visited in 2007, which contributed to enriching his surgical career experience include; St. James’s University Hospital, Leeds, U.K. working with Mr. Azad Najmaldin and colleagues, and Great Ormond Street Hospital for Children, London, U.K. working with Dr. Edward Kiely and colleagues.

Dr. Ameh is actively involved in the development of educational programs and training activities of the West African College of Surgeons.
INTERNATIONAL CAFÉ: EMMANUEL AMEH CONTINUED

Association of Pediatric Surgeons of Nigeria and Pan African Pediatric Surgical Association. He is a passionate advocate for safe and accessible surgical care in low and middle income countries and has been at the forefront of advocacy to elevate the profile of surgery and surgical specialties in Nigeria and sub Saharan Africa. He is involved in advocacy for the control of surgical infections (particularly the surveillance and control of surgical site infections) in low and middle income countries through his work with the International Surgical Infection Study group (now OAISIS Global).

Most recently, he served as one of the commissioners for the Lancet Commission on Global Surgery and was the Lead for the Workforce, Training and Education working group of the Commission.

In October 2005, Dr. Ameh was initiated as Fellow of American College of Surgeons at the Annual Clinical Congress in San Francisco and he has worked closely with ACS colleagues since then to advance surgery and surgical care, and pediatric surgery in West Africa and low and middle income countries. Since induction into ACS fellowship, he has attracted several young surgeons in Nigeria into the ACS, and has encouraged them to apply for the various scholarships of ACS, for which some have been successful. He was appointed as the first ACS Governor-at-Large for Nigeria in October 2014. This, for him was a major development and challenge in his surgical career and a call to further service and responsibility. Since the appointment, the process of forming an ACS chapter in Nigeria has been initiated, and officers for the proposed chapter have recently been elected. There are presently more than 30 ACS fellows in Nigeria and his desire is to work with them to impact positively and significantly on surgery and surgical training in Nigeria, using the knowledge, experiences and tools we have acquired from ACS. Attracting excellent medical students to develop interest in future surgical careers and, encouraging and deepening the training experience of surgical trainees, through good mentoring would be the initial main focus of his tenure as Governor-at-Large. For Dr. Ameh, involvement with the ACS has been, and continues to be an exciting learning and rewarding experience. He will continue to strive to actualize the ACS motto of ‘Inspiring Quality, Highest Standards, Better Outcomes’ in his setting.

Dr. Ameh is presently Professor and Chief Consultant Pediatric Surgeon at the National Hospital, Abuja, Nigeria. He and Nkeiruka, his lovely wife (an OBGyn), have four very exciting children.
ACS COMMUNITIES HOT TOPICS LIST

The Cutting Edge: News and Notes from the Board of Governors presents its listing of “Hot Topic” threads and discussions from the various ACS Communities.

To search for information on any topic simply go to ACS Communities>Browse All Communities>Enter the desired topic in the Search Box. We encourage all Governors to submit topics from their specific Communities for inclusion in future “Hot Topic” lists. These are the topics that really need response from as many of us as possible. In the future, the newsletter plans to include commentary on particularly important topics submitted by College Leadership and Fellows.

Top Discussions

- Management of rectovaginal fistula
- Colonoscopy prior to elective sigmoid resection
- SGR repeal (pro and con)
- Management of the axilla after neoadjuvant therapy of breast carcinoma
- Frozen section during lumpectomy for margins
- Bile duct injury (right hepatic duct)
- Port removal for infection
- General surgery training
- Going into Private Practice
- Ischemia stoma management
- Increasing emergency cases due to high deductibles/ co-pay
RURAL SURGERY INTEREST GROUP PENS NEW TEXTBOOK

A brand new surgical text titled *Advanced Surgical Techniques for Rural Surgeons* has just been released. Drs. Amy Halverson and David Borgstrom, two academic surgeons with longstanding interest in training and educating surgeons for rural practice, organized the production of the text. This unique reference fulfills the unmet need of a textbook that addresses the scope of practice for surgeons practicing in rural regions. The text provides up-to-date content covering a wide breadth of topics relevant to surgical care in rural areas, with a focus on the surgical diseases that are often treated by surgical subspecialists in the urban setting. Written by experts in each subspecialty, the text focuses on procedural aspects of surgical patient care.

