



New England Surgical Society Newsletter

Volume 9, Number 1

December 2006

2006-2007 Executive Committee

President

John P. Welch, M.D.

President-Elect

Thomas A. Colacchio, M.D.

Vice President

Charles P. Shoemaker, Jr., M.D.

Secretary

Thomas F. Tracy, Jr., M.D.

Treasurer

Nicholas P.W. Coe, M.D.

Recorder

Neil S. Yeston, M.D.

Past President

Robert M. Quinlan, M.D.

Representative to the ACS Board of Governors

Charles M. Ferguson, M.D.

Representative to ACS Advisory Council for General Surgery

Victor E. Pricolo, M.D.

Representative to American Board of Surgery

Lenworth M. Jacobs, Jr., M.D.

Representative -Connecticut

Kenneth A. Ciardiello M.D.

Representative - Maine

Frederick R. Radke, M.D.

Representative - Massachusetts

Michael D. Stone, M.D.

Representative - New Hampshire

Joseph P. Meyer, M.D.

Representative - Rhode Island

Michael P. Vezeridis, M.D.

Representative - Vermont

Bruce J. Leavitt, M.D.

Office of the Executive Director
900 Cummings Center, Suite 221-U
Beverly, Massachusetts 01915
(978) 927-8330 / (978) 524-8890 fax
ness@prri.com

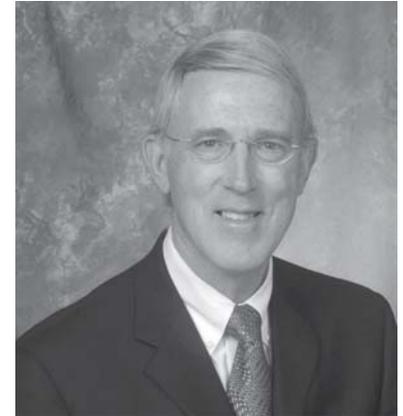
FROM THE PRESIDENT

I am honored and pleased to assume the presidency of the New England Surgical Society and I look forward to the coming year.

The NESS held a very successful Annual Meeting on September 15-17, 2006 at the Marriott Mystic Hotel in Groton Connecticut. This was the first time since 1948 that the Society met in my home state and I was pleased to witness the success of this location. With 358 attendees, 17 podium presentations, 12 brief reports, and 32 posters, this year's meeting was filled with podium presentations and an expanded poster session that covered a wide range of scientific and clinical topics. We owe a debt of gratitude to Dr. Desmond Birkett and the 2006 Program Committee for their excellent work.

Highlights of the Scientific Sessions included our 22nd Annual Samuel J. Mixer Lecturer, Dr. Murray Brennan, and our panel discussion on "Laparoscopic Colectomy: When, Why and Who To Learn It", moderated by Dr. David Schoetz. A significant portion of the NESS program recognizes our up and coming colleagues and I draw your attention to page 2 where the winners of the Resident Prize Essay Competition are listed. Our congratulations to these gifted individuals and we look forward to your future research.

(continued on page 3)



John P. Welch, M.D.

Editor's Corner

Bruce J. Leavitt, M.D.



It is a pleasure that I write my 2nd column for our excellent Society. The leaves have left their limbs and there is crispness in the air that blows from the north. Snow will soon be here. These seasonal changes are one of the great reasons we live in New England.

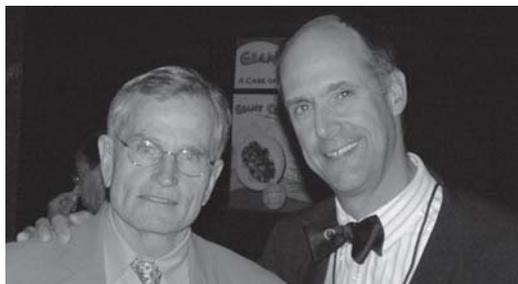
The Mystic meeting was well attended and a well-deserved thank you goes out to our Connecticut colleagues. Like Vermont, Connecticut has not held many annual meetings. The presentations were of the highest quality. The venue gave our Society a comfortable place to meet and the region was full of activities for all members and guests to enjoy. To top things off, the weather was beautiful. Our next meeting is in my home city of Burlington, Vermont. The timing is right for a perfect Vermont fall weekend. All of us here in the Green Mountain State are ready to welcome you to our 2007 fall meeting.

