STS is partnering with the Michigan Society of Thoracic and Cardiovascular Surgeons Quality Collaborative (MSTCVS-QC) and the University of Michigan to study ways of preventing health care-acquired infections (HAIs) after cardiac surgery. The Agency for Healthcare Research and Quality has awarded a grant of nearly $1.6 million over a 4-year period for the project.

The grant was secured with the help of the STS Research Center, and Richard L. Prager, MD, Head of Adult Cardiac Surgery at the University of Michigan and Chair of the STS Task Force on Quality Initiatives, will be the principal investigator (PI) for the Society. The project PI is STS Associate Member Donald S. Likosky, PhD, Head of the Section of Health Services Research and Quality in the Department of Cardiac Surgery at the University of Michigan.

The first goal of the project is to identify patient risk factors and clinical practices that are associated with HAIs after cardiac surgery. Examples of HAIs in this setting include postoperative pneumonia and sepsis/septicemia, as well as surgical site infections (i.e., deep sternal wounds, thoracotomy, and harvest/cannulation site infections). To accomplish this, the project team will analyze data within the MSTCVS-QC, which includes center-specific data from the STS National Database, and conduct surveys and site visits at each of the 33 institutions throughout Michigan that perform cardiac surgery.

The STS 50th National Database Plays Key Role in New HAI Study

There’s Still Time!

Help Celebrate the Society’s 50th Anniversary

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The STS 50th Annual Meeting in Orlando is only weeks away, but it’s not too late to join your cardiothoracic surgery colleagues at one of the premier international educational events in the field—and this year will be even more special because it marks the Society’s 50th anniversary.

Registration is still available at www.sts.org/annualmeeting, as well as onsite in Orlando. Spots for ticketed sessions, such as the Early Riser Sessions and STS University, are going quickly, so don’t delay. Allied health care professionals (both STS members and non-members) can take advantage of a new Sunday-only pass, which offers attendance at all courses on Sunday for a low rate.

All members of the surgical team are encouraged to attend the Annual Meeting. A number of sessions have been designed to address all facets of CT surgery, including the Practice Management Summit (see page 3) and the CT Surgery Interprofessional Education Symposium (see page 12).

To celebrate the Society’s golden anniversary, special exhibits will be on display and tributes will take place during the General Sessions. Watch congratulatory messages from prominent public figures and other medical societies, honor the Founder Members who...
Celebrating 50 Years of Leadership, Education, and Advocacy

Douglas E. Wood, MD, President

The 50th Anniversary meeting of The Society of Thoracic Surgeons is less than a month away, and I am excited to see how the meeting is shaping up to celebrate a half century of leadership, education, and advocacy for our specialty.

Although we are a society and a specialty that mostly looks forward, the 50-year mark certainly provides an opportunity to look back and recognize the truly great individuals who had the vision and leadership to found STS. At that time, cardiothoracic surgery was growing rapidly as a specialty, with approximately 1,400 diplomates certified by The American Board of Thoracic Surgery. The prestigious American Association for Thoracic Surgery was a good organization for the elite academic surgeon, but with a cap of 300 members and meetings limited to members and invited guests, a large number of practicing cardiothoracic surgeons were left without a professional home for scientific interchange, education, or networking.

It was a group of younger surgeons and program directors, led initially by Drs. R. Adams Cowley and Francis X. Byron, who initiated discussion about creating an inclusive specialty society dedicated to cardiothoracic surgery. They, and others, headed a special committee at the John Alexander Society meeting in April 1963 that recommended the founding of a new society of thoracic surgery with the following objectives: 1) to disseminate information on thoracic and cardiovascular surgery, 2) to promote cardiothoracic surgery as a specialty, and 3) to offer a forum for young men [sic] to present and publish papers in the field.

Drs. Cowley, Byron, and others felt that it was important to have sponsorship by more senior cardiothoracic surgeons and solicited the support of Dr. J. Maxwell Chamberlain, who had already spent considerable time and effort seeking the opinions and viewpoints of leading US surgeons. Dr. Chamberlain’s New York office subsequently became the headquarters of the movement to establish a new specialty organization, and he became the driving force that ensured the successful establishment of the Society.

In September 1963, a draft constitution and bylaws document was distributed to prospective founding members, followed by a Founder Members meeting on October 31, 1963, at the annual meeting of the American College of Surgeons. The first meeting of the Executive Committee and Council was held in St. Louis in December 1963 where the bylaws were refined, and the Editorial Board of The Annals of Thoracic Surgery was selected. During the second Council meeting, at the AATS meeting in April 1964, the objectives of the Society were established: “to be an organization to improve the quality and practice of thoracic and cardiovascular surgery … by directing efforts toward strengthening and establishing basic research in the area, by promoting the professional development of those surgeons specializing in the field of thoracic and cardiovascular surgery, and by providing a forum for and publication of scientific presentations and discussions.”

