LETTER FROM THE EDITOR

Michael D. Sarap, MD, FACS

Dear Fellow Governors,

This issue represents the third edition of the Board of Governors Newsletter produced by the Newsletter Workgroup. We have received many positive comments about the new features and format. Quite frankly, much of the credit for our success goes to Betty Sanders, Senior Administrator of the Board of Governors. Her organizational and journalistic expertise has been invaluable to our workgroup and the newsletter.

Workgroup members have initiated regular columns that focus on interesting points about individual members of the Board of Governors (BOG), ACS Fellows, and the College itself. In order to continue to produce and deliver material that is interesting and pertinent to our readers, we ask that each Governor offer something for inclusion in the newsletter. Each edition contains an update of work being done by specific ACS Pillars and their workgroups. Over the course of the year (four editions) we will cover all the Pillars. Additionally, the newsletter now contains columns related to human interest stories about U.S. and international Governors, historical vignettes, and interesting information about reimbursement, coding, advocacy, practice management, and the College itself.

A list of the specific columns and content includes:

- **Fascinating Facts from the College**—Information about the American College of Surgeons that would be of interest to members of the BOG
- **Did You Know?**—Brief informational pieces about coding, reimbursement, advocacy, legislation and other items of interest to all surgeons
- **On the Shoulders of Giants**—Articles pertaining to important historic events in surgery and enduring or influential words written or often repeated by surgeons
- **International Café**—Articles showcasing our international Governors
- **Governors Human Interest Stories**—Articles showcasing members of the BOG who have received special honors or awards or participate in unique activities either professionally or personally or any stories about Governors that will serve to increase collegiality.

The Newsletter Workgroup thanks the members of the Board of Governors who have already submitted stories and ideas that have contributed to our success with this publication. It is very clear that members of the American College of Surgeons...
Letter from the Editor Continued

ACS) Board of Governors enjoy reading about the practice situations, endeavors and successes of fellow Governors. We now ask that each of you please consider sending in an idea, a practice or coding tip, a quote from a surgeon or mentor that you remember from your training, information about a project that is important to you, or just a quick bio about where you practice and perhaps a list of things the College does well or needs to do better to help you in your practice. The deadline for submission of articles for the winter edition of the newsletter is November 14, 2014. A template of the newsletter production schedule is included at the end of this section with information about specific Pillar Update editions, special columns, and important dates.

Lastly, we truly appreciate the feedback we have received from Governors, members of the BOG Executive Committee, Regents, and even ACS staff members from other departments. Please continue to send in comments (positive and negative!) about our work. The goal of our workgroup is for the BOG Newsletter to be written by the Governors, for the Governors, and about the Governors.

Don’t Miss the Next Edition of the Board of Governors Newsletter arriving to your inbox on November 26

- Highlights of the ACS Clinical Congress
- October Board of Regents Meeting Recap
- Surgeon Human Interest Story
- Pillar Update: Education
- Governors Survey Results
- Local Colon Cancer Screening Project
- BOG Newsletter Naming Contest Recipient
- 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? Let us know! E-mail msarap@msn.com or bsanders@facs.org.

Submission deadline is November 14, 2014.
**Fascinating Facts from the College**

**American College of Surgeons Expenses by Category**
- Staff Compensation and Benefits: 57%
- Travel: 6%
- Clinical Congress: 4%
- Direct Program Expenses: 19%
- Scholarships: 3%
- Administrative Overhead: 11%

**American College of Surgeons Revenue by Source**
- Dues and Fees: 26%
- Accreditation/Verification: 39%
- Clinical Congress: 7%
- Product Sales: 10%
- Grants and Unrestricted Contributions: 5%
- Educational Seminars: 3%
- Other: 10%
Greetings to all. As is predictable and customary, summer has raced by and we again prepare for fall activities and events. With the ACS Clinical Congress just around the corner, allow me to update you on the events of the College this past summer.