(continued on page 3)

Annual Meeting Highlights

The 87th Meeting of the New England Surgical Society held September 15-17, 2006, in Groton, CT., was a great success. With over 350 attendees and more papers and posters than in any previous year, the meeting provided an exciting educational and social experience for physicians in the New England area.

Thank you to Bruce Leavitt, Newsletter Editor, for the photos.



AWARD WINNERS

RESIDENT ESSAY PRIZE COMPETITION

1st Place

Evolving Patterns in the Detection of Pancreatic Neuroendocrine Tumors (PNETs): The Massachusetts General Hospital Experience from 1977-2005

Parsia A Vagefi, MD
Massachusetts General Hospital

2nd Place

Improved Outcome Following Colectomy for Fulminant Pseudomembranous Colitis (PMC)
Syed O. Ali, MD, Hartford Hospital

3rd Place

Endoscopically Assisted Laparoscopic Resections of Submucosal Gastric and GE Junction Tumors- A Novel approach to resection based on tumor location.

Alicia Privette, MD
University of Vermont

NEW MEMBER AWARD

Enhancing Compliance with Medicare Guidelines for Surgical Infection Prevention (SIP)—An Institutional Experience with a Cross Disciplinary Quality Improvement Team

Laurence E McCahill, MD
University of Vermont

BEST POSTER AWARD

A Simplified Technique for Single Stage Breast Reconstruction

William G. Austen, Jr., MD
Massachusetts General Hospital

FROM THE PRESIDENT

(continued from page one)

This year, the NESS was also pleased to honor Dr. Erwin Hirsch with the conferment of the Nathan Smith Award for his contributions to both the science of surgery and the Society. Following an amusing introduction made by Vice President Dr. David Butsch, Dr. Robert Quinlan concluded the scientific program with a dynamic Presidential Address titled "Gender and the Surgical Workforce."

The social program for the Groton meeting included an enjoyable welcome reception at the Mystic Aquarium where we were entertained by a multitude of ocean life including two Beluga whales who greeted us as we entered. The traditional President's Banquet began with a reception on the lawn followed by dinner in the Ballroom, and concluded with a performance by the "Damaged Care" comedy team who entertained us with jokes and song about our lives as surgeons.

Please scan the photos (on the opposite page) taken during the meeting by Dr. Bruce Leavitt, NESS Newsletter Editor.

Surgical specialities are in a constant state of flux. We need to be aware of these changes that affect us and be ready to adapt. I encourage you to review the reports inside of this issue from our Representative to the American Board of Surgery, Dr. Lenworth Jacobs, the American College of Surgeons Board of Governors Representative, Dr. Charles Ferguson, and the NESS representative to the ACS Advisory Council for Surgery, Dr. Victor Pricolo.

Among the issues the Executive Committee hopes to tackle this year include possible expansion of the active membership limits, increased marketing and funding of the Annual Research Day, inception of an annual panel session run ex-

clusively by younger members, and review of the activities of the Archives Committee in anticipation of the approaching centennial of NESS. I look forward to working with this committee, including new members Charles Shoemaker (Vice President), Lenworth Jacobs, Charles Ferguson, and Michael Vezeridis (Rhode Island Representative), as well as our accomplished Past-President Bob Quinlan and prominent President-Elect Tom Colacchio.

Finally, I would remind all NESS members of the importance of attendance and participation at our annual meetings. The exchange of dialogue and the camaraderie of fellow surgeons cannot be replaced in any other forum. The year of amnesty for those members who had not fulfilled their NESS participation requirement expired with the 2006 Annual Meeting and I urge you to attend future meetings, not just to meet your requirement, but to benefit from the numerous presentations and to enjoy the opportunity to meet your colleagues.

Thank you again for the honor of serving as your NESS president.

I would remind all NESS members of the importance of participation and attendance at our annual meetings. The exchange of dialogue and the camaraderie of fellow surgeons cannot be replaced in any other forum.

