

Scope



Winter, 2005
Volume 05, Issue 1

MESSAGE FROM THE PRESIDENT

Surgical Spring Week Set to Combine Three Societies and Showcase FLS



**SAGES President
David Rattner, MD**

The new year is traditionally a time to reflect on the past and make resolutions about the future. Certainly the past year has been remarkable for SAGES. The annual meeting in Denver was once again a great success with over 1,300 attendees and perhaps the most memorable sing-off in recent years. The 2005 Annual Meeting will be held at The Westin Diplomat Resort in Hollywood, Florida (Ft. Lauderdale) and Program Chairman Scott Melvin, MD has assembled another fantastic meeting. SAGES received a record number of abstracts and video submissions this year and the quality of scientific content was extremely high. I'd encourage you to set aside time to visit the poster sessions this year. There were so many outstanding abstracts that not all could be accommodated for oral or video presentation - certainly a sign of a healthy scientific meeting. Hence, there will be a great deal of valuable information to be gleaned from visiting the posters and interacting one on one with the presenters.

This year's social program will also be aided by delightful Florida spring weather so we anticipate that the traditional warmth and collegiality of SAGES Annual Meeting will be in full bloom. One major change this year will be the co-mingling of our meeting with the American Hepato-Pancreato-Biliary Association's (AHPBA) bi-annual meeting. The leadership of both societies felt that by holding these meetings concurrently and at the same venue there would be opportunities to strengthen the programs of both meetings, particularly in the form of joint symposia on difficult topics. In addition, the American College of Surgeons (ACS) Spring Meeting will commence Saturday, April 16th at the Diplomat Hotel. It is hoped

Reminder

If your contact information has changed recently (address, phone, fax, e-mail), you may easily update it online. Just go to www.sages.org and access the members' area to make any changes to your information.

that holding the spring meeting of the ACS in the same location as the annual SAGES meeting will provide a broad menu of postgraduate courses and scientific sessions for members of both societies while cutting down on travel costs for the membership.

Perhaps the greatest achievement this year was the roll out of the Fundamentals of Laparoscopic Surgery (FLS) program. Nat Soper, Lee Swanstrom, Jeff Peters, Gerry Fried and countless others have donated hundreds of hours of their time to create this program - one that I believe will prove to be as important as ATLS and ACLS certification. Competence is the buzzword nowadays as our professional organizations try to meet the public's demand for accountability. Defining competence is difficult. We all know it when we see it but have trouble articulating criteria. Nonetheless, we must take the lead in defining competency lest non-physician public entities and private (often for profit) companies arbitrarily set up guidelines with little scientific underpinning. Many SAGES members will soon need to be re-certified by the American Board of Surgery (ABS). 2004 was the last year that ABS *Continued on page 18.*

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SAGES 2005-2006 Slate of Officers

The SAGES Nominating Committee and Board of Governors are pleased to announce the April, 2005 - April, 2006 slate of new Officers and Board members.

Officers and Members of the Executive Committee:



◀ **PRESIDENT** - Daniel Deziel, MD



PRESIDENT-ELECT ▶ Steven Wexner, MD



◀ **1ST VICE PRESIDENT** C. Daniel Smith, MD



2ND VICE PRESIDENT ▶ Steven Schwartzberg, MD



◀ **SECRETARY** Jo Buyske, MD



TREASURER ▶ Mark Talamini, MD

Re-Appointed Board Members:

Gerald Fried, MD
Namir Katkhouda, MD
Jeffrey Marks, MD
William Traverso, MD

2005 Awards

The SAGES Awards Committee and Board of Governors are pleased to announce the four major 2005 award recipients:



*Distinguished Service Award:
Thomas Dent, MD*



*Berci Lifetime Achievement Award:
Kenneth Forde, MD*



*Pioneer in Endoscopy Award:
Jeffrey Ponsky, MD*



*Young Researcher Award:
Blair Jobe, MD*

These awards will be presented during the Awards Ceremony at the Annual Meeting in Florida, on Friday, April 15, 2005 from 11:00 - 11:30 AM.

Name Change

The first SAGES full membership electronic vote was sent in mid December, 2004, regarding an official change to SAGES name. As mentioned in the Summer 2004 SCOPE, the acronym and logo will remain the same, but we will become the Society of American Gastrointestinal AND Endoscopic Surgeons. While the addition of a 3-letter word may seem insignificant, it accurately reflects the changes in our membership and meeting content that have occurred since the Society was founded in 1981. SAGES is no longer a

society solely dedicated to endoscopic surgery. Rather, SAGES has become the pre-eminent venue for education and research in gastrointestinal diseases as well as a Society that is at the cutting edge of innovative technology. The membership approved this important change, and we will get the message out that we are leaders in gastrointestinal diseases, endoscopic surgery AND emerging technologies. Additional by-laws changes will be sent with the regular annual ballots this winter.

This section of SCOPE explores the science and ethics of surgical endoscopy and attempts to address some controversial questions.

Your thoughts and comments will be enthusiastically received. Letters to the editor will be published on a space-available basis.

Endoscopic Treatment Modalities for GERD

William O. Richards, MD, Professor of Surgery, Vanderbilt University, School of Medicine

Rami E. Lutfi, MD, Instructor of Surgery, Vanderbilt University, School of Medicine

Alfonso Torquati, MD, Assistant Professor of Surgery, Vanderbilt University, School of Medicine

In April of 2000 the FDA approved for use in the USA two devices for the endoscopic treatment of GERD – The Stretta Catheter (Curon Medical®, Sunnyvale, CA) and Endocinch® (BARD Endoscopic Technologies, Billerica, MA). This ushered in the modern era of endoscopic treatment of GERD and has created what we believe is a new paradigm for treatment of GERD – well selected patients with GERD can be satisfactorily treated in many instances with endoscopic treatments like the Stretta [1]. MacFadyen and Cuschieri [2] in a recent editorial state ‘It seems likely to us that in the future, if surgeons pass on Endoluminal Surgery, their involvement in the management of these patients will decrease substantially, as happened to the surgeons in the 1980s and 1990s who did not master laparoscopic cholecystectomy and continued to practice only open surgery exclusively. The challenge to all of us is our commitment to develop safe, efficient, and cost-effective techniques and technology, and to incorporate these in the expanding field of minimal access therapy into our clinical practice.’ We published a comprehensive review of current endoscopic treatment of reflux [1] and here we summarize the 5 modalities that have been cleared by the FDA for use in the USA.