Halverson and Borgstrom solicited chapters from academics, many involved in programs with an interest in training rural surgeons and from rural surgeons with vast experiences in the selected topics. The first section discusses practice issues unique to rural surgery and provides an overview of applying principles of quality improvement to surgical practice. Subsequent chapters cover specific surgical procedures. Each chapter includes a brief discussion of indications and contraindications for surgery. The surgical technique is described with attention to important anatomic details. Key portions of the procedure are highlighted including the potential complications and how to avoid them. Procedure specific perioperative care is also discussed.

Drs. Tyler Hughes and Philip Caropreso, members of the ACS Advisory Council on Rural Surgery, introduce the text in the forward. Practicing rural surgeons contributed many of the chapters as well as surgeons from academic centers. Topics include endoscopic control of UGI bleeding, colon polyp resection, laparoscopic bile duct exploration, cholecystectomy techniques, hernia repair techniques, skin cancer, wound care, breast ultrasound and surgical techniques, endocrine surgery, venous access, pacemakers, trauma care, c-section and gynecologic surgery, urology, and pediatric procedures.

Supported with ample illustrations and images, *Advanced Surgical Techniques for Rural Surgeons* is a valuable resource for surgeons currently in practice or preparing to practice in rural or international/mission practices, as well as surgical technicians, surgical nurse practitioners, and physician assistants.

The text is available through Springer and can be accessed at [www.springeronline.com](http://www.springeronline.com).
CHAPTER HIGHLIGHT: HISTORY OF THE OHIO CHAPTER
BRUCE J. AVERBOOK, MD, FACS, OHIO CHAPTER GOVERNOR

The Ohio Chapter of the American College of Surgeons has a long and storied history and its members have played critical roles in the College over the years. The Ohio Chapter origins began with a charter from the ACS to the Toledo chapter on August 6, 1950. The first president was Frederick P. Osgood, a local and national leader in surgery. Annual meetings were held to present scientific subjects and elect officials. Surgeons from the rest of the state were invited to these meetings. On September 8, 1956, an organizational meeting to form The Ohio Chapter of the ACS was held at the Deshler Hilton Hotel in Columbus, OH. Dr. George Bates, then the president of the Toledo Chapter, spoke about the history of the Toledo Chapter and pledged support to form a new state chapter. Charles C. Higgins of Cleveland chaired the meeting that approved formation of the state chapter. The first president was Edwin Ellison who credited Robert Zollinger in forming the chapter. Dr. Zollinger outlined the basic organizational structure and purpose of the chapter with three basic committees: Trauma, Nutrition, and Graduate Education. He sought to encourage young surgeons participation along with older and academic surgeons. He wanted an outside speaker at the annual meetings. He wanted to rotate meetings to different sites that included smaller towns to promote participation. He wanted younger surgeons to present papers and have coaching by senior surgeons. Dr. Ellison trained under Dr. Zollinger from 1944-1957 and together described the pancreatic lesion that produced ulcer diathesis later named the Zollinger-Ellison syndrome.

We continue to have twice a year face to face council meetings and annual Chapter Scientific/Educational meetings. The state Trauma and Cancer meetings are held concurrently with the annual chapter meeting. Resident tracts and Women in Surgery sessions have been a part of the annual meetings. The meetings are rotated yearly among the major cities in Ohio.

Ohio Chapter members hold many significant positions in the College, the American Board of Surgery and many surgical organizations. Dr. Margaret Dunn and Dr. Mark Malangoni are current ACS Regents, Dr. E. Chris Ellison is past Chair of the American Board of Surgery and Dr. Dan McKellar is Chair of the National Commission on Cancer. Dr. Richard Bahnson is Chair of the SPAC and Dr. Richard Reiling is involved with the ACS Foundation. Dr. Nancy Gantt is President of the AWS. Dr. Michael Sarap has become a state and national leader promoting attention to the needs of the rural surgeon. Our past COC state chair, Dr. Val Maysaenko (2015 Outstanding CoC State Chair Award) and previously, Dr. Daniel McKellar, further initiated an innovative and active COC program with a focus on cancer center accreditation.

The Ohio Chapter has always played a major role in advocacy and major legislation. In previous years, issues regarding malpractice, trauma, and medical education were strongly addressed. More recently, for breast cancer patients, HB 147 required specific information on breast reconstruction be given. The Chapter worked with the sponsor to align it with already approved guidelines. SB 54 required women to be notified about...