In June, the Board of Regents met to conduct the business of the College. In addition to the verification of the College’s sound financial footprint, a number of ACS Statements were approved for future publication in the Bulletin of the American College of Surgeons. These positions included Statements on Surgeon Peak Performance and Management of Fatigue and Effects of Tobacco Use on Surgical Complications and the Utility of Smoking Cessation Counseling. Also approved were new Injury Prevention Statements by the Committee on Trauma addressing: (1) Intimate Partner Violence (formerly domestic violence), (2) Bicycle Safety and Helmet Use, and (3) Older Adult Falls and Falls Prevention. All were reviewed and approved.

An Information Technology update regarding the new Web roll-out was reviewed and discussed. All of the Governors are enrolled in the Board of Governors (BOG) community with further subdivision into individual Pillar Workgroup communities this fall. Beta testing the new Web format occurred throughout the summer in preparation for our ACS “go-live” dates for each division of the College. More input and discussion will be forthcoming during our annual BOG business meeting at the Clinical Congress.

An informative Health Policy update was also presented. On April 1, Congress adopted the 17th Medicare Physician Payment Patch, averting the proposed 23.7 percent scheduled fee cut. (Currently, this fee cut is now scheduled to take effect in April 2015.) Our DC advocates, staff, and leadership continue to work with Congress on the bipartisan, bicameral SGR Repeal Act. Your support of our SurgeonsPAC remains vital as we continue to press for the SGR repeal! We were also introduced to Drs. Frank Olpecka and Patrick Bailey, our two recently appointed surgical liaisons in Washington. Each possess special skill sets integral with our mission in Washington and will be our contributing speakers at the Clinical Congress business meeting.

Finally, I wanted to express my sincere regrets upon the passing of Thomas Russell, MD, FACS, past Executive Director of the American College of Surgeons. Many of you personally knew and worked with Tom over his historic tenure at the College. His visionary impact and “can do” enthusiasm will long endure and be gratefully remembered.

I am excited to see you in San Francisco in October.
PILLAR UPDATES: ADVOCACY AND HEALTH POLICY

James C. Denneny III, MD, FACS, Pillar Lead

The Health Policy and Advocacy Pillar has worked on the following initiatives in 2013–2014:

- This group works very closely with the American College of Surgeons (ACS) Washington Office to raise awareness and spread the word among ACS members about vital policy issues that affect surgeons.
- E-mails are sent to other surgeons with information on how they can get involved in advocacy and how to contact their representatives and senators to make them aware of the issues facing surgical practice and patient care.
- Discussions have evolved around the ACS’ role in coordinating registries and databases, both for quality and proliferation.

The Health Policy and Advocacy Pillar has two workgroups:

- Coalition Workgroup (James C. Denneny III, Chair, and Susan Mosier, MD, FACS, Vice-Chair)
- Health Policy and Advocacy Workgroup (Nipun Merchant, MD, FACS, Chair, and David Adams, MD, FACS, Vice-Chair)

The Coalition Workgroup

- Remain committed to fight for common issues.
- Noted that attempts to address the flawed Sustainable Growth Rate formula that Medicare uses to calculate physician payment demonstrated the remarkable combined effects of surgical/medical societies working toward a common goal and should be sustained.
- Worked with the ACS Washington Office to assemble multispecialty advocacy teams to meet with legislators while in their home districts.

Health Policy and Advocacy Workgroup

- Tort reform and legislative attempts to remove caps on noneconomic damage awards in several states.
- Development of a white paper on the topic of instruments to measure and report on patient satisfaction.
PILLAR UPDATES: QUALITY, RESEARCH, AND OPTIMAL PATIENT CARE

Sherry M. Wren, MD, FACS, Pillar Lead

The Quality Pillar has worked on the following initiatives throughout 2013–2014:

- Collaborated with the ACS Division of Research and Optimal Patient Care.
- Established and revised surgical guidelines.
- Addressed issues such as the aging surgeon and mitigation.
- Created programs for the Clinical Congress on the topic of electronic health records (EHR).

The Quality Pillar includes three workgroups:

- Best Practices Workgroup (Joseph Minei, MD, FACS, Chair, and Brian Harbrecht, MD, FACS, Vice-Chair)
- Physician Competency and Health Workgroup (Roger Perry, MD, FACS, Chair, and Vice-Chairs Christian de Virgilio, MD, FACS, and Michael Vezzuridis, MD, FACS)
- Surgical Care Delivery Workgroup [Steven De Jong, MD, FACS, Chair, and Danny Robinette, MD, FACS, Vice-Chair]

Best Practices Workgroup

- Continue to work with Evidence-Based Decisions in Surgery publications and with the ACS National Surgical Quality Improvement Program to create one or two guidelines annually regarding common problems in surgery. The first guideline is The Prevention and Treatment of Ileus in Surgery.