Editor's Corner

(continued from page one)

Each one of us has our reasons to live in such a wonderful region of our country and world. This story happened this summer and reinforced the reason why I practice in Vermont and New England.

"Hey, can you help me," came a weakened call from a mountain biker sitting on the bumper of his car. I was pedaling my mountain bike to my car after finishing my Wednesday night mountain bike race at Catamount Outdoor Family Center in Williston, Vermont. Wednesdays are one of my OR days and I finished two cases in time for me to get out to Catamount. I look forward to the summer Wednesday night mountain bike races for the exercise, camaraderie, and enjoyment of the Vermont hillsides. I have been told it is the largest mountain bike series race in the country.

I went right over to the gentleman calling out to me. I asked how I could help. He told me at the wooden bridge he fell off his bike onto his right chest and shoulder. I lifted his bike onto his roof car rack and then asked him if he was able to drive home. He told me he had suffered broken ribs before and the pain he was having was similar. However, this time he felt a bit different and could not drive. I noticed his words were a bit short and breathing a bit labored. I offered to bring him to our hospital, which he accepted. When I asked the

biker if he knew me or what my vocation was he said no. I then informed him that he asked the right mountain biker for help. A further deterioration in his breathing was noted. We drove directly to the emergency room and I informed the staff that I thought the patient had some broken ribs and possibly a pneumothorax. Many of the ER staff chuckled when I arrived in their unit dressed in my muddied mountain bike attire. A short time after he arrived a call came back to me by the attending in the ER telling me of the large pneumothorax and several broken ribs. A surgical resident placed a chest tube and he was admitted to my service. When I came in to see the patient in the morning he was breathing much easier and he was much more loquacious. He was quite thankful for the transportation and care he received.

We live and practice in New England because of many reasons. This story reflects many of the reasons I live here. Most communities are small enough that we interact with our neighbors in many ways. Meetings at the post office, restaurants, ball fields and even mountain biking trails are common in New England. The ability to help our neighbors with our skills is very much appreciated by all. Now, if some of the more talented mountain bike racers could help me with my biking skills.....!

Highlights of the EXECUTIVE COMMITTEE MEETING & ANNUAL BUSINESS MEETING

September 15 & 17, 2006 / Groton, Connecticut

Report of the Editor of the *Archives of Surgery*

Dr. Julie A. Freischlag reported that the new electronic submission process has led to increased submission rates and a higher quality of papers. Papers submitted from the NESS Annual Meeting are averaging at a 75% acceptance rate indicating a higher quality of papers coming from NESS than those outside the Annual Meeting which hover at 30%.

A discounted subscription rate will be made available to the NESS membership that reduces the subscription for online access only down to \$95 from \$140. Follow-up communication on this will be coming and circulated to the membership.

New areas of the *Archives* are a Resident's Corner; Reports from the American College of Surgeons as well as other societies; and editorial commentary which is open to all subscribers on any subject. In addition, the cover format has been modified to feature one of two "Images of the Month."

Report of the President

Dr. Quinlan called on Dr. Hebert who thanked the Society for the opportunity to serve as the Representative to the American Board of Surgery, and then introduced Dr. Jacobs as the new Representative.

Dr. Quinlan also introduced other new members of the Executive Committee: Dr. Ferguson as the new Representative to the American College of Surgeons, and Dr. Vezeridis as the new Representative for Rhode Island. Dr. Quinlan thanked Dr. Leavitt for taking on the role of Newsletter Editor, and congratulated him on his first issue.

Dr. Quinlan reported that Dr. Irwin Hirsch would receive this year's Nathan Smith Award, and Dr. Stone, as the Representative from Massachusetts, will present the award at the Presidents Banquet.

Report of the Secretary

A report indicating the current status of Active Members' participation was distributed. It was recommended that those members who have not met the active participation requirement, as communicated to them on multiple occasions over the past year, be suspended. It was agreed to offer those who have not met the participation requirement the opportunity to resign, and, if no resignation is received, the Society will drop them from membership.