Continued...
imaging dense breast tissue. We worked with the sponsors to clarify that notification was the responsibility of the facility performing mammograms. HB 341 required prescribers of opiates to run an OARRS report beforehand, but we were able to win an amendment to exempt prescriptions treating postsurgical pain so as not to delay or limit pain management. We successfully lobbied the Emergency Medical Services Board to protect surgeon board seats and increase representation of the trauma community. Led by Dr. Steven Steinberg, we have worked with Governor Kasich, administrators, legislative leaders, and stakeholders to develop legislation to reform Ohio’s trauma system to have more state oversight, provide new resources for trauma centers, and make the network more seamless and accountable (establish a new State Trauma Board and help develop regional trauma organizations). We continue to support efforts toward additional tort reform, and are actively working with legislators to address opiate and prescription drug addiction/abuse while preserving surgeons ability to adequately treat patients. We supported HB 131 to set standards limiting tanning bed usage for individuals under 18. We supported SB 99 that required insurers cover oral chemotherapy drugs in parity with traditional chemotherapy. The Ohio Chapter has also initiated a new Committee on Disabilities to educate surgeons and improve outcomes for the disabled and elderly patients. In addition, we are working to unite the Ohio Chapter with state surgical subspecialty organizations to improve and solidify surgical advocacy efforts. In addition, we have added representation for the surgical VA medical services on our council to better address needs for those military who served our country.

Here is a small list of some notable members and officers of the Ohio Chapter:
George Crile
Richard Zollinger
Mary Martin (first female president 1972)
Larry Carey
William A. Altemeier (a founding member of the Ohio chapter in 1978 became president-elect for the ACS and then president and chair at the University of Cincinnati College of Medicine)
Harvey Tucker (started ENT Dept at CCF)
Richard Fratiarne
William A. Flynn
Robert Zollinger, Jr.
John Peter Minton
Richard Reiling
Jerry Shuck
Josef Fischer
Jeffrey Ponsky
E. Christopher Ellison
Gerald Zelenock
Mark A. Malangoni
Christopher McHenry
Daniel P. McKellar
Margaret M. Dunn
CHAPTER HIGHLIGHT: HISTORY OF THE OHIO CHAPTER CONTINUED

Dr. Averbook Biography

Dr. Averbook, born and raised in Los Angeles, CA, completed his undergraduate training at Claremont Men’s (McKenna) College and attended The George Washington University School of Medicine. Surgical residency was at the University of California, Irvine (UCI) where he also did a postdoctoral fellowship in Cancer Immunology with Dr. Gale “Morrie” A. Granger in the Molecular Biology and Biochemistry Department at UCI. Following surgical residency, his surgical oncology fellowship was at the Surgery Branch of the National Cancer Institute with Dr. Steven A. Rosenberg. After his fellowship in surgical oncology, he was hired at MetroHealth Medical Center (MHMC)/Case Western Reserve University (CWRU) in the Division of Surgical Oncology where he has been since 1993 involved in teaching, clinical practice, and basic and clinical research. He held the position as Principal Investigator (PI) for The Eastern Cooperative Oncology Group for CWRU from 2005 to 2014 and is now Co-PI. He was the PI for the American College of Surgeons Oncology Group at MHMC for 12 years. He is the Toxicity Monitor for the Melanoma Committee for ECOG and represents the American College of Surgeons for the Commission on Cancer (CoC) where he serves as Liaison to the College of American Pathologists and as an active member of both the Accreditation Committee and the Advocacy Committee. He has been a Council Member with the Ohio Chapter of the ACS since 2008 with service including Program Chairman for the Annual Meeting, Alternate Representative to the Board of Governors, ACS Northeast District Councilor, Treasurer, President-Elect and currently President. He was recently appointed as a Governor for the ACS representing the Fellows in Ohio. He is currently professor of surgery, oncology, and dermatology with an active academic and clinical surgical practice focusing on malignant melanoma, breast cancer and sarcoma.

Dr. Averbook

Chapter Webinars

Did you know that ACS is offering webinars on a series of helpful topics for chapters?

ACS webinars are for professionals, leaders, and individuals who are ready to move their chapter to the next level: Take a deep dive into best practices, industry-leading strategies, and business-critical research. The webinars are presented live by subject matter experts and accessible to you free of charge. Enjoy interaction with the presenter in a live format or view the entire webinar after the event on your schedule. These brief, yet extremely informative, web-based education sessions are accessible for one year after the event.

Learn more here https://www.facs.org/member-services/chapters/webinars.

Let me introduce you to two outstanding American Surgical Heroes of the 20th Century: Dr. Stanley Dudrick and Dr. George Berci.