The BARD EndoCinch Suturing System® is performed under deep sedation; an overtube is placed and the Endocinch suturing device is advanced to 2 cm below the Z-line where a fold of tissue is sucked into a capsule, a needle is advanced through and a tag and suture are pushed through that needle placing the first stitch to create a plication. Filipi [3] led the multicenter US trial on 64 patients with 6 months follow-up. Subjectively improvement was achieved (heartburn score from 62.7 to 17.0, $p=0.0001$), but objectively acid exposure time at 3 months did not match this improvement (9.63% versus 9.34%), and although statistically significant difference was noted at 6 months (9.63% versus 8.50%), exposure time was still more than twice the upper limit of normal and 62% of patients were still on medications. Rothstein [4] published the 2-year follow up of that trial on 33 patients. Regurgitation score failed to show statistically significant improvement while improvement of heartburn severity scores from baseline persisted (64.2 vs. 44.4,

$p=0.006$). That score was much higher than the remarkably improved 6 months score (17.0) which suggested a considerable fall off in the long term efficacy of the procedure. Only 25% of patients were completely off medication, and 46.9% were either on full dose treatment, or underwent Nissen fundoplication two years after the procedure.

The NDO full thickness surgical plicator, manufactured by NDO Surgical® (Mansfield, MA), relies on taking full thickness bites that oppose the serosa-to-serosa creating a durable union, and restoring the valvular mechanism of the GE junction. This is done under direct vision of a gastroscope by advancing a stainless steel tissue retractor through the full thickness of the gastric wall near the GEJ and then retracting the tissue towards the instrument. The arms are then closed and the implant (consisting of pre-tied 2-0 polypropylene sutures, 2 ePTFE bolsters, and 2 titanium retention bridges) is deployed creating a full thickness plication. Chuttani [5] showed that 5 of his 6 patients were off PPI at 6 months. At 12 months, HRQL (Health Related Quality of Life) symptom scores improved in over 75% and endoscopy confirmed plication durability in all 6 patients. In a multicenter study of 41 patients [6], off-meds HRQL scores improved by 63% (20.1 vs. 6.9) and at 6 months 83% of patients were off daily PPI. Twenty-four hour esophageal pH studies showed a 20.7% decrease in mean acid exposure time, with 31% achieving complete acid exposure normalization.

The Endoscopic Suturing Device (ESD) manufactured by Wilson Cook Medical® (Winston-Salem, NC) is inserted into the External Accessory Channel (EAC) of an endoscope, and a suture is placed in a fashion similar to the Endocinch® device. The major technical advantage here is the ability to place multiple sutures by sliding the device through the side channel with the endoscope positioned in the gastric lumen avoiding esophageal reintubation. Ponsky and Rosen reported their initial two patients were asymptomatic and off medication at 6 months follow-up [7].

The Stretta® procedure

The Stretta procedure delivers low-power temperature controlled RF-energy endoscopically to the GE junction. The mechanism of action is in part mechanical (heat-induced thickening of the GE junction musculature reducing tissue compliance [8], and through reduction in the frequency of transient LES relaxations (TLESRs) [9].

Triadafilopoulos [10] studied 118

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Public Information and Membership Committees Join in New Outreach Plan

The SAGES Membership and Public Information Committees approved a plan for extended outreach at last year's meeting. The plan includes the following projects designed to raise awareness of SAGES membership benefits and our accomplishments in the surgical community. The effort is expected to encourage membership retention as well as recruitment.

The plan includes:

- **New Membership Brochure** – being mailed to members and non-members in January 2005
- **Non-Member Breakfast** at the Annual Meeting
- **Quarterly Flyer Update** – written and printed in a format that permits members to insert their own name and practice info. for distribution as patient information.
- **SAGES Tool Box** – A CD containing PowerPoint presentations, PDF of the Patient Info brochures and all guidelines. Also contains searchable current SAGES membership list and all administrative and membership forms. The first CDs were sent in late 2004 and will be updated annually.
- **Enhanced Outreach booths** at ACS (American College of Surgeons' Clinical Congress), ASBS (American Society of Bariatric Surgery), and ASCRS (American Society of Colon Rectal Surgeons)
- **A Survey of Non Members** who have otherwise demonstrated interest in SAGES



Also contains searchable current SAGES membership list and all administrative and membership forms. The first CDs were sent in late 2004 and will be updated annually.

Outcomes

The SAGES Outcomes Initiative is rapidly reaching the 20,000th case mark. Beta testing has finished for the updated version of the Palm and Pocket PC and will be available for all SAGES members at the Scientific Session in Ft. Lauderdale. George Maupin from Whispercom will be available at the meeting to answer technology questions regarding the program and the new PDA software. Benefits of the program include real-time benchmarking by comparing your results to the study group instantly; web-based application that can be accessed from the home, office, laptop, etc.; ability to meet present and future data requirements for credentialing, contracting and reimbursement; PDA software with compatibility to Microsoft Access and the web-base application; and **FREE TO ALL SAGES MEMBERS!** For more information about these current events or to participate, contact Jennifer Clark at the SAGES office at (310) 437-0544, ext. 105 or jennifer@sages.org.

Membership

This year, membership reached a new benchmark – we are extremely pleased and excited to report that our membership number has surpassed the 5,000-member mark! A special note

of appreciation goes to the Membership Committee and other members who actively promoted SAGES and made these numbers happen. Sincere thanks to Dr. Tonia Young-Fadok, Membership Committee Chair, whose tireless efforts and enthusiasm are largely to credit for our increasing ranks.

New members in October 2004 again broke a record-high number of submissions for one review period with 308 applicants officially approved by the Membership Committee and Board of Governors: 53 Active, 14 Allied Health, 227 Candidates, and 14 International.

Membership Category numbers as of December 2004:

Active	2928
Candidate	1145
International	545
Allied Health	52
Hiatus	4
Honorary	21
Senior	344

Total Membership: 5039

Flexible Endoscopy

The Flexible Endoscopy Committee is currently seeking endoscopic projects in need of outside funding on an ongoing basis. All projects should be submitted with a detailed proposal and budget directly to Jennifer Clark in the SAGES office for review. In addition, the committee is conducting a survey to poll our members regarding their current and future use of flexible endoscopy in their practice. We hope that you will spend a few minutes of your time to answer these questions in order for the SAGES leadership to obtain a snapshot of surgical practice of flexible endoscopy by SAGES members. To participate, please go to <http://www.surveymonkey.com/s.asp?u=71453779624>.

Educational Resources

The Educational Resources Committee has developed excellent and beneficial informational tools for surgeons and patients. The recently revised Patient Information Brochures can be ordered through www.sages.org. Test your skills with the SAGES Web Quizzes, also available on-line and updated monthly.