It is incredible to see how prescient were these objectives and how consistent they are with the current STS mission and vision. Membership was limited to surgeons certified by ABTS, who limited their practice to thoracic and cardiovascular surgery and who were established in the field for a minimum of 3 years. However, with no numerical limitation on membership, all individuals who met these criteria were eligible for membership. This provided a national organization within which all practicing cardiothoracic surgeons could be identified and was considered significant in the continued expansion of cardiothoracic surgery as a specialty.

Dr. Paul Samson served as the first president, presiding over the STS inaugural meeting in St. Louis in January 1965. Dr. Chamberlain was honored at the meeting as the catalyst who brought the Society together, as today he is honored each year with the presentation of leading papers offered at the STS Annual Meeting.

The Membership Committee, chaired by Dr. Cowley, reviewed over 700 applications and approved 576 Founder Members. These important Founder Members will be honored at this 50th Anniversary meeting. They have received special invitations and will be recognized and celebrated for helping to start a new specialty society that is now the center and home of cardiothoracic surgery in the United States, and an important participant in the globalization of the specialty.

I am excited that many of these icons of our specialty have agreed to travel to Orlando for this meeting, and I am touched by many of their notes written to me in appreciation for the invitation and recognition. I hope that you will join the Founder Members, along with our youngest members, for what promises to be a great meeting celebrating the innovation, scientific progress, and future of our specialty, while recognizing those who had the vision to make it so.

This is my last column as President of STS. I am humbled by the great privilege to lead this remarkable Society, in my case, most effectively by trying to stay out of the way of the volunteer leaders and staff with their tremendous intelligence, leadership, and vision. I am more than a little sad to be stepping aside after our 50th meeting, but comfortable in my knowledge that STS is in good hands under the leadership of First Vice President Dave Fullerton and others.

Thank you for your trust and the honor of the presidency this past year. It is truly the highlight of my professional life.

The current health care environment is in the midst of major changes that may herald a shift in the practice and delivery of cardiothoracic surgery. Broad activity in hospital acquisition of US physician practices over the last 12 months has spawned substantial increases in the numbers of newly employed cardiologists, general surgeons, primary care providers, hospitalists, and cardiothoracic surgeons. Cardiothoracic surgical employment has surpassed 50% and continues to rise.

Alternative arrangements just short of employment are also being made with health systems, such as co-management, where surgeons enter into an exclusive arrangement with a hospital while keeping their autonomy intact. Regardless of the arrangement—co-management or full employment—the issue of how to judge fair market evaluation is ever present. How is fair market valuation performed, and how do you know your practice or personal value? Come to the Practice Management Summit at the STS 50th Annual Meeting in Orlando, where this will be discussed.

The Affordable Care Act and the reformation of the Sustainable Growth Rate (SGR) are key issues to the very viability of our future practices and the health care system as a whole. The SGR and Medicare debt scenarios require some guidance and direction. As part of the Summit, the Society’s Immediate Past President, Jeffrey B. Rich, MD, will explain the SGR proposals currently in Congress and describe how they may impact CT surgery.

Additional key topics that will be discussed at the Practice Management Summit include:

- New ICD-10 codes;
- An important update on STS Public Reporting; and
- Lessons for navigating a cardiac service line as a newly minted employee in the important hospital infrastructure.

Given the increased demand and attendance in recent years, the Summit’s content has been expanded to better suit attendee needs. The Practice Management Summit will be held on Sunday, January 26, from 7:50 a.m. to 12:00 p.m. The topics addressed will be relevant to physicians in either academic or private practice, as well as to practice managers/administrators. Our practice administration colleagues are encouraged to attend, and special registration provisions, such as the option of a Sunday-only pass, have been made to welcome their participation.

As always, the focus of the Practice Management Summit is to facilitate a vibrant and open discussion with ample time set aside for questions. While onsite registration is possible, online pre-registration for this important ticketed event at www.sts.org/annualmeeting is strongly encouraged. The Workforce on Practice Management looks forward to your participation and welcomes your discussion.
On STS History, Future, and Big Change

Robert A. Wynbrandt, Executive Director & General Counsel

Over the past few months, I have been privileged to be involved in the creation of the Annals supplement on the Society’s past 50 years that recently arrived in your mailbox. For a former history major and a 27-year STS veteran, it was a plum assignment to assist an STS All-Star team, led by Historian Nick Kouchoukos and Editor Hank Edmunds, with major contributions from former and current STS Directors of Marketing and Communications Nancy Puckett and Natalie Boden, as well as our incomparable Managing Editor, Heide Pusztay, and her colleagues at the Annals Editorial Office in this effort.