With their iconic personal history and achievements, the story of these two men brings us back to our roots as a surgical profession: dedication, perseverance, hardship and creativity. The lives of these “icons” of surgery culminated in the development of fundamental innovations which fundamentally changed medicine and surgery for the better. Their accomplishments will forever be felt in the global surgical community and by the millions of patients that were saved from suffering and death.

This is a brief introduction of Drs. Durick and Berci that hopefully will entice you to watch the video that were presented at the second Heroes of Surgery Session of the ACS meeting in San Francisco last year.

Dr. Stanley Dudrick was born in a small coal mining town in Pennsylvania, April 9, 1935, into a family of Polish coal miners. His grandfather gained employment at the coal mines on condition that all his sons, including Dr. Dudrick’s father, would work at the mines for free until age 18. His father did so, and while laboring hard during the day in the mines, acquired a high school equivalent degree by studying by the candle by night. He went to college and became a successful insurance agent. This allowed Stanley to avoid the mines and pursue studies in medicine, a career decision he made very early in life.

The Dudricks were excellent task masters, and there was no problem that did not have a solution and was solved. Together with his father, Stanley built houses and repaired cars and was imbued with a work ethic, and a sense of persistence and perseverance that became imprinted in him for the rest of his life. It is only fitting that Dr. Dudrick’s father, who...
ON THE SHOULDERS OF GIANTS
TWO AMERICAN SURGICAL HEROES
CONTINUED

was not a professional engineer, received several federal patents and rewards working on the assembly line of B29 bomber wings during the war by developing highly efficient riveting machines that sped up the completion of an airplane wing by several weeks. It is also of no surprise then that Dr. Dudrick veered towards surgery as his vocation during medical school.

By the time Dr. Dudrick became a surgical resident at Pennsylvania University Hospital, he had “bought” himself a free ticket to the operating room of the cardiovascular department by being the most accomplished “technician” for the extracorporeal bypass machine - at the time rather finicky things that required excellent technical skills. During residency, he impressed his teachers with his advanced technical and surgical knowledge. Surgery just came naturally to him.

Dr. Dudrick, throughout his career, remained a Surgeon’s Surgeon that according to his colleagues, residents and teachers could get anyone out of any problem in the OR almost any time. Due to the mentorship of Dr. Jonathan Rhoads at Penn Stanley, Dr. Dudrick was directed very early to the field of nutrition, particularly the development of parenteral nutrition. He took on this daunting task that was thought by most experts at the time as insolvable. By applying his enormous perseverance, creativity and persistence, he found the solution to all the problems revolving around this goal: central vein cannulation techniques, appropriate materials to make central vein catheters, adequate nutritional substrate and how to keep them in solution, sterilize it and give it shelf life, and proving in animals that long-term intravenous nutrition is technically achievable, effective in maintaining adequate nutrition and growth, and safe. His accomplishment spread quickly and while still a surgical resident at Penn he was invited as a visiting professor to lecture at Harvard University! And the rest is history. This history over the last 45 years or so is estimated to have saved well over ten million patients from succumbing to their disease. There would not be a neonatal intensive care unit in the world, and the low mortality rates we are taking for granted today would not exist in major complex cancer surgery, major abdominal trauma and pancreatitis, in sepsis and overwhelming infections.

Among innumerable awards and recognitions, Dr. Dudrick is the recipient of the 2005 Jacobson Innovation Award of the American College of Surgeons.

You can find the video about Dr. Dudrick in the video library of the American College of Surgeons at https://www.facs.org/education/division-of-education/publications/videolibrary.
ON THE SHOULDERS OF GIANTS
TWO AMERICAN SURGICAL HEROES
CONTINUED

Dr. George Berci was born in Szeged, Hungary in 1921 to a family of musicians. Two years after his birth, the family moved to Vienna where his father secured employment as assistant conductor of the Vienna Philharmonic. Not surprisingly, George started learning to play the violin at age four and became quite an accomplished violin player. At eleven years of age, he became the youngest concertmaster of his school, playing concertos and directing them.

In 1936, his family moved back to Hungary to escape the rising anti-Semitism in Austria, and after the main money maker of the family, an uncle of George, employed by the Swedish firm Electrolux as an engineer, was eventually let go based on anti-Semitic policies. Unfortunately, the situation in Hungary towards Jews was not that different from Austria and the family encountered rising anti-Semitism and restrictions that culminated in the denial of admission of George to medical school based on anti-Semitic laws. Instead, he was hired as an apprentice in an electrical shop and worked for two years in mechanical engineering. The skills and knowledge in engineering, design, drawing and milling he acquired during this time would come handy later on when he revolutionized surgery with his own design of electromechanical instruments and videoscopes.