Physician Competency and Health Workgroup

- Address issues related to the aging surgeon and fatigue mitigation. This group has an enormous task to evaluate data, guidelines, and expert input from consultants. The work-product will be a white paper ready for publication after approval from the ACS Board of Regents and a Panel Session at the 2014 Clinical Congress.

Surgical Care Delivery Workgroup

- Coordinating with Clifford Ko, MD, MS, MSHS, FACS, Director of the ACS Division of Research and Optimal Patient Care, a session on electronic health records for both workflow and quality data extraction.
- Revising several guidelines and position statements.
DID YOU KNOW?

By Mark T. Savarise, MD, FACS

For 2014, Current Procedural Terminology (CPT) has changed the way we code and get paid for image-guided breast biopsies. There is a series of codes, 19081–19100, for percutaneous biopsy, depending on the modality of imaging, and another series, 19281–19288, for placement of localization devices. The latter procedures would be followed by an excision (19125, 19126) or partial mastectomy (19301, 19302). Unfortunately, CPT language is confusing, instructing the use of code 19101 (open, incisional biopsy) with the image-guided localization codes rather than the more appropriate excision codes.
One morning I stopped at a local Starbucks to grab a cup of coffee before morning rounds at the hospital. I was in scrubs. While in line, Roger introduced himself and asked, “What kind of doctor are you?” “I’m an urologist,” I replied. He asked if I ever dealt with cancer. I told him I did. A large part of my practice involves the management of prostate, kidney, and bladder cancer. What followed was a wonderfully honest and inspiring story of his 17-year battle with lymphoma.

I was taken back, honored, and humbled by the most unquestioned expectation of trust and empathy that Roger assumed and humbly expected at the onset of our conversation. The confidence with which he shared his personal and intimate story with me, a complete stranger, simply because I was a physician, was truly amazing to me.

Unfortunately, moments like these are becoming less frequent in today’s health care environment. They are, however, important. These are the moments that spark our passion for the art of medicine. They motivate us to put in the hours through medical school, residency, and fellowship. They drive us to get up early, to come home late, and to sacrifice day in and day out to make sure we respect and take the utmost care of the trust and confidence our patients and our communities expect of us as their doctors.

As a young surgeon, I take a great deal of pride in caring for my patients, a lesson learned from a lifetime of watching both of my physician parents embody the epitome of the patient advocate. However, as I began my career, I was very surprised at how often physicians are vilified as the source of all that is wrong with medicine today. When the opportunity arose to host my radio show, The Conversation, I saw it as a medium well suited to showcase the role of the physician as an educator, a lifetime student, a scientist, an innovator, a confidant, and, most importantly, a patient advocate. On The Conversation, we discuss the most current trends in health care as they relate to our patients, our colleagues, and our listening audience. We also keep our listeners up to date on the newest medical advances and help them stay informed on the politics of health care. I am excited to partner with leaders in the American College of Surgeons (ACS) in the near future for a series of shows educating us all about the many proactive and innovative strides the ACS is taking as an advocate for surgeons, physicians, and our patients in the world of health care policy on the national stage.

Navigating the world of health can be a challenge, and real answers are often hard to come by. The Conversation aims to engage our patients, our colleagues, and our audience in the discussion necessary to answer those questions.

Join the conversation!

Listen live at WOKV.com every Saturday from 5:00 to 6:00 pm EST. Call into the show at 904-340-1045.

www.TheConversationJax.com
facebook: The Conversation Jax
twitter: @ConversationJax
“Self-knowledge guides us in knowing when to give up on the hope of combating disease and when to soldier on; it prevents us from making decisions in which the real aim is to shore up our own personal defenses against insecurity; it shows us the sources of our own fears of death and lessens their acuteness; it outs our fears of passivity and impotence into perspective so that each failure of therapy is not the expense of reason. Most importantly, it enables us to fulfill our pastoral role as surgeons. This, and not the technology, is what being a doctor is all about.”