As one would expect, a number of recurring themes emerge when one inspects any organization’s 50-year history. For The Society of Thoracic Surgeons, primary among these is a stream of dedicated and forward-thinking surgeon leaders, the evolution of a supporting professional staff that has come to play a genuine “partner” role as anticipated by Past President Doug Mathisen one memorable Saturday morning in February of 2002, as the Society prepared to embark on the current era of self-management, and a specialty that has constantly adapted—oftentimes (and admirably) of its own volition and ingenuity in the interest of patient care rather than by government dictate.

My column in the Winter edition of STS News traditionally has served two important functions: a look back at the STS year then ending and a look ahead at what’s in store. On the “look back” front, my recent immersion in STS history has only served to reinforce the notion that the only real constant in life is change, and it seems that the only constant for STS—an organization founded on the need for revolutionary change in the specialty—has been big change.

Big changes happened for the Society and the specialty this past year. Sadly, we lost two giants who were both Presidents and Annals Editors—Herb Sloan and Tom Ferguson—in rapid succession, and more recently Past President George Magovern Sr. (see p. 7). We (read: “in large part President Doug Wood,” who like many STS Presidents before him is nothing short of a force of nature when advocating for big change in the interest of patient care) helped cajole the United States Preventive Services Task Force into finally issuing a long-awaited lung cancer screening recommendation. And we, along with our partners at the American College of Cardiology, again made history through the STS/ACC TVT Registry™, for the first time prompting an FDA labeling change not on the basis of a lengthy Investigational Device Exemption study, but rather on the basis of hard data from a well-designed and highly respected clinical database.

And big changes are in the offing for STS and the specialty in the year ahead. During the Business Meeting in Orlando on Monday afternoon, January 27, the voting membership will select a new Editor-Elect to succeed Hank Edmunds in 2015, after 15 years of distinguished service. The voting membership also will—for the first time—elect an independent member of the public to serve on the STS Board of Directors. The conclusion of the Annual Meeting will bring us new chairs for our Finance Committee, the Council on Quality, Research and Patient Safety, and the Council on Health Policy and Relationships, succeeding Past Presidents John Mayer, Fred Grover, and Sid Levitsky, respectively. And later this spring, Fred Edwards will hand the baton to a new Director of the STS Research Center after 3 eventful years at the helm of this new enterprise.

Also in 2014, the organization will be undertaking various initiatives emanating from an STS National Database Think Tank session held in Chicago this past fall, as well as a major workforce study under the leadership of John Ikonomidis and the STS Task Force on Thoracic Surgery Practice and Access. The specialty at large will be grappling with further implementation of the Affordable Care Act, as well as the prospect of SGR reform and alternative payment models that could significantly impact all cardiothoracic surgeons in the United States. Further ahead, 50 years of history tells us that we will see big change in the form of new procedures, new approaches to old procedures, new devices and pharmaceuticals, and increasing diversity within the profession itself, all undoubtedly accompanied by an STS constant: a continuing supply of Doug Woods, forces of nature in the interest of patient care.

On behalf of a staff that appreciates its role as a supporting partner with the membership of an organization that is rich in both history and mission, as we initiate and respond to the constancy of big change together, I wish you and yours a happy and healthy 2014. All of us look forward to celebrating 50 years with you in Orlando!
Member News

WEKSLER LEADS UTHSC THORACIC SURGERY

Benny Weksler, MD, MBA has been named Chief of the Division of Thoracic Surgery and the first Eastridge-Cole Professor at The University of Tennessee Health Science Center in Memphis. He will also serve as Chief of Thoracic Surgery for UT Methodist Physicians. Dr. Weksler was previously Chief of the Section of Thoracic Surgery at the VA Pittsburgh Health Care System. He has been an STS member since 2001.

PARK JOINS CASE WESTERN

Soon J. Park, MD has been appointed Chief of Cardiac Surgery at University Hospitals Case Medical Center, Co-Director of the University Hospitals Harrington Heart & Vascular Institute, and the Jay I. Ankeney Professor of Cardiothoracic Surgery and Professor of Surgery at Case Western Reserve University School of Medicine in Cleveland, OH. Dr. Park’s clinical practice spans all aspects of adult cardiac surgery, with expertise in treating patients with advanced heart failure. He has been an STS member since 2000.

DASILVA NAMED CHIEF AT LOYOLA

Marcelo C. DaSilva, MD has been named Chief of Thoracic Surgery at Loyola University Medical Center in Maywood, IL. He also serves as Associate Professor of Surgery at Stritch Medical School in Chicago. Dr. DaSilva said he plans to start a new comprehensive malignant mesothelioma program, as well as other thoracic programs. He has been an STS member since 2004.