World War 2 broke out and Jewish men were forced to work in labor camps across Eastern Europe. George was enslaved into labor camp in 1942. He saw many of his friends and compatriots killed and perish. The average mortality rate in these labor camps of young men was 30%. With the end of the war nearing, these labor camps were dismantled and the conscripts, including George, moved to distribution centers – in his case Budapest – to be deported to extermination camps such as Birkenau and Auschwitz. By miracle, the brakes of the train car in which he and 80 or so other youngsters awaited transportation to certain death malfunctioned, and the train left without them.

During an American bombing raid on Budapest, the guards of his unit disappeared and all prisoners were able to escape. He joined the Hungarian underground, and miraculously again, survived the war finding himself with millions of others: destitute and starving. In 1945, George was accepted into medical school in Szeged, Hungary. Working as a technician in the department of physiology and biochemistry, he supported himself and his parents while attending medical school.

As a fourth year student, he won a prize from the department of surgery that gave him free room and board at the school. He graduated in 1950 and started residency in surgery. He
began his research career in medicine in work on the conservation and transplantation of cadaveric vascular grafts that led to successful repair of vascular injuries in patients. In 1953, because of a fall out with the communist leadership, he lost his position at the university. Because of his reputation as a scientist and through incredible luck and circumstances, Dr. Berci ended up heading a surgical experimental lab at the University of Budapest and worked as a staff surgeon.

In 1956, the Hungarian Revolution started, and again the Bercis had to leave the country. They were able to bribe their way to relative safety in Austria by passing the border at night and by foot, enduring incredible hardship. He worked briefly in a university clinic in Vienna. There he successfully secured a two year Rockefeller Foundation Fellowship and in 1957, using this support, he decided to immigrate to Australia. Again, the circumstances are astounding and befitting the resourcefulness and intelligence of Dr. Berci. In Australia, he became interested in imaging and optics, while performing a wide array of different research projects. This interest eventually led to the development of the first choledocoscopy and the first surgical video camera. He received the Australian College of Surgeons “Glissan” Price for his original research in 1958. As they say, the rest is history. Dr. Berci later immigrated to the United States and launched an extremely productive and unparalleled career in surgery and innovative research using his engineering talent to single handedly enable the revolution know today as minimally invasive surgery. Please watch the video at http://www.sages.org/video/george-berci-trials-triumphs-innovations/ to witness the personal account of his life.

Among innumerable awards and recognitions, Dr. Berci is the recipient of the 2011 Jacobson Innovation Award of the American College of Surgeons.

Dr. Fuchshuber’s Biography

Pascal Fuchshuber, MD, PhD, FACS was born in Paris, France and grew up in Cologne, Germany. He went to Medical School in Cologne and Heidelberg where he earned his MD degree in 1984. He received a PhD degree in tumor biology from the University of Cologne in 1986 for a research project on tumor metastases in a murine model. After two years of postdoctoral training at the University of Texas MD Anderson Cancer Center in tumor immunology, he completed a surgical residency at the University of Massachusetts Medical Center in Worcester and at the University of Texas at Houston. In 1996, yet another move across the country followed for a two year clinical fellowship in surgical oncology and endoscopy at the Roswell Park Cancer Institute in Buffalo, NY. Since 1998, Dr. Fuchshuber is staff surgeon at the Kaiser Permanente Medical Center in Walnut Creek, CA and Associate Clinical Professor of Surgery at the University of California San Francisco-East Bay. His main clinical focus in surgery is on general surgery and GI surgical oncology. Dr. Fuchshuber is a Diplomat and Governor of the American Board of Surgery, an honorary member of the French National Surgical Society and a member of the AACR, SSO, AHPBA, IASGO, SAGES and the German National Scholarship Foundation.
SAVE THE DATE

June 1, 2015
Claude H. Organ, MD, FACS Traveling Fellowship Deadline
https://www.facs.org/member-services/scholarships/special/organ

July 1, 2015
International Guest Scholarships and Community Surgeons Travel Awards
https://www.facs.org/member-services/scholarships/international/igs

August 1, 2015
Clowes Career Development Award
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