SAGES Top 14 Project, a revised collection of the top most common minimally invasive procedures performed by surgeons, is now available. The SAGES Nissen Pearl, a procedure specific instructional series, concentrating on different, important steps of a Nissen procedure, offering instructions, tips, tricks and alternatives for these steps, is available as well. Stay tuned for the Bariatric Pearl, which will be available by the Annual Meeting. To order, please visit www.cine-med.com or call 800-515-1542.

Stay Active in SAGES and Join a Committee

If you are interested in participating in a committee please e-mail the SAGES office at stephanie@sages.org or call (310) 437-0544, ext. 104. 2005 committee appointments will be made 1-2 months following the annual meeting.

Medical Liability Reform

SAGES continues to participate in efforts for medical liability reform. SAGES recently renewed our membership to the Healthcare Coalition on Liability and Access (HCLA). Managed by the ACS, this group works to move legislation on medical liability through on both the state and national level. For more information about what you can do to support medical liability reform, visit the HCLA website at www.hcla.org. SAGES is also a member of the ACS Surgery State Legislative Action Center which addresses activities on the State level. You can visit their website at www.facs.org/sslac.

Coding

Lap Colon Codes

In late November 2004, SAGES participated in a survey process. Initiated by the American Society of Colon and Rectal Surgeons (ASCRS), for several laparoscopic colon surgery codes recently assigned by AMA CPT committee (Current Procedural Terminology). The surveys attempt to express the value of the work performed for a given procedure, relative to currently existing codes.

Created by the AMA, the standardized surveys compare several work components including the technical difficulty of the procedure, the length of time required to perform it, the mental stress involved, and the number of pre and post-operative visits. The results of the surveys were compiled, analyzed and presented to the RUC (Relative Value Update Committee). The RUC will assign a value to the code, relative to existing codes and make a recommendation to the CMS, which will ultimately determine the value of the code. You can expect these codes to be published and available for use in 2006.

Gastric Bypass Codes

At the end of last year SAGES joined with the ASBS to survey membership on two laparoscopic gastric by-pass codes:

- Laparoscopy, surgical; gastric restrictive procedure, with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less)
- Laparoscopy, surgical; gastric restrictive procedure, with gastric bypass and small intestine reconstruction to limit absorption

The results were presented to the RUC in February, 2004 and the final codes with values will be published in the Federal Register.

At the CPT meeting in April, SAGES once again teamed with the ASBS to present codes on the laparoscopic gastric band. The codes were approved and the survey process will shortly be underway. SAGES goal is to present the results of the surveys to the RUC in April.

A surgery practice makes for a busy life and no one really wants to take the time to do "something extra." However, when one of these surveys comes across your desk (desktop), please take the time to complete and return it if it is applicable

to your practice. Sufficient survey data is vital to the analysis presented to the RUC. We hope the advent of on-line surveys will make it easier for you to participate in surveys appropriate to your practice.

SAGES leadership can only respond to your needs if they know what they are. If you have a concern or question regarding socio-economic issues, please contact the office and let us know. Our staff will put you in touch with the appropriate contact. Your contacts for these issues are:

Aaron Fink, Chair Legislative Review Committee

Pareesh Shah, representative to the CPT Advisory Committee

Michael Edye, representative to the RUC Advisory Committee

Colleen Elkins, staff. 310-437-0544, ext. 117, colleen@sages.org

FLS

The Fundamentals of Laparoscopic Surgery (FLS) program successfully launched at the Denver 2004 SAGES Meeting and has been received positively by other surgical societies and educators. SAGES is in the final phase of negotiations with the American College of Surgeons to oversee the FLS program as a joint venture.

FLS is a comprehensive, multi-media CD-ROM-based education module designed to teach the physiology, fundamental knowledge and technical skills required to perform basic laparoscopic surgery. FLS also includes a hands-on skills training component and validated exam that definitively assess one's cognitive knowledge and manual skills through a two-part, proctored exam. FLS testing will be available at six regional test centers or the examinations can be arranged at your local institution.

The FLS program will be available for purchase at the 2005 SAGES Meeting in Florida at the SAGES booth and at the Learning Center. At the meeting you may review the CDs and test your skills on the FLS Trainer Box. FLS testing will be available during the meeting for those who have previously purchased the FLS program.

The FLS CD-ROMs, Laparoscopic Trainer Box and Trainer Box Accessory Kit can now be ordered by downloading an order form available from the new FLS web site www.flsprogram.org.



For more information and to receive an FLS brochure contact the SAGES office at 310.437.0544, ext. 115 or fls@sages.org.

In Memoriam

Dr. Stewart Johnson

San Antonio, TX, Member Since 1980

SAGES Annual IRCAD Visiting Fellowship Award

Sponsored by Karl Storz

This Award gives a fellow the opportunity to study at IRCAD, a private institute that is dedicated to the valorization of basic research against cancer. The visiting fellow will attend a two or three day intensive course and will receive a certificate upon completion.

The Award is available to a fellow in any of the surgical specialties who meets the following requirements:

- Is either a Candidate member of SAGES or an Active member of SAGES
- Is enrolled in a Fellowship Council recognized fellowship program

Karl Storz will annually provide for all of the expenses (i.e. room/board, transportation and the cost of the course) for the award winner to attend the course at the IRCAD/EITS Facility.

The winner will be chosen by the SAGES Awards Committee based on merit and his/her desire to attend.

Applicants must submit the following:

- One page statement of why they want to attend the course
- Copy of their current Curriculum Vitae
- Note from their Program Director

The successful Award Winner will be selected and notified at the SAGES Annual Meeting, April 13-16, 2005 in Hollywood, Florida.

Applications for the SAGES Annual IRCAD Fellowship Award are available by writing to the Awards Committee, SAGES, 11300 W Olympic Blvd. Suite 600 Los Angeles, CA 90064, Attention: Stephanie Law

New SAGES Manuals

Two essential SAGES publications will debut in 2005: **The SAGES Manual of Perioperative Care in Minimally Invasive Surgery**, edited by Drs. Whelan/Fleshman/Fowler, and long-awaited second-edition of **The SAGES Manual: Fundamentals of Laparoscopy and Endoscopy**, edited by Dr. Scott-Conner.