This issue of International Café spotlights Dr. Al-Saigh from the Kingdom of Saudi Arabia.

**Present Position**
- Secretary General, Saudi Commission for Health Specialties
- Professor of Surgery, College of Medicine, King Saud University

**Education and Training**
- King Saud University, Riyadh, KSA
- Riyadh Central Hospital
- King Khalid University Hospital
- Toronto University, Canada
- University of Alberta, Canada

**Professional Experience**
- Multiple administrative, hospital, and academic appointments
- Extensive experience as a general and laparoscopic surgeon with a special interest in thoracic and biliary surgery
- More than 30 articles published in international and national journals

**Personal Facts**
- Married with eight children
- E-mail address – alsaigh@scfhs.org, prof.alsaigh@gmail.com

**Suggestions for the College**
1. Create a link for ACS Governors where they can exchange their own ideas and views directly.
2. Send the Governors newsletter editions even after they have finished their terms.
3. Publish a list of all ACS Governors all over the world, including the name, country, original position, and term of each Governor. Keep this list updated and include previous, recent, and new Governors.
A MICHIGAN GOVERNOR’S EXPERIENCE WITH THE ACS LEADERSHIP

Mark W. Puls, MD, FACS

As a Governor representing the Michigan Chapter, I have had the good fortune to have been a member of the Advisory Council for Rural Surgery (ACRS). The American College of Surgeons (ACS) formed this Advisory Council in 2012 in an effort to identify, investigate, and rectify the challenges of rural surgical practice. One of my early projects as a member of the ACRS was to write an article for the Bulletin of the American College of Surgeons detailing why the ACS leadership felt that now was a critical time to assist rural surgeons.

For this article, I conducted phone interviews with ACS leaders regarding rural surgery. I spoke with Carlos Pellegrini, MD, FACS, who is our current ACS President. Dr. Pellegrini is chair of the department of surgery at the University of Washington. I also spoke with A. Brent Eastman, MD, FACS, who was the ACS President for 2012–2013. Dr. Eastman is the chief medical officer at the Scripps Memorial Hospital in San Diego, CA. I also interviewed Patricia Numann, MD, FACS, who served as the ACS President for 2011–2012. Dr. Numann has been an academic surgeon at the State University of New York in Syracuse, NY. I also spoke with J. David Richardson, MD, FACS, who served as the Chair of the Board of Regents for 2011–2012. Dr. Richardson is a senior faculty surgeon at the University of Louisville, KY.

As I prepared to do phone interviews with the above physicians, I realized that they were all quite different from the average rural surgeon. They were all high ranking ACS leaders. They had all practiced in an academic environment for their entire surgical career. I wondered how much they knew about rural surgery. I wondered how they could understand what it’s like to practice in a rural environment. I wondered how much they really cared about rural surgery.

When I spoke with these ACS leaders, they were all very approachable, responsive, and courteous. One of them told me that his time was no more valuable than my time. They responded to e-mails instantly.

After asking these ACS leaders why the ACS felt it was important to address the issues facing rural surgery now, I also asked them if they had any personal reasons to be concerned about rural surgery. I learned a lot in a hurry. Our current ACS President, Dr. Pellegrini, grew up in a small town in Argentina. His father was a revered general practitioner. Dr. Pellegrini’s father kept a list of his patient’s blood types. The only blood bank was a “walking blood bank”. Dr. Pellegrini recalls that when he was nine years old, a patient had a bleeding ulcer and required transfusions. Dr. Pellegrini was sent to the homes of nine different patients with the message, “My father needs you to give blood.”

Continued...
A MICHIGAN GOVERNOR’S EXPERIENCE WITH THE ACS LEADERSHIP CONTINUED

Our current Past-President, Dr. Eastman, grew up in Evanston, WY. The population of the town at that time was 3,000. At age eight, Dr. Eastman developed nausea, vomiting, and abdominal pain. It was thought that he had acute appendicitis, but his symptoms did not improve after an appendectomy, and the appendix was normal. He next saw a surgeon in Ogden, UT, who noticed a very ill-appearing eight year old boy in his waiting room and had him brought in first. An IVP revealed bilateral ureteral obstruction from an anomalous renal artery. This issue was corrected surgically, and his life was spared.