Report of the Treasurer

Dr. Coe presented a financial report for the fiscal year ending June 30, 2006. Total assets at the end of June were \$211,810, versus year-to-date 2005 assets of \$222,319. The Reconciliation portion of the Statement of Financial Position indicated beginning cash of \$222,319 on July 1, 2005, and the current operating deficit on June 30, 2006, of \$10,510, compared with a \$74,490 surplus over the same period a year ago. For the year, receipts totaled \$218,127; and disbursements, \$228,636, for a net operating deficit of \$10,510.

Report of the Charitable Foundation

For the fiscal year ending June 30, 2006, Dr. Coe indicated beginning cash of \$190,320 at the start of the fiscal year on July 1, 2005, and an operating surplus of \$7,036 at the end of the fiscal year, resulting in total assets of \$197,356. This compares favorably to the \$4,693 surplus over the same period a year ago.

Report of the Ad Hoc Issues Committee

Dr. Berger reported that a good sized group of younger members had met on Saturday and had come up with a plan that included a panel, sponsored by the Issues Committee, being organized as part of the 2007 Annual Meeting program. He further reported that, moving forward, new NESS members aged 45 & under would complete a survey established every year so that, over time, the Society would better understand its members, and the challenges they face.

NESS State Representatives

CONNECTICUT Kenneth A. Ciardiello, M.D.
(203) 789-3503 / Fax: (203) 867-5248
kciardiello@srhs.org

MAINE Frederick R. Radke, M.D.
(207) 883-0707 / Fax: (207) 883-0606
fradke@maine.rr.com

MASSACHUSETTS Michael D. Stone, M.D.
(617) 638-8655 / Fax: (617) 638-8653
michael.stone@bmc.org

NEW HAMPSHIRE Joseph P. Meyer, M.D.
(603) 224-0584 / Fax: (603) 225-5769
sajones@crhs.org

RHODE ISLAND Michael P. Vezeridis, M.D.
(401) 331-1036 / Fax: (401) 868-2317
michael_vezzeridis@brown.edu

VERMONT Bruce J. Leavitt, M.D.
(802) 847-4152 / Fax: (802) 847-8158
bruce.leavitt@vtmednet.org

If any member of the NESS has an issue to be brought to the attention of the NESS Leadership, please contact your local representative.

NEW ACTIVE MEMBERS

Michael S. Ajemian, MD	Connecticut
James S. Allan, MD	Massachusetts
Jonathan S. Aranow, MD	Connecticut
Jonathan D. Blancaflor, MD	Connecticut
Christopher K. Breuer, MD	Connecticut
Charles H. Cha, MD	Connecticut
Alasdair K. Conn, MD	Massachusetts
Timothy C. Counihan, MD	Massachusetts
Claire T. Cronin, MD	Massachusetts
Frank C. Detterbeck, MD	Connecticut
Dario O. Fauza, MD	Massachusetts
Stephen J. Ferzoco, MD	Massachusetts
Jennifer S. Gass, MD	Rhode Island
Brian F. Gilchrist, MD	Massachusetts
Thomas E. Hamilton, MD	Maine
David T. Harrington, MD	Rhode Island
Per-Olof J. Hasselgren, MD	Massachusetts
John J. Kelly, MD	Massachusetts
Heung Bae Kim, MD	Massachusetts
Donald R. Lannin, MD	Connecticut
Laurie A. Latchaw, MD	New Hampshire
Timothy J. Lepore, MD	Massachusetts
Peter W. Marcello, MD	Massachusetts
G. Thomas Marshall, MD	Maine
Stephen J. Migliori, MD	Rhode Island
Richard K. Murphy, MD	New Hampshire
Mitchell C. Norotsky, MD	Vermont
Craig A. Paterson, MD	Massachusetts
Francis J. Podbielski, MD	Massachusetts
Teresa A. Ponn, MD	Connecticut
Kenneth H. Sartorelli, MD	Vermont
Michelle E. Toder, MD	Maine
George C. Velmahos, MD	Massachusetts
Dean N. Willis, MD	Connecticut
Peter H. Wilson, MD	Connecticut
Steven M. Zeitels, MD	Massachusetts
Eduards G. Ziedins, MD	Vermont