- **The SAGES Manual of Perioperative Care in Minimally Invasive Surgery** includes comprehensive and authoritative coverage of perioperative concepts and strategies that not only optimize outcomes but also ensure quality patient care beyond the operating room. Highlights include guidelines for the preoperative evaluation of healthy and complex patients; the physiologic, immunologic and oncologic implication of CO₂ pneumoperitoneum; unique port placement schemes that take into account the patient's B.M.I.; postoperative considerations including fluid replacement, ambulation and early postoperative performance criteria; and much more.
- **The SAGES Manual: Fundamentals of Laparoscopy and Endoscopy** has been completely revised and updated, including an expanded section on minimally invasive bariatric surgery and an entirely new section on thoracoscopic procedures. Other new features include chapters on hand-assisted laparoscopy; the role of robotics in minimally invasive surgery; laparoscopic surgery for IBD; and capsule enteroscopy. Like the first edition, this edition covers all of the major laparoscopic and flexible endoscopic procedures in an easy-to-read, beautifully illustrated format. Indications, patient preparation, operative techniques, and strategies for prevention and management of complications are included in this essential guide.

Look for details at the Springer booth during the SAGES annual meeting in April!

Guidelines Update

During 2004, the SAGES Guidelines Committee and the Bariatric Liaison Group developed and distributed our latest guideline:

Guidelines which have recently been revised and distributed:

- Guidelines for the Surgical Practice of Telemedicine
- Guidelines for Office Endoscopic Services

NEW Guidelines currently under development by the SAGES Guidelines Committee:

- A Definitions Master Document – This document will include all definitions contained in SAGES current guide-

lines. Each SAGES guideline will reference this new guideline as they are revised and reprinted.

- Guideline for Laparoscopic Resection of Colon and Rectal Cancer

ALL CURRENT SAGES GUIDELINES ARE AVAILABLE ON THE SAGES WEB-SITE.

If you are unable to access the guidelines on-line and wish a copy sent to you, please contact Stephanie Law at the SAGES office, (310) 437-0544 or via e-mail at stephanie@sages.org.

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patients with 12 months follow-up and showed significant improvement in SF-36, heartburn score, GERD score, satisfaction, and distal acid exposure (10.2% to 6.4%, $p = 0.0001$). PPI requirement fell from 88.1% to 30%. In our first year experience at Vanderbilt University [11] we saw significant improvement in QOL (both SF-12, and QOLRAD score [Quality-of-life for Reflux and Dyspepsia]), and 65% of patients were off PPIs at 6 months. In the only randomized, double blinded, sham-controlled study of endoscopic GERD treatment, the active treatment group had significant improvement in heartburn scores, GERD-specific, and general QOL at 6 and 12 months. The sham group had no improvement at 6 months, but for patients who crossed over (20 of the 25 sham patients) significant improvement in GERD HRQL scores was then observed. Although medication use and distal acid exposure did not show significant difference between the two groups at 6 months, a statistical significance was achieved at 12 months (2.4% decrease in acid exposure time) [12].

The longest follow-up (mean of 27.1 months) of the Stretta procedure has been reported from Vanderbilt University [13] and this study showed durable improvement in satisfaction, QOLRAD score, SF-12 score, as well as PPI use. 56% of patients were completely off PPIs and an additional 30.5% had reduced their dose significantly. Only responders (patients off PPI) had significant decrease in distal esophageal acid exposure ($6.4 \pm 1.5\%$ to $3.1 \pm 1.4\%$, $p=0.0001$) emphasizing that symptomatic improvement is in fact due to decreased acid exposure rather than desensitizing the esophageal mucosa.

Enteryx™ (Boston Scientific©, Natick, MA) is a biocompatible polymer (8% weight/volume [W/V] ethylene-vinyl alcohol copolymer [EVOH]) with a radiopaque contrast agent (30% W/V tantalum powder) dissolved in an organic liquid carrier (dimethyl sulfoxide [DMSO]). Upon contact with tissues, the DMSO rapidly diffuses, and results in the precipitation of the polymer as a spongy mass. Enteryx is injected into the muscle of the gastroesophageal junction under fluoroscopic control. The initial human study [14] showed increased LES pressures and decreased heartburn scores. Neuhaus [15] showed that 79% of patients were off PPIs at 6 months. Similarly another 85 patients multicenter trial showed 74% off PPI at 6 months [16] with decreased acid exposure time from 9.5% to 6.7%. At this time this procedure is being re-reviewed by the FDA due to major complications and a recent (July, '04) death from intra-aortic injection of the material.

Conclusion:

Therapeutic endoscopy is taking an increasing role in treatment of GERD. This brief summary of current tools for endoscopic GERD treatment shows the major effort being done in this field. Well designed randomized clinical trials are still needed to better define the role of each of these different treat-

ments. It is crucial that surgeons be at the forefront of these emerging technologies as was stated in a recent editorial by the editors of *Surgical Endoscopy* [2]. They invited all surgeons to collaborate with their gastroenterology colleagues to help push forward this research to come closer to the ideal safest minimally invasive tool for treating this very common disease.

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SAGES Endorsed Courses

Last Updated: Tuesday, January 18, 2005

As a service to members, SAGES offers Course and Program Directors the opportunity to have their courses reviewed and endorsed by the Continuing Education Committee. For more up-to-date information, please visit <http://www.sages.org/endorsedcourses.html>.

These courses meet the guidelines established in the SAGES Framework for Post-Residency Surgical Education and Training and are endorsed by the Society of American Gastrointestinal and Endoscopic Surgeons (SAGES)

Institution: Washington University School of Medicine
Directors: Brent D. Matthews, MD, L. Michael Brunt, MD
Contact: Peggy Frisella, Course Administrator
 Phone: (314) 362-8371, Fax: (314) 747-0591
<http://www.misc-asia.com>
 email: frisellap@msnotes.wustl.edu
Address: Washington University School of Medicine
 Department of Surgery, 660 South Euclid
 Box 8109, Saint Louis, MO 63100
Courses: Laparoscopic and Hand-Assisted Colorectal Surgery: Jan. 26, 2005, March 30, 2005, May 18, 2005, July 13, 2005, August 31, 2005, October 26, 2005, December 14, 2005
 Laparoscopic Ventral Hernia Repair: February 4, 2005, May 20, 2005, August 26, 2005
 Mini Fellowship in Advanced Laparoscopic Surgery: February 25, 2005, February 28-March 1, 2005, May 2-3, 2005, September 12-13, 2005, November 7-8, 2005

