BIRTHDAY FUN FOR DR. FRANKLIN MARTIN.

The American College of Surgeons (ACS) began because of an imaginative thinker, Franklin Martin, MD, who conceived and brought to reality great organization achievements.
FASCINATING FACTS FROM THE COLLEGE: BOARD OF REGENTS STRUCTURE

Did you know that…?

- There are currently 24 Regents.
- Two Regents reside in Canada.
- In 1913: “The Board of Governors shall at its first meeting elect from among its own membership 12 who shall be members of the Board of Regents. . . . In event of death or resignation of any member of the Board of Regents, his successor shall be elected at the next regular or special meeting of the Board of Governors, but the Board of Regents may appoint a member of the Board of Governors to serve as Regent until this election takes place.” And, “The members of this first Board of Governors shall also be known as the Founders of the American College of Surgeons.”

How do Regents get nominated?

- Any Fellow can nominate a Regent.
- A call is placed in the Bulletin every November/December announcing nominations for Regents.
- Nominations are finalized by the Nominating Committee of the Board of Governors.
- Regents are elected by the Board of Governors at their Adjourned Meeting during the annual Clinical Congress.

Terms

- Regents can serve up to nine years—three terms of three years each.
- Regents must be actively practicing surgery.

Duties

- Regents are responsible for the management and control of the business and affairs of the College.
- Duties of a Regent can vary depending on what workgroup and projects he or she chooses to be a part of.
Dear Governors and Fellows,

A lot has happened since our last e-newsletter. The 60 new governors (56 domestic and four international) elected at Clinical Congress have been onboarded, and each one has been assigned to one of the 13 workgroups of the five Board of Governors pillars or to one of the ACS Committees where the Board of Governors has representation. The new governors were welcomed in a face-to-face networking and orientation event, which took place at the Leadership & Advocacy Summit in Washington, DC, on Saturday, April 9.

The Leadership & Advocacy Summit was a great success. The highest attendance ever was recorded for the Leadership component (more than 500 attendees), and the program on leadership skills development was outstanding. Kudos to Drs. Hoyt and Turner for developing this format over the past few years and creating such an engaging program. Importantly, the College had invited some 70 residents and Young Fellows to participate. These individuals represent our “new blood,” and they will be our leaders in the not so distant future. Kudos to the College for investing in these young colleagues.

The Advocacy portion of the Summit also was well attended and extremely helpful. We heard from Chris Matthews and Lawrence Sabato on their political predictions in this election year, and we were informed by the staff of our Division of Advocacy and Health Policy on issues of particular importance to our patients and to us. These conversations helped craft a strategy and a unified voice when we all visited our representatives on Capitol Hill on our last day in Washington. As Susan Lee, Governor from New York, mentioned in our community immediately after the Summit, “The time has truly passed in which surgeons can be inactive and passive in the decisions made by government which affect patient care and our abilities to practice.”

And our voice was heard. In the three weeks since the Summit, a couple of issues that we brought to Capitol Hill have gotten traction. Legislation was introduced by Representative Larry Bucshon, MD, FACS (R-IN), and cosponsored by Representative Ami Bera, MD (D-CA), to direct the Secretary of Health and Human Services to conduct a study on the designation of surgical health professional shortage areas. The American College of Surgeons (ACS) led the effort in drafting this important legislation, which is meant to assess and recognize that shortages of physicians expand to surgeons as well in rural and underserved areas. And at the end of April, Centers for Medicare & Medicaid Services (CMS) released a major proposed rule regarding the Merit-Based Incentive Payment System (MIPS) and Alternative Payment Model (APM) Incentive under the Physician Fee Schedule and Criteria for Physician-Focused Payment Models. This rule will set the direction for a new Medicare payment system. The ACS team in DC is now reviewing the rule and developing detailed comments, which will be due to CMS on June 27.
DID YOU KNOW?

That the President of Howard University is a Fellow of the American College of Surgeons? Wayne A. I. Frederick, MD, FACS, came to Howard University from his birth place in Port of Spain, Trinidad, at the age of 16. He earned a bachelor’s degree from Howard in 1992 and an MD in a combined BS/MD program in 1994.