Necrology

Charles J. Ashworth, MD, Saluda, North Carolina
 Bradford Cannon, MD, Lincoln, Massachusetts
 Bliss B. Clark, MD, Harlingen, Texas
 Ernest Grable, MD, Newton Lower Falls, Massachusetts
 John M. Head, MD, Norwich, Vermont
 Eugene F. McDonough, Jr., MD, Dedham, Massachusetts
 Charles F. McKhann, MD, New Haven, Connecticut
 John D. Pitts, MD, Little Compton, Rhode Island
 Frank C. Wheelock, Jr., MD, Cushing, Maine

2006-2007 COMMITTEES

Archives Committee

H. David Crombie, Chair
 Walter B. Goldfarb
 James O. Menzoian
 Dominic Zazzarino

Program Committee

Rocco Orlando, III, Chair
 Richard J. Barth, Jr.
 Theresa A. Graves
 John C. Louras
 J. Lawrence Munson
 James Whiting
 Thomas A. Colacchio, *Ex-Officio*
 Thomas F. Tracy, Jr., *Ex-Officio*
 John P. Welch, *Ex-Officio*
 Neil S. Yeston, *Ex-Officio*

Nominating Committee

Walter B. Goldfarb, Chair
 A. Benedict Cosimi
 Robert M. Quinlan

NESS Charitable Foundation

R. James Kones, President
 David C. Brooks, Secretary
 Graeme L. Hammond, Treasurer
 Jonathan Dreifus, Director
 Neil H. Hyman, Director
 John E. Sutton, Jr., Director

www.nesurgical.org

- Preliminary Information on the 2007 Annual Meeting and the Wyndham Hotel in Burlington, Vermont;
- Links to the abstracts presented at the 87th Annual Meeting;
- Society activities and information on upcoming events.



UPCOMING ANNUAL MEETINGS

September 28 – 30, 2007
 Wyndham Hotel
 Burlington, Vermont

September 26-28, 2008
 Seaport Hotel
 Boston, Massachusetts

From the NESS Representative to the American Board of Surgery

The American Board of Surgery continues to be a vibrant organization which is pursuing a number of challenging initiatives.

Curriculum Project and Recruitment of Dr. Richard Bell

Dr. Richard Bell was selected after a national search for an Assistant Executive Director to work in the Board office and take charge of the Curriculum Project. He will begin August 1, 2006. The intent of this project is to look broadly at surgical residency training and seek ways to make it more effective and efficient, as well as to investigate the possibility of new training pathways. Dr. Bell has elected to leave his position as Surgery Department Chair at Northwestern University and assume this full-time position. A steering committee for the project has been constituted with representation from the American College of Surgeons, the American Surgical Association, the Association of Program Directors in Surgery, the Association for Surgical Education, and the RRC for Surgery, as well as the ABS. Dr. Bell will chair this group, with plans to meet again in the early fall. The committee will work closely with the Education Committee of the American College of Surgeons, which is already in the process of developing a first year surgical curriculum that can be used by multiple specialties, including general surgery.

Vascular Surgery Board

The VSB noted that results of the vascular surgery match improved this year, with 94% of the programs filling, compared to 75-90% during the last four years. One hundred twelve positions were offered, and one hundred six of these filled through the match. The percentage of US graduates increased to 82% from 68% and 76% in the last two years, respectively. These improved statistics are encouraging that the downtrend of the last few years has reversed, but reasons for this are still unclear.

The ACGME Board formally approved the new Program Requirements in Vascular Surgery in February 2006, and these took effect July 1, 2006. It will now be possible for vascular surgery programs to apply for modified training paradigms involving less than five years of general surgical training, and progressing directly to vascular surgery certification without prior general surgery certification.

Trauma, Burns, and Critical Care Advisory Council

The ABS has collaborated with the American Board of Anesthesiology for the last two years in constructing the critical care examinations in each specialty, and each board has contributed 20% of the questions to the other's examination. The process has worked well, and performance of candidates from both specialties on the questions from both groups has been equivalent. Further discussions are ongoing regarding additional sharing of questions, with an objective of having a joint examination in critical care for both groups of candidates within two to three years.

Dr. Cioffi provided an update on activities of the American Association for the Surgery of Trauma in regard to definition of a new specialty area of "acute care surgery". The AAST has been actively working to develop a curriculum in this area, and has completed an initial draft proposal. However, considerable controversy still exists regarding how such a "specialty" would differ from the broadly trained general surgeon, and how training would be defined to separate it sufficiently from GS training. These issues continue to be discussed and developed.