Institution: Harvard Medical School, Center for Minimally Invasive Surgery
Director: Daniel B. Jones, MD, FACS
Contact: Daniel B. Jones, MD, FACS
 Phone: (617) 667-5100, Fax: (617) 667-5125
 email: djones1@BIDMC.Harvard.edu
 Online: www.BIDMC.Harvard.edu/mis
Address: Beth Israel Deaconess Medical Center
 330 Brookline Ave., Boston, MA 02215
Courses: MIS Bariatric Overview for Nurses: Feb. 12, 2005
 Obesity Surgery: Laparoscopic Advances: March 4-5, 2005
 Patient Safety in Obesity Surgery: July 7-9, 2005

Institution: Minimally Invasive Surgical Centre (MISC)
Director: Davide Lomanto MD, PhD
 Wei-Keat Cheah, MBBS, FRACS
Contact: Serene Tan
 Phone: +65 67725264, Fax: +65 67754007
 Online: www.misc-asia.com
Address: 5 Lower Kent Ridge Road
 119097 Singapore
Courses: International Workshop on Morbid Obesity: April 4-5, 2005
 Laparoscopic Colorectal Surgery Workshop: May 30-31, 2005
 Laparoscopic Urology Surgery Workshop: June 13-14, 2005
 Basic Laparoscopic Surgery Courses: June 11-25, 2005
 Basic Laparoscopic Surgery Courses: June 24-25, 2005

Advanced Laparoscopic Surgery: July 4-5, 2005
Inguinal and Abdominal Wall Hernia Workshop: October 24-25, 2005
Basic Laparoscopic Surgery Courses: November 18-19, 2005

Courses: 2005 Advanced Videoscopic Surgery Training Course
Institution: University of California San Francisco
 Videoscopic Surgery Center
Director: Lawrence W. Way, MD
Contact: Office of CME (Registration)
 Phone: 415-476-5808, Fax: 415-502-1795
Dates: March 10-12, 2005
 April 28-30, 2005
 June 2-4, 2005
Address: Office of CME (Registration)
 P.O. Box 45368
 San Francisco, CA 94145-0368

Institution: Gem Hospital India Private Limited
Director: C. Palanivelu, MD
Contact: Phone: 0422-2324100, 2324101, 2324105
 Fax: 2320879
 Online: <http://www.gemhospitalindia.com>
Address: Gem Hospital India Private Limited
 45 A Pankaja Mill Road, Ramanthapuram
 Coimbatore, Tamilnadu 641 045
 India
Courses: Basic Foundation in Laparoscopic Surgery
 Advanced Skill in Laparoscopic Surgery
Dates: Contact institution for upcoming courses.

Institution: Mayo Clinic Scottsdale
Director: Kristi L. Harold, MD
Contact: Phone 1-480-301-4580
Courses: Laparoscopic Ventral Hernia: May 13, 2005
 Laparoscopic Gastric Bypass: Sept. 15-16, 2005
 Laparoscopic Nephrectomy: Nov. 11, 2005
 Laparoscopic Colon Surgery: Dec. 2, 2005
Address: Mayo Clinic Scottsdale
 13400 East Shea Blvd.
 Scottsdale, AZ 85259

Course: Advanced Laparoscopic Suturing & Surgical Skills, San Francisco, CA
Director: Zoltan Szabo
Dates: Check with MOET Institute for dates
Contact: Phone: 415-626-3400
www.moetinstitute.com/

Institution: Minimally Invasive Surgery Center
 Virginia Commonwealth Medical Center
Director: Eric J. DeMaria, MD
Contact: Carol Ford
 Phone: 804-827-0281, Fax: 804-828-1933
 Email: cvford2@vcu.edu
<http://www.lesspainsurgery.com>
Courses: Laparoscopic Bariatric Surgery:
 February 21 & 22, 2005
 April 4 & 5, 2005
 September 12 & 13, 2005
 November 14 & 15, 2005

Laparoscopic Colectomy: May 9 & 10, 2005
 Laparoscopic Hernia: March 14 & 15, 2005
Address: Minimally Invasive Surgery Center
 PO Box 980519
 Richmond, Virginia 23298

Institution: Centre for Advanced Laparoscopic Surgery (CALs), Tan Tock Seng Hospital, Singapore
Director: Dr Richard Sim, MBBS, FRCS
 Dr James Tan, MBBS, FRCS
Contact: Phone: +65-6357-7661, Fax: +65-6357-7809
 email: gloria_seah@ttsh.com.sg
 http://www.ttsh.com.sg

Courses: Introduction to Laparoscopy Course:
 Jan - June 2005, July to December 2005
 Basic Laparoscopic Course: Feb. 24, 2005
 Advanced Laparoscopic Workshop (Lower GI):
 March 24, 2005
 Laparoscopic Radical Prostatectomy: March 2005
 Laparoscopic Reconstructive Urology: May 2005
 Laparoscopic Nephrectomy Course: August 2005

Address: Address: No. 11 Jalan Tan Tock Seng
 Singapore 308433

Institution: Minimal Access Surgery Center, New York
 Presbyterian Hospital, New York, NY
Director: Course Director: Dennis Fowler, MD; Marc
 Bessler, MD; Michel Gagner, MD; W.
 Barry Inabnet, MD; Alfons Pomp, MD; Jeffrey
 Milsom, MD & Richard L. Whelan, MD
Contact: phone: (212) 305-0577
 http://www.masc.cc

Courses: Contact institution for upcoming courses.

Institution: Southwestern Center For Minimally Invasive
 Surgery (SCMIS), Dallas, TX
Director: David Provost, MD
Contact: phone: 1-800-688-8678
 www.swmed.edu/home_pages/cmis/conted.htm

Courses: Contact institution for upcoming courses.

Institution: Emory University School of Medicine, Atlanta, GA
Director: C. Daniel Smith, MD
Contact: Phone 404-727-1540
 www.surgery.emory.edu

Courses: Contact institution for upcoming courses

Institution: Carolinas Laparoscopy & Advanced Surgery
 Program "CLASP", Charlotte, NC
Director: B. Todd Heniford, MD FACS; Frederick Greene,
 MD; Pierce Irby, MD; Chris Teigland, MD; Richard
 L. White, Jr. MD FACS; Kent W. Kercher, MD;
 Ronald F. Sing, DO; Brent D. Matthews, MD
Contact: phone: 704-355-4823
 CLASP@carolinas.org

Courses: Contact institution for upcoming courses.

Institution: University of Minnesota Medical School
Director: Todd M. Tuttle, MD
Contact: Phone: 1-800-776-8636
 http://www.cme.umn.edu

Courses: Contact institution for upcoming courses.