Influenced by several members of the American College of Surgeons, including Past-President LaSalle Leffall, MD, FACS, Dr. Frederick went on to obtain a surgical oncology fellowship at MD Anderson Cancer Center. He subsequently served as the associate director of the Comprehensive Cancer Center and the director of surgical oncology and assistant professor in the department of surgery at the University of Connecticut Health Center, returning to Howard in 2006. At Howard, he served over the next five years in various leadership positions, including associate dean in the College of Medicine, division chief in the department of surgery, and director of the cancer center. In 2012, Dr. Leffall asked Dr. Frederick to serve as interim deputy provost for health sciences. While serving in those positions, Dr. Frederick concurrently received a master of business administration in 2011, also from Howard.

Having received teaching awards every year since his return to the university, and having served at the national level as chair of the Surgical Section of the National Medical Association and vice-chairman of the Washington, DC, Board of Medicine, he was selected as Howard’s 17th president by a search committee chaired by Howard alumnus and trustee Vernon Jordan, JD, in 2012. The appointment charges Dr. Frederick with oversight not only of the School of Medicine, but of Howard’s 13 schools and colleges as well as its entire health service sciences enterprise. Dr. Frederick’s choice by the presidential search committee in 2014 was unanimous.
It is indeed a great honor to be the first Governor of the newest Chapter of the American College of Surgeons—the Trinidad and Tobago Chapter formed in January 2016.

Trinidad and Tobago is a small Caribbean island state with a population of 1.3 million. Of 90 general and orthopaedic surgeons, 19 are Fellows of the ACS.

I graduated from the University of the West Indies in 1974 and completed a fellowship at the Royal College of Surgeons of Edinburgh (1978) and a fellowship in vascular surgery (1982–1983) at Albany Medical Center, New York. Working with Allastair Karmody, Bob Leather, Dhiraj Shah, and John Corson was a fascinating experience, as it was a great mix of creative thinking, investigative enterprise, and technical skill. This training, as it turned out, would be a most valuable addition to our surgical services in Trinidad and Tobago. Lower limb distal in situ bypasses for our diabetics, retroperitoneal aortic reconstruction, and carotid endarterectomy were introduced on my return in 1984. The research experience also facilitated my reporting our surgical practice in the literature, which strengthened our university’s publication output in surgery. There was also a pressing need for microvascular surgery for free tissue transfer and limb replantation. Prof. Chen Zhong Wei of Shanghai welcomed me for microvascular training in 1987. We were therefore able to cover a wide range of surgery with limited personnel on a small island. I was also able to start renal transplantation in Trinidad in 1988 with help from Neil Lempert and his team from Albany, NY.

Our academic activities continue to develop with both undergraduate and postgraduate surgical training programs of the University of the West Indies at four public hospitals. Establishment of a chapter and strengthening links with the College would assist greatly in all our efforts. We look forward to this special relationship.

Learn more about Dr. Naraynsingh at vijaynaraynsingh.com.
This year’s Leadership & Advocacy Summit was held on April 9–12, 2016, at the J.W. Marriott in Washington, DC. Here are some highlights of the event.

On Saturday afternoon, all Board of Governors Pillars met, followed by their workgroups. A welcome reception was held on that evening for all Summit attendees.

On Sunday, the educational sessions began. The agenda of the sessions and speakers can be found at https://www.facs.org/advocacy/participate/summit-2016/leadership-agenda.

PowerPoints of some of the presentations can be found at https://www.facs.org/advocacy/participate/summit-2016/presentations.

Governor Dr. Ronald Jaecks enjoying himself at the reception.

Happy Governors at the Welcome Reception.

Continued…
Attendees at one of the educational sessions.

Governor and Member Services Pillar Lead Dr. Francis Ferdinand showing strong interest in the material being presented.

The Breaking Boundaries in Strategic Thinking session.
Attendees enjoying the presentation.

Grabbing a lunch before heading up to the chapter/state breakouts.

Attendees from Colorado get down to business.
New Jersey attendees take a moment to pose for a photo before heading back to planning.

Sunday night was the beginning of the advocacy portion of the event; that’s when DC takes over. To start, a reception and welcome dinner were held with Chris Matthews, host of *Hardball* with Chris Matthews, MSNBC. A book signing also took place.
The agenda for Monday and Tuesday can be found at https://www.facs.org/advocacy/participate/summit-2016/advocacy-agenda.

Dr. Michael Sutherland and Dr. James Fleshman, Governor and Communication Pillar Lead.