The US Department of Health and Human Services released a report in May 2006 indicating that there is a shortage of critical care physicians, and that as many as two thirds of intensive care patients receive suboptimal care. The need for intensivists is predicted to increase steadily, such that a workforce shortage of up to 35% is predicted within 10-15 years.

In response to this, it is clearly desirable to increase the number of surgeons who become trained and certified in surgical critical care, but the number of individuals entering these programs has remained flat for the last few years. The present requirements for full surgical training and the surgical lifestyle may deter some individuals from entering this field who would otherwise find it attractive because of the defined responsibilities and more controllable hours. This has raised the question of whether there might be a role for a primary certificate in critical care which would require less than full surgical training. Such training might for example require three years of general surgery followed by one or two years of critical care training.

Maintenance of Certification

Diplomates who were initially certified or recertified in 2005 will be the first cohort to participate in MOC, and the first requirements for this group will begin to occur in 2008, the first three-year interval. The Board staff will be developing detailed requirements and procedures for implementing this program during the coming year, and it is anticipated that diplomates who wish to begin participation earlier than the deadline will be able to do so in 2007. The number of diplomates subject to MOC requirements will be approximately 1500 per year, and the administrative processes for dealing with this will require a significant addition to the monitoring required.

The last issue discussed was the recertification examination fail rates of the 10-, 20-, and 30-year recertification cohorts. The average fail rate of the 10-year recertification cohort from 1993 to 2005 is 2.1%, of the 20-year cohort over the same time period is 15.1%, and of the 30-year cohort for two groups (2003 and 2005) is 34.4%.

Respectfully submitted,
Lenworth M. Jacobs, Jr., MD

From the NESS Representative to the Advisory Council for General Surgery of the American College of Surgeons

The Advisory Council for General Surgery of the American College of Surgeons met in Chicago, IL, on October 9, 2006, during the Clinical Congress of the ACS.

The Council is composed of a representative from each of the seven U.S. regional surgical Societies, one each from the American Surgical Association, the American Society of General Surgeons, the Canadian Association of General Surgeons, the RRC for Surgery, the American Board of Surgery, the ACS Board of Regents, the ACS Candidate and Associate Society, five Members-at-Large, two ACS Staff Liasons and chaired by Dr. Mark Malangoni, from the Central Surgical Association.

Numerous topics were brought forward for discussion, including several action items.

Each representative provided a report on his/her Society or Organization. Dr. Malangoni put forward, and obtained approval for, a motion to increase the membership to include two additional representatives; one from the Mid-Western Surgical Society and one from the Young (<45 yo) Surgeons Committee. There was consensus that smaller Specialty Societies should not be added, and that the total membership should not exceed approximately 25 individuals.

The Board of Regents voted to discontinue the Spring Meeting of the ACS, effective 2008, in view of the revenue losses experienced at the last few meetings. Several activities previously held at that meeting will probably be incorporated into the Clinical Congress in the fall. In particular, Dr. Cutter, the Resident and Associate Society representative at the meeting, requested support and sponsorship from the ACS to fit surgical residents and medical students activities into an already tight schedule during the first two days of the Clinical Congress.

Dr. Collicott asked each Regional Society Representative to discuss with their Executive Committee the possibility of sponsoring an Annual Health Policy Scholar, individually or in conjunction with the College. The selected scholar would be offered to attend the Leadership Program in Health Policy and Management at Brandeis University for a week in the spring, followed by a year's service as a pro team member of the College Health Policy Advisory Committee.

A significant amount of time was devoted to the discussion of the uncertain future of General Surgery and what role the ACS could play to prevent further fragmentation of the specialty.

Most members agreed on the need for significant residency curriculum changes (ABS), need for data gathering on the career choices of our graduates in the past several years, and factors that may be contributing to such changes (e.g. lack of a national Health Policy, unlike Canada or European Countries, absence of role models during residency, driving

forces from medical students and residents, etc.). It was agreed that this topic is a top priority and will be addressed in the coming months in greater detail with more available data.