Institution: Medical Training Worldwide (U.S. non-profit orga-
 nization)
Director: Ramon Berguer, MD (President and Executive
 Director)
Contact: Phone 415-892-1550
 Or contact Dr. Berguer via email

Courses: Courses will be held in different developing nations. Volunteers are needed to teach these courses. Laparoscopic equipment is also needed, which will be donated to hospitals where the courses are taught. Surgeons and corporate representatives are encouraged to contact Dr. Berguer for more information. An article about Medical Training Worldwide is included in the July, 2000 issue of SCOPE, available at the SCOPE Archives online.

Make a Home for SAGES Traveling Kiosk

The SAGES Educational Resources Committee announces a new educational tool for surgical programs. The Traveling Kiosk, sponsored by Olympus and produced by CineMed, is a video server that contains exceptional and instructional videos on laparoscopic and endoscopic surgery, performed by world-renowned experts in the field. These videos were also presented at our recent Annual Scientific Session.

SAGES recognizes the potential value in this educational tool and would like to share it with institutions for a six week time period. There would be no cost associated with hosting the Traveling Kiosk, as Olympus has provided us with a generous educational grant. However, we are limited in the number of institutions it can reach.

If you are interested in providing a home for the Traveling Kiosk, where residents, fellows, and attendings can learn about the most advanced laparoscopic and endoscopic techniques, please provide the SAGES office with the following information:

- Name of your institution
- Contact information of your institution
- Program Director's name
- Do you currently have a MIS fellowship?
- Have you sent residents to SAGES resident courses?
- If you are chosen to host the Traveling Kiosk, where would you plan on demonstrating it? How will surgical staff view it?

Please submit this information to:

SAGES, C/O Traveling Kiosk

11300 West Olympic Blvd. Suite 600, Los Angeles, CA 90064
 Fax: 310-437-0585, E-mail: christina@sages.org

The program application is open to all surgical programs. However, SAGES encourages programs that do not currently have a fellowship in minimally invasive surgery to apply. The SAGES Educational Resources Committee will review your application, and will contact you if your institution has been selected to host the Traveling Kiosk. If you have any questions, please feel free to call Christina Blaney at (310) 437-0544, ext. 109.

Foundation To Launch Cookbook Fundraiser

The SAGES Education and Research Foundation, in true SAGES unorthodox style, will launch its first non-direct-giving fundraiser...a cookbook! Look for a flyer about...

CUTTING EDGE RECIPES-

A Surgeon's Guide to Great Eating

The book will contain the favorite recipes of SAGES surgeons (and their families) complete with vignettes, cooking tips, fun photos and more. All net proceeds of sales will benefit the SAGES Foundation. The cookbook will be available by the April 2005 Meeting.

THE LAST CHANCE TO SUBMIT A RECIPE IS FEBRUARY 7TH. GO TO www.sagesfoundation.org/recipes.php



I guess this is how we make steamed dumplings!

FOUNDATION REPORT

Donation Program Report

As of September, 2004

CORPORATE PLEDGES: \$3,395,000

INDIVIDUAL PLEDGES:

Total individual pledges to date: \$399,500

One Time Donations: \$37,795

Matching Funds From SAGES to Date: \$289,307

Total Pledged and Donated to Date \$4,121,602

We are at 41+% of our \$10,000,000 goal.

Commemorative Giving

Honor or Memorialize Someone by a Donation to the SAGES Foundation

We all have occasions when a unique gift is needed to commemorate an occasion. Do you ever ask yourself: "What do you buy for the man/woman who has everything?" Making a gift to the Foundation to honor or memorialize a friend or colleague is an effective way to commemorate:

A Birthday • An Anniversary • A Birth Retirement • A Graduation

The death of a friend, colleague or family member

To make a contribution to the SAGES Education and Research Fund in honor or memory of someone, go to our

website at www.sagesfoundation.org and donate on line or call Joyce Hasper 310-437-0544, Ext. 114 to donate by phone or obtain a form.

We will confirm your contribution via e-mail and send a note to the recipient informing him/her of your generosity on their behalf.

Note: SAGES Foundation is a 501-C3 Charity. Therefore, your contributions are tax deductible to the extent permitted by law. Please consult your legal or tax advisor regarding any questions.

Renew Your Pledge!

When you made your first pledge to the Foundation 3 or 4 years ago, you wanted to support the work and vision of the SAGES Education & Research Foundation. Now that commitment is complete. You've fulfilled the pledge and you are gratified that you have met your responsibility. Right? Not quite!

Like every other good cause, the needs of the Foundation continue. We hope your support will continue, too. Please complete a new pledge form and continue to meet the challenge. www.sagesfoundation.org

Notes from the Webmaster

Spam, Viruses, and Spyware in 2005: Three Free and Easy Steps Surgeons Should Take to Protect Their Computers

Here at the SAGES Office, we have to take computer security very seriously. If our network is affected by a virus or spyware, it can mean hours of lost productivity at best and at worst, the loss of crucial data. Spam (unsolicited commercial email) accounts for almost 40% of our incoming messages and our efforts to block it are almost as important as our virus and spyware security system. Over the years, we have tested dozens of software products designed to protect our network and workstations from spam, viruses, and spyware and we thought it would be a nice post-holiday gift to inform our members of three very easy and free steps you can take to secure your computer from these threats.

Canning the Spam

Everyone who uses email knows how annoying it is to wade through piles of spam to read the one or two important messages in your inbox. While the best way to control spam is to install a spam filter on the mail server, not everyone has the ability or the technical skill to do this. Some of you rely upon your Internet Service Provider to block spam; others just grin and bear it. If you are not using America Online or web-based email, you may want to investigate a free product called SpamPal available from <http://www.spampal.org/>. SpamPal filters your mail while you retrieve it from the mail server and tags the subject line of messages it considers to be spam with the word ****SPAM****. You can configure several different methods of spam detection, including checking the mail against a list of known spam, using rules to determine common spam content, and generating whitelists and blacklists of good and bad email addresses to permit/deny messages from those senders. While SpamPal will not stop the messages from arriving in your inbox, once the message has been tagged with the spam header, you can use your mail program's filtering / rules to send those messages directly to the trash. Just make sure you add sages.org addresses to your whitelist!

Stopping the Spyware

Spyware is software that installs on your computer while you are surfing web pages and can have a variety of negative effects on your computer including storms of pop-up windows with

advertisements, generation of logs of which sites you visit, and more. In extreme cases, spyware can be used to log your keystrokes on the computer and send information such as passwords and credit card numbers to criminals. There are two easy and free steps you can take to reduce the threat of spyware. First, stop using Microsoft Internet Explorer and start using Mozilla FireFox, available from <http://www.mozilla.org/>. FireFox is a free browser from the people who made the original Netscape Navigator and it has fewer and less severe security flaws than Internet Explorer. We have been using it at the SAGES office for several months now and we strongly recommend it! A great deal of the spyware relies upon flaws in Internet Explorer in order to install itself without your permission or to operate. By not using Internet Explorer, you deny the spyware a vector to attack. The other solution is to install and run Spybot Search & Destroy, available from <http://www.safer-networking.org/en/download/>. Spybot S&D will check your system for any current spyware and remove any that it finds. It also works with Internet Explorer to prevent new spyware from installing.