Join us next year for the 2017 Leadership & Advocacy Summit in Washington, DC, May 6–9, 2017!
No one who follows the lively discussions on the various ACS Communities can doubt that surgeons are excellent writers. Surgeons have always been writers, and it could be argued that we all write as part of our daily work. We write the story of a patient’s injury or illness, and we sometimes have to chronicle the end of a patient’s life. And, of course, academic surgeons write academic papers and texts, and grant proposals. So why create a Community specifically dedicated to the topic?

Many surgeons write for a wider audience – the nonsurgical, nonmedical public – through editorials, blogs, poetry, short pieces, and book-length prose. These writings can help to put a human face on our daily work, as well as to advocate for issues that affect our patients and our profession. The Surgeon Writers Community was established in late 2015 as a place where Fellows with such an interest might share mutual problems and solutions in a collegial and supportive environment.

The process outlined by the Communications Department of the American College of Surgeons made it simplicity itself to establish the Community. Members were solicited by invitations posted on several communities (such as General Surgery and International Surgery), rather than by autopopulation from mailing lists. All are welcome. We now have 179 members. For such a small community, activity has been extraordinarily high.

More than 146 discussion topics have been introduced and considered. Fellows have shared tips on subjects ranging from writers’ block through writing groups, posted information about forthcoming conferences and submission deadlines, and celebrated the publication of various print and e-books, blogs, websites, and short pieces. The community functions much as the other ACS Communities do.

Bloggers have posted links to their blogs. Writers have shared short pieces of published writing. The library lists books published by surgeons. These include memoirs, fiction, and a scholarly biography of an Indian lawyer. Criteria are loose: book or book-length, wider (nonprofessional) audience, and available through on-line booksellers or brick-and-mortar stores.

If you are looking for something to read or a book to give to someone, check it out. Go to “Surgeon Writers” and click on the library. To see the complete listing, click “More” at the bottom of the first page, and go through three pages of offerings. You won’t find surgery textbooks, but rather a lot of lively and interesting reading. Add your own writing to the list.
Two experienced surgeon-writers serve as advisors to the community. Dr Kenneth Lipshy has written extensively on Crisis Management, including a book *Crisis Management Leadership: Training To Survive The Critical Moment*. He maintains both a website (crisismanagementleadership.com/) and a blog. Dr Byers (“Bud”) Shaw is the author of a critically-acclaimed memoir, *Last Night in The OR: A Transplant Surgeon’s Odyssey*. His work has been published in the New York Times and other widely read periodicals.

Writers of all levels of expertise and interest are welcome!
HOT TOPICS! ... FROM THE ACS COMMUNITIES

- Transfers for Trauma Care
- Regionalization of Surgical Care
- Sleeve Gastrectomy and Reflux
- Procedures for Prolapse and Hemorrhoids
- ACA, Medicaid Expansion and Reimbursement Issues
- Ergonomics
- Re-Leak after Duodenal Ulcer Repair

- Role of Hospitalists
- Laparoscopy and SBO
- Rural Employment Contracts
- Surgeons Writers Community Activity
- Routine Surveillance Duplex for DVT
- Residency and Early Career Burnout
I am happy to report that the North Texas chapter of the American College of Surgeons is very active. As the Commission on Cancer (CoC) State Chair for North Texas, one of my priorities has been to increase the collaboration between the American Cancer Society and the cancer liaison physicians (CLPs) of the various CoC-accredited hospitals. Toward this end, we had an interactive Commission on Cancer-sponsored breakfast meeting at the recently concluded annual ACS chapter meeting where the role of the Commission on Cancer and the various ways the American Cancer Society brings value to our membership was discussed.

Given the national focus on achieving 80 percent screening rates by 2018 to prevent colorectal cancer, various community outreach strategies to bridge disparities in cancer screening were discussed. As the principal investigator of a $1.45M Cancer Prevention Research Institute of Texas (CPRIT) grant, I shared my personal experience with the group and how the American Cancer Society personnel were a key part in helping us do community outreach. Dr. NavKiran Shokar, family medicine faculty at Texas Tech in El Paso, was crucial in helping get my project off the ground. In turn, I am now trying to replicate our current successful project in Amarillo with the surgical faculty in the Permian Basin through a new CPRIT prevention grant application. Additionally, last November the various colorectal cancer prevention grantees from all over the state had a roundtable discussion during the CPRIT innovations conference. As a result, an Alliance for Colorectal Testing (ACT) was developed. We hope our overall state colorectal cancer screening rates will improve and be in line with the national average through collaborations like these.