Former ACS President Patricia Numann grew up in upstate New York in the town of Denver. Denver had a population of 82. As a resident, she was driving home on Christmas Eve. Even though she was almost home, she fell asleep at the wheel and “went through three guardrails and a tree.” After extricating herself from the car and waking up a family at the closest farmhouse, she was taken to the rural hospital, where her hematocrit was found to be 17 percent. She was cared for by the rural surgeon there and released.

Former Chair of the Board of Regents, Dr. J. David Richardson, grew up in the small town of Moorehead, KY. At age 10, he developed a perforated appendix and was taken in his father’s pickup truck two hours away to a hospital in Lexington for surgery. He stated, “That left an impression on me.”

I learned that all of these College leaders have very real ties to rural surgery. There is a place in their hearts for rural surgery. They understand the issues facing rural surgery and want the ACS to do whatever possible to promote and preserve the field of rural surgery. Based on these interviews and my experiences as a Governor, I’ve developed a deep respect for our ACS leaders. They’re real people, just like you and me. Just as I found out how knowledgeable they were about the field of rural surgery, I suspect that if one of you questioned them about pediatric surgery or neurological surgery or another surgical specialty you would find that they have very real cares, concerns, and ties to those fields of surgery also. Far from being leaders from the “Ivory Tower,” I believe that our ACS leaders are very much in tune with working surgeons and understand their day-to-day situation. I’m very proud of our ACS leadership and am thankful for their willingness to serve.

Dr. Mark Puls has been a rural surgeon in Alpena, MI, for 25 years. He is a Governor representing the Michigan Chapter of the ACS and is a member of the Advisory Council for Rural Surgery.
INTRODUCING THE NEW BOARD OF GOVERNORS COMMUNITY

By Tyler Hughes, MD, FACS

ACS Communities launched in August. The first community created was Colon and Rectal Surgery, quickly followed by General Surgery, RAS, Rural Surgery, and the Board of Governors (BOG). The initial response has been remarkably positive in that very few surgeons wrote in requesting to be unsubscribed, and as soon as launch commenced we got good response from users. At the moment I am typing this (August 7, 2014), there are just under 200. The library section has more than 40 entries on various topics. Surgeons have discussed policy (Centers of Excellence for Rectal Surgery, Definition of the General Surgeon), presented cases (omental torsion, fecal incontinence, endovascular laser therapy of venous disease, management of large villous adenomas), and requested information on mission opportunities.

Discussions have been thoughtful and professional. Documents added to the libraries have been of high quality and relevant.

The BOG itself has its own community, which is private for Governors and staff only. So far, activity in this community has been minimal, probably because Governors have yet to realize what a powerful instrument they have for communication and work productivity right at their fingertips without the need for complicated log-in information. Any Governor can post a comment or upload information he or she feels is important for the BOG. A library for work products and reference is available, and any Governor can add to those as well. A complete directory with advanced search features can identify any Fellow and an almost infinite variety of data points to see highly specific groups within the College.

To me, this system is as important as attending the BOG conferences or the leadership meetings. It is where a Governor can learn and influence the course of College activities 24/7 and when they have the time to do so. I hope you will use and enjoy the ACS BOG Community and discover its 21st century-level Web features from your laptop, phone, or tablet.

To access the community site, go to http://acscommunities.facs.org/home. The default username is your eight-digit member ID, and the default password is your last name.
NEED TO KNOW: 2014 CLINICAL CONGRESS INFORMATION

This schedule is subject to change. You will be notified of any final changes before the start of the Clinical Congress.