Vexing the Virus

Viruses are the most well-known computer scourge of the three discussed here and they have been around for the longest time. Just about everyone is familiar with the basic steps to prevent a virus infection: don't open email attachments from people you don't know and use an anti-virus program on your computer. If you are looking for a free anti-virus program that scans both email and regular software, consider the AVG Free Edition available from <http://free.grisoft.com/>. This is an excellent free program that works on a par with Norton Anti-Virus or McAfee Virus Shield without the costs. However, the free edition is limited in certain ways and if you require a lot of configuration or have other needs, you will be better off buying the professional version or one of the other products mentioned above.

In closing, be aware that the products mentioned here are free and therefore do not have traditional technical support options such as 24/7 phone support or an army of technical support people waiting to answer your email. Support is available, but it tends to be user-to-user based and archived on the Internet. You should have experience with installing and removing software before attempting to use the above. Happy New Year to all and enjoy safe computing in 2005!

2005 SAGES Resident Courses



SAGES will be offering several basic and advanced courses this year for surgical residents. Tear this page out and post it on your bulletin board for fast and convenient reference. For course registration policies, please contact Christina Blaney at (310) 437-0544, ext. 109.

Chairs of the Resident Education Committee, Drs. Ray Onders (left) and Jeff Marks (right), are just two of the outstanding faculty who teach at SAGES resident courses.

Advanced Laparoscopic Colon Surgery Workshop

4th and 5th year residents only

Must be a SAGES Candidate Member

February 10-11, 2005

Norwalk, CT

Sponsored by Autosuture

Advanced Laparoscopic Foregut Surgery Workshop

4th and 5th year residents only

Must be a SAGES Candidate Member

June 2-3, 2005

Cincinnati, Ohio

Sponsored by Ethicon Endosurgery Institute

Basic Endoscopy and Laparoscopy Workshop

2nd and 3rd Year Residents

August 25-26, 2005

Cincinnati, Ohio

Sponsored by Ethicon Endosurgery

Advanced Laparoscopic Hernia Surgery Workshop

4th and 5th year residents only

Must be a SAGES Candidate Member

September 22-23, 2005

Norwalk, CT

Sponsored by Autosuture

Advanced Laparoscopic Techniques Surgery Workshop

Chief Residents and Fellows only

Must be a SAGES Candidate Member

November 4-5, 2005

Cincinnati, Ohio

Sponsored by Ethicon Endosurgery Institute



SAGES 2005

part of Surgical Spring Week (w/ACS & AHPBA)

April 13 - 16, 2005

Fort Lauderdale, Florida



Program Chair: W. Scott Melvin, MD

Location: Westin Diplomat Resort & Spa

Registration & Housing **Early Deadline: March 4, 2005**

Register and Book Housing on-line at
www.sages.org/registration/

For more information, please contact SAGES:

Phone: (310) 437-0544, x. 108 Fax: (310) 437-0585

E-mail: registration@sages.org

Download full program at www.sages.org/05program

- **Endoluminal Surgery Postgraduate Course**
- **Bariatric Surgery Postgraduate Course**
- **Solid Organ Surgery Postgraduate Course**
- **Laparoscopic Colon Hands-On Course (w/cadaver lab)**
- **Digital Course: Understanding Your Video System**
- **Pediatric Fellows Course (w/animate lab)**
- **Allied Health Professionals Course**
- **Fellowship Council Symposium**
- **Scientific Session, incl. invited Panels:**
 - Forum on Biliary Injuries (w/AHPBA & SSAT)
 - Mngmt. of Suspected Choledocholithiasis
 - MIS for Colorectal Diseases (w/ASCRS)
 - MI Approaches to Pancreatic Disease (w/AHPBA)
 - Debates:
 - Hernia, Issues in Bariatric Surgery
 - Modern Mngmt. of Colon Cancer (w/ACS & AHPBA)
- **Resident & Fellow Scientific Session**
- **Educator's & Technology Lunches**
- **Keynote Lecturers: David Rattner, MD, Andrew Warshaw, MD, Guy Bernard Cadere, MD**
- **Exhibit Hall, Poster Session, Learning Center**
- **Industry Education Evening & Breakfasts**
- **Beach Main Event & Sing-Off!**



EAES and IPEG Joint Meeting



June 1-4, 2005

Important deadlines:
Abstract submission 15th January 2005 and Early registration 15th April 2005

Special
congress registration
rates are available to
EAES and IPEG
Members

13TH INTERNATIONAL CONGRESS OF THE EUROPEAN ASSOCIATION FOR ENDOSCOPIC SURGERY (EAES) CONGRESS PRESIDENT: PROFESSOR EMANUELE LEZOCHÉ

"New trends in general and oncologic surgery from Venice"

• **Wednesday 1st June 2005**

Postgraduate Courses, Technology Symposium, Opening Ceremony

• **Thursday 2nd – Saturday 4th June 2005**

Scientific Sessions, Keynote Lectures, Free Paper Sessions, Video Sessions, Poster Sessions,
EAES Award Sessions, Luncheon Panels, Surgical Skills Center

14TH CONGRESS OF THE INTERNATIONAL PEDIATRIC ENDOSURGERY GROUP (IPEG) CONGRESS DIRECTOR: PROFESSOR KLAAS BAX

"Love for Children Through Technology"

• **Wednesday 1st June 2005**

Hands-On Course for Suturing & Knotting, Postgraduate Course on
Minimal Access Bariatric Surgery in Children, Opening Ceremony

• **Thursday 2nd – Saturday 4th June 2005**

Scientific Sessions, Keynote Lectures, Panels, Meet the Professors,
Free Paper Sessions, Video Sessions, Poster Sessions

Joint Session EAES-IPEG

Gastroesophageal Reflux Disease

EAES-IPEG Joint Interests

- Technology
- Teaching and Training



13th EAES Congress

Contact address

EAES Office
PO Box 335
5500 AH, Veldhoven
The Netherlands
Phone: +31(0) 40 252 5288
Fax: +31(0) 40 252 3102
Email: info@eaes-eur.org
www.eaes-eur.org

14th IPEG Congress

Contact Address

IPEG Office
11300 West Olympic Boulevard
Suite 600
Los Angeles, CA 90064
USA
Phone: +1 310 437 0581
Fax: +1 310 437 0585
e-mail: admin@ipeg.org
www.ipeg.org

If you are not an EAES or IPEG member but would like to receive information on becoming one, simply return the completed form below to the EAES or IPEG Office.