Dr. Finley presented a report from the Board of Regents and focused on several steps recently taken. A significant investment was made to build a Health Policy Institute in Washington, to bring to the US Congress and Senate crucial issues relevant to American surgeons on a regular basis (e.g. Medicare payments, fee schedule changes, pay for performance, liability and tort reform, workforce needs, support for graduate medical education, etc.). There will be renewed efforts to take steps to increase the public profile of the College in aspects of patient safety, in view of periodic reports from the Institute of Medicine. Progress is being made in several practice based programs to facilitate regulatory and certification compliance for surgeons: the web portal, online CME credits, online MOC program, QI issues, etc. Finally a Surgeons Diversified investment Fund has been made available to FACS (visit www.surgeonsfund.com).

Dr. Barney provided an update on the CPT coding and reimbursement Committee activities, chaired by Dr. Opelka, with the collaboration of several ACS Advisory Council members.

Finally, the position statement on Acute Care Surgery proposed by the Advisory Council for General Surgery was reviewed and rejected by the Board of Regents. Only one of the other thirteen Advisory Councils from other Surgical Specialties (Otolaryngology – Head and Neck Surgery) supported the statement, which was opposed by all others with significant concerns. The Boards of Regents asked our Council to make revisions and resubmit by February 2007. The discussion focused on the strategic error made in trying to support a Specialty that does not yet exist and has not been clearly defined. The AAST is currently in the process of redefining the purpose and scope of Acute Care Surgery, decreasing the emphasis on Orthopaedics and Neurological Surgery procedures. Recently the American Academy of Orthopaedics prepared a statement in this regard which will soon be made available to the Advisory Council members.

After extensive discussion, a motion to work on redrafting a statement with emphasis limited to patients right to competent and timely emergency care access (see recent IOM report) was unanimously approved.

The finalization of planning of the programs for the upcoming Spring Meeting (the last one!) and for next year's Clinical Congress in New Orleans concluded the ACGS session.

The next Spring Meeting of the ACS will be held in Las Vegas, NV on April 22-25, 2007.

Respectfully submitted,
Victor E. Pricolo, MD, FACS

From the NESS Representative to the American College of Surgeons Board of Governors

The Chairman of the Board of Governors conducted a survey of Governors to find areas of concern of the governors, and at the Board of Governors Meeting addressed each concern with the College's actions. The areas of greatest concern and actions were as follow:

- 1) Medicare Physician Reimbursement
- 2) Pay for Performance/Competency Measurement for Practicing Surgeons
- 3) Professional Liability, Malpractice, and Tort Reform
- 4) Workforce Issues
- 5) Trauma
- 6) Graduate Medical Education

The College's actions for each of these issues is discussed at length on the ACS website, under Board of Governors. Suffice it to say that the College takes each of these issues very seriously and is working diligently to protect our interests and those of our patients.

On November 2, 2006 the college notified the Governors that it had acted to correct a recent United Healthcare (UHC) effort regarding the treatment of colon cancer. UHC had initiated a program to collect data on lymph node examination in colon resections, in an effort to support appropriate staging of colon cancer. UHC's aim was to have surgeons submit five pathology reports that include examination of 12 or more lymph nodes. Surgeons who submit this information would be placed into a preferred category, and patients with a new diagnosis of colon cancer would receive a phone call from UHC to give them a list of these preferred providers. The college recognized the problems with this type of data collection and dissemination and is working with UHC on a more appropriate method to collect staging information. The College is interested in working on quality improvement programs with insurance companies, but felt that this particular program was inadequate.

Respectfully submitted,
Charles M. Ferguson, MD, FACS



New England Surgical Society
900 Cummings Center, Suite 221-U
Beverly, MA 01915

FIRST CLASS
U.S. Postage
PAID
Plymouth, MA
Permit No. 55

INSIDE THIS ISSUE....

- ♦ **Photo Highlights from the Annual Meeting at the Marriott Hotel in Groton, Connecticut**
- ♦ **Resident Prize Award Winners**
- ♦ **An Update from the American Board of Surgery**
- ♦ **A summary of activities at the American College of Surgeons, including the Advisory Council for General Surgery**