I also helped coordinate a meeting between the American Cancer Society and CPRIT leadership to explore options and facilitate joint endeavors with a goal toward streamlining cancer prevention activities in the state. We also have been active in educating not only the public but also our state representatives of the value of these cancer prevention programs and how the community as a whole appreciates the commitment the state and the CoC make to such initiatives.

During our annual state chapter meeting, we introduced some new concepts to enhance interaction between leadership of the local chapter and members. Specifically, we held a town hall forum where chapter members were able to freely discuss their concerns with leadership, including the Board of Governors and Dr. Patricia L. Turner, Director, Division of Member Services at ACS. A tumor board session was also implemented where frequently encountered complex cancer cases were discussed by various leading oncologists. These concepts were well received by the members. As a chapter, we are looking forward to next year when there will be a combined North and South Texas chapter annual meeting in Austin.
“ON THE_shoulders_of_giants”:  
 DR. CHARLES R. DREW

Bryan K. Richmond, MD, MBA, FACS  
Governor, West Virginia Chapter

Charles Richard Drew, MD, born on June 3, 1904, in Washington, DC, was an African-American surgeon who developed ways to process and store blood plasma, thus becoming the father of modern blood banking and transfusion medicine. The son of a carpet layer, Drew attended Amherst College before entering medical school at McGill University in Montreal, Canada, where he excelled academically, graduating with AOA honors in 1933. He did his internship and residency in surgery at the Royal Victoria Hospital and the Montreal General Hospital. During this time, Drew studied with Dr. John Beattie on research that focused on the challenges associated with blood transfusions. He then sought additional surgical training at the Freedmen’s Hospital of Howard University. In 1938, after receiving a Rockefeller Scholarship, Drew moved to Columbia University. It was there that, alongside Dr. John Scudder, he developed a method for processing and preserving blood plasma. This research served as the basis of his doctorate thesis, “Banked Blood,” and he received his doctorate degree in 1940. Of note, Drew was the first African American to earn a doctoral degree from Columbia.

As World War II raged on, the impact of Drew’s discoveries were soon realized. He spearheaded efforts in the U.S. and Great Britain to establish blood banking programs, and in the process banked more than 14,500 units of human plasma. After successfully doing so, he continued to direct the blood plasma programs of the United States and Great Britain in World War II, managing the two largest blood banks established at the time. Ironically, he chose to resign this honor after a ruling that the blood of African Americans would be segregated and only be transfused into other African Americans and not be used in whites. This racist conclusion was commented on by Drew, who was quoted in 1942 as saying, “I feel that the recent ruling of the United States Army and Navy regarding the refusal of colored blood donors is an indefensible one from any point of view. As you know, there is no scientific basis for the separation of the bloods of different races except on the basis of the individual blood types or groups.”

He subsequently returned to Howard University as a professor, and he worked there until his death on April 1, 1950, at the young age of 45 due to injuries sustained in a motor vehicle accident. He has since been awarded numerous posthumous honors for his pioneering work that continues to benefit all practicing physicians today.

References:
A new blog post featuring 80% by 2018 National Achievement Award Winner, the Tina Kiser Cancer Concern Coalition (TKC3), can be seen live at http://nccrt.org/80-by-2018-blog/. Hear from TKC3 chair, Dr. Michael Sarap (who is also editor of this newsletter), about the coalition’s dramatic success in dramatically increasing colorectal cancer screening and lowering the rate of late stage diagnosis over the last 10 years.
SAVE THE DATE

May 26, 2016
ACS/Triological Society Career Development Award

June 1, 2016
Claude Organ Traveling Fellowship

July 1, 2016
International Guest Scholarships

July 1, 2016
Community Surgeons Travel Awards

August 1, 2016
Clowes Career Development Award

September 1, 2016
Research Scholarships

October 16–20, 2016
Clinical Congress
Washington, DC
Marriott Marquis

May 6–9, 2017
Leadership & Advocacy Summit
Washington, DC
Renaissance Hotel
CONTACT US

MICHAEL SARAP, MD, FACS
B/G Newsletter Editor
Chair, Newsletter Workgroup
msarap@msn.com

BETTY A. SANDERS, MBA, PMP, CAE
Senior Administrator, Board of Governors
bsanders@facs.org
312-202-5360