Saturday, October 25

1:30–2:00 pm  BOG Executive Committee meeting
Union Square 2

2:00–3:00 pm  Pillar meetings
Advocacy and Health Policy/Golden Gate 1
Education/Franciscan C
Communications/Franciscan A
Member Services/Franciscan D
Quality/Franciscan B

3:00–5:00 pm  Workgroup meetings
Best Practices/Golden Gate 5
Chapter Activities Domestic/Golden Gate 2
Chapter Activities International/Golden Gate 3
Coalition/Golden Gate 6
Continuing Education/Golden Gate 8
Health Policy & Advocacy/Yosemite A

3:00–4:00 pm  Committee to Study the Fiscal Affairs of the College
Union Square 4

5:00–6:00 pm  Canadian Regents and Governors meeting
Union Square 2

International Governors meetings:

Region 14: Latin America/Union Square 5
Region 15: Europe/Union Square 4
Region 16: Asia & Australasia/Union Square 3
Region 17: Middle East & North Africa/Union Square 1

Continued…
### Need to Know: 2014 Clinical Congress Information Continued

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<td><strong>Sunday, October 26</strong></td>
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<td><strong>6:00–7:00 am</strong> Breakfast and Meeting Registration</td>
<td>Grand Ballroom Salon B</td>
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<td><strong>7:00 am–12:30 pm</strong> Board of Governors Meeting</td>
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<td><strong>12:30–2:30 pm</strong> Board of Governors Luncheon</td>
<td>Grand Ballroom Salon B</td>
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<td><strong>Tuesday, October 28</strong></td>
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<td><strong>7:00–8:00 pm</strong> Board of Governors Reception</td>
<td>Continental Ballroom 1–4</td>
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<td><strong>8:00–11:00 pm</strong> Board of Governors Dinner</td>
<td>Continental Ballroom 5 and 6</td>
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<td><strong>Wednesday, October 29</strong></td>
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<td><strong>6:00–7:00 am</strong> Breakfast</td>
<td>Continental Ballroom 4</td>
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<td><strong>7:00–8:30 am</strong> Board of Governors Adjourned Meeting</td>
<td>Continental Ballroom 4</td>
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<td><strong>8:30–9:30 am</strong> BOG Executive Committee Meeting</td>
<td>Executive Board Room</td>
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Other events that are of interest to Governors include:

- **Sunday, October 26** Convocation
  - **5:00–8:00 pm** Board of Governors Robing Room
    - Moscone Center, Room 3022
  - **6:00–8:00 pm** Moscone Center, West Building Ballroom

- **Monday, October 27** Opening Ceremony
  - **8:30–9:00 am** Moscone Center, West Building Ballroom

- **Wednesday, October 29** Annual Business Meeting of Members
  - **4:15–5:15 pm** Moscone Center, Room 132–133
IN MEMORIAM: THOMAS R. RUSSELL, MD, FACS (1940–2014)

It is with great sadness that we inform the surgical community that Thomas R. Russell, MD, FACS, former Executive Director of the American College of Surgeons (ACS), passed away on August 4. Tom served as the ACS Executive Director from January 2000 to January 2010. In that role, he demonstrated boundless affection for and commitment to the ACS staff and membership alike, and, really, it goes without saying that the feeling was mutual.

With his positive energy and optimism, Tom led a revitalization of many College programs and established several others that have helped to place the ACS at the forefront of organized medicine. He played a key role in the establishment of the ACS National Surgical Quality Improvement Program (ACS NSQIP®), the reorganization and creation of the Division of Education, the development of the Clinical Scholars program, the construction of the ACS Washington Office building, and the formation of the American College of Surgeons Professional Association SurgeonsPAC—to name just a few of his achievements.

For his many contributions to this organization, the College recently agreed to present the ACS Lifetime Achievement Award to Tom. The award will be presented posthumously and a memorial service will take place at the 2014 Clinical Congress in San Francisco, CA. Funeral services will be local and private.

If you are an ACS Member and would like to make a contribution in Tom’s memory, you can donate online to the ACS Foundation Thomas R. Russell, MD, FACS, Scholarship Fund. If you are a nonmember, you may send a check to the ACS Foundation, 633 N. Saint Clair Street, Chicago, IL 60611. On your check, please indicate the fund name.
SAVE THE DATES

Resident Research Scholarships Deadline
September 1, 2014
www.facs.org/member-services/scholarships/resident/acsresident

Faculty Research Fellowships Deadline
November 3, 2014
www.facs.org/member-services/scholarships/research/acsfaculty

2014 Clinical Congress
October 26–20, 2014
San Francisco, CA

2015 Leadership & Advocacy Summit
April 18–21, 2015
J.W. Marriott in Washington, DC