Name: _____

Address: _____

Zip Code & Place: _____

Country: _____

Phone: _____ Fax: _____

E-mail: _____

President's Message continued from page 1.

re-certification was granted solely based on passing a multiple-choice examination. Beginning in 2005 the ABS will require proof of surgical outcomes and other meaningful data in addition to multiple-choice testing in an attempt to assess the applicants' competence as a surgeon before granting re-certification.

The FLS program is designed to insure that those who pass the FLS test have demonstrated the basic knowledge and technical skills fundamental to the performance of laparoscopic surgery. The program consists of CD-ROM based multimedia didactic materials covering the fundamentals of laparoscopic surgery such as techniques for safe entry into the peritoneal cavity, physiological changes associated with pneumoperitoneum, and appropriate use of energy sources. Upon completing the didactic and manual skills training portion of the course, one takes a multiple-choice test and hands-on skills test covering this material and the application of this knowledge with emphasis on clinical judgment and intraoperative decision-making. The manual skills portion has been extensively validated by Gerald Fried at McGill University as being representative of clinical operative skills. The combined didactic and skills tests have been extensively validated and the FLS development

process is a model that other societies will undoubtedly emulate. Having taken the test this fall I can assure you that it is straightforward, fair and actually fun to do.

Recognizing the importance of this program, the ACS has agreed to partner with SAGES to launch and help promote the FLS program. All members of SAGES Board of Governors have agreed to take and pass this test to demonstrate the profound commitment we have to this program (and they are not getting a discounted rate!). We plan to offer FLS testing at the Spring Meeting as well as at regional test centers this year. We anticipate that FLS will be rapidly adopted by surgical residency programs and eventually may be required by hospital credentialing committees prior to granting laparoscopic privileges. The FLS program puts SAGES in a proactive position to set the standards that we all ultimately will be required to meet. This is a far better situation than the imposition of guidelines by outside agencies, no matter how seemingly well intentioned, such as the Leapfrog Group or Aetna Insurance Company. So "Hats Off!" to the vision born at a SAGES meeting nearly 10 years ago by Lee Swanstrom and Nat Soper that has now become a reality.

—David Rattner, MD, SAGES President

STI 2005: SAGES Technology Initiative

STI '05 is a mechanism to bring new and emerging technologies to the forefront of the annual meeting, as well as the attention of the society. During SAGES 2005 Annual Meeting, STI '05 will include the following components.

- **Technology Pavilion:** Experience current technology in a new light! See new technology on tomorrow's horizon today! New at the SAGES 2005 meeting, this area will be outside the exhibit hall. Come and find out the "how" and "why" behind products you use (or may use) every day.
- **Emerging Technology Session:** This Lunch session presents a unique opportunity for both physicians and industry staff to present cutting-edge ideas, devices or techniques that might not fit into a traditional scientific forum. This abstract category is open to both physicians and industry engineers/scientists/researchers. It should be used for reporting on cutting edge or emerging technologies for which formal experimental data may not yet be available. Abstracts for this session will be accepted until January 31, 2005 and will undergo an expedited review process. This session is appropriate for technologies

that may still be under development. Since the Emerging Technology Session will not include CME credit, topics are not limited to formal studies or experiments, but may include description based abstracts or very preliminary results. To submit an abstract, visit <http://www.submit-myabstract.com/default.cfm?meetingId=11367>. To register for the luncheon, visit www.sages.org/registration/.

- **5th Annual Digital Course:** Dr. Steven Schwaitzberg continues his series, presenting "Understanding Your Video System – What Are You Going To Do If The Lights Go Out?" To excel in the digital era, surgeons must incorporate new, high tech modalities into their practices and O.R.'s. Designed to teach attendees modern laparoscopic and flexible video systems, the course will allow participants to perform routine intra-operative troubleshooting and learn the full capabilities of their video system. Registration is limited to 50 participants. To register for the course, visit www.sages.org/registration/.

Save these Dates!

SAGES Upcoming Annual Meetings

April 13 - 16, 2005 Ft. Lauderdale, FL with AHPBA
Held consecutively with the ACS Spring Meeting

April 26 - 29, 2006 Dallas, TX with IPEG
Held consecutively with the ACS Spring Meeting

April 19 - 22, 2007 Las Vegas, NV
Held consecutively with the ACS Spring Meeting

Other Meetings and Congresses

June 1 - 4, 2005
13th EAES International Congress and
14th Annual Congress for Endosurgery
in Children, IPEG Venice, Italy

SAGES/SSAT Joint Symposium during 2005 DDW

Please plan to attend the next SAGES/SSAT Symposium to be held Wednesday, May 18 from 12:00 - 3:00 PM during DDW in Chicago. The symposium entitled "Re-Operative Surgery: Is there still a role for minimally invasive approaches" is chaired by Drs. Steve Eubanks and David Rattner, and will feature several case presentations by experts. The course will focus on re-operative approaches to anti-reflux, ventral hernia, biliary and Crohn's Disease surgeries. Admission is free for all DDW registrants. To view the full course outline, visit the SAGES or SSAT website.



Society of American Gastrointestinal and Endoscopic Surgeons

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OKU Officers for 2010-2011, from Left: Dr. Matthew Dennis, president-elect; Dr. Arthur Nimmo, immediate past president; Dr. Donald Cohen, president; Dr. Ronald Watson, secretary-treasurer. In November the local chapter of Omicron Kappa Upsilon (OKU), a national dental honor society, installed a new slate of officers to serve for the 2010-2011 year during the fall business meeting in Gainesville, Fla. Donald Cohen, D.M.D., M.S., a professor in the department of Oral and Maxillofacial Diagnostic Sciences, was installed as president of the Xi Omicron Chapter of Omicron Kappa Upsilon. Joining Williams as officers for the 2006-2007 term are: Chairman: Jerry Thomsen, Trail King Industries Inc., Mitchell, SD; Vice President: John Ward, All States Freight Systems, Twinsburg, OH. With the exception of the board members, all newly-elected officers will serve one-year terms that will expire at the association's 2007 annual conference, to be held at the Westin Resort, Hilton, SC, April 25 to 29. For more information, visit www.scranet.org. Related