Submit news about yourself or a colleague to stsnews@sts.org. Submissions will be printed based on content, membership status, and space available.

Patient Education Materials Available

As part of the Choosing Wisely initiative, STS, the ABIM Foundation, and Consumer Reports have collaborated to produce free patient brochures on various cardiothoracic topics. The brochures cover tests before heart surgery, heart stress tests before chest surgery, and echocardiography after heart valve replacement surgery. Choosing Wisely encourages physicians, patients, and other health care stakeholders to think about and discuss medical tests and procedures that may be unnecessary and, in some instances, harmful.

Encourage your patients to view the brochures at www.sts.org/resources-publications/patient-information-materials.

Staff Updates

Jazmine Blanch joined STS on September 23 as the CTSNet Sponsorship and Customer Relations Manager. She will coordinate relationships with CTSNet Participating Organizations and also work on advertising, sponsorship, and customer support. Previously, Jazmine worked as a Marketing Manager for the National Association of Credit Management. She holds a bachelor’s degree in multimedia/web design from the Illinois Institute of Art. To contact Jazmine, e-mail jblanch@sts.org.

Emily Massa joined STS on October 14 as the CTSNet Web Content Editor. She is responsible for CTSNet’s editorial content and social media presence. Previously, Emily was a Copy Coordinator at Groupon. She holds a bachelor’s degree in English and writing from The College of Saint Rose in Albany, NY. To contact Emily, e-mail emassa@sts.org.

Emily Conrad joined STS on December 2 as its Membership Assistant. She assists the Department of Education and Member Services with a number of tasks, including reviewing membership applications and providing customer service to STS members. Previously, Emily was a graduate instructor and taught public speaking to college freshmen. She holds a bachelor’s degree in communication studies and a master’s degree in communication from Illinois State University. To contact Emily, e-mail econrad@sts.org.

DON’T MISS THIS ABTS DEADLINE

Attention congenital heart surgeons: If you were trained prior to July 1, 2008, and want to apply for the so-called “grandfather” pathway to The American Board of Thoracic Surgery’s Subspecialty Certification in Congenital Cardiac Surgery, the application deadline is August 15, 2014. After August 15, all candidates for this subspecialty certification will be required to have successfully completed an ACGME-approved residency training program in congenital heart surgery. For more details about the Congenital Cardiac Surgery Subspecialty Certification, visit the ABTS website at www.abts.org/root/home/congenital-cardiac-subspecialty.aspx.

For further information, contact the ABTS at (312) 202-5900.
Students and Residents Get a Glimpse of CT Surgery

On October 7, STS partnered with the American College of Surgeons to offer the Cardiothoracic Surgery in the Future course, held in conjunction with the ACS Clinical Congress in Washington, DC.

More than 90 medical students and general surgery residents gained hands-on experience in adult cardiac and general thoracic procedures, including mitral valve repair, aortic valve and root replacement, chest wall reconstruction, and VATS lobectomy.

STS Collaborates on Overview of Transcatheter Therapies for Mitral Regurgitation

STS has partnered with the American College of Cardiology, the American Association for Thoracic Surgery, and the Society for Cardiovascular Angiography and Interventions Foundation to produce an overview of transcatheter therapies for mitral regurgitation, intended to help frame subsequent discussions among the field’s various stakeholders.

“Transcatheter Therapies for Mitral Regurgitation Societal Overview” discusses the technologies’ critical components, operator training, protocols for care, and assessment of outcomes. It also advocates for careful data collection, analysis, and reporting through the STS/ACC TVT Registry™.

The societies will plan future documents to address appropriate data collection and use, best practices, team composition, and further definition of patient characteristics.

The full paper can be viewed at www.sts.org/mitralregurgpaper. It will also be published in a future issue of The Annals of Thoracic Surgery.

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STS Treasurer Robert S.D. Higgins, MD helps attendees learn coronary anastomosis.

STS members who helped plan the course include, from left to right: Robert S.D. Higgins, MD, Thomas E. MacGillivray, MD, Walter H. Merrill, MD, Daniel L. Miller, MD, and James I. Fann, MD.

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In Memoriam: George J. Magovern Sr.
STS Past President (1984-1985)

The Society mourns the loss of pioneering cardiothoracic surgeon George J. Magovern Sr., MD, who passed away on November 4 at the age of 89.

“This has been a year of tremendous loss for the specialty and for STS. Those of us fortunate enough to know George Sr. will always remember his smile, those never-ending Irish jokes, and gathering around the piano as he banged out tune after tune. George was a gifted cardiac surgeon and pioneer in the field. He leaves behind a legacy of wonderful memories—a truly good guy,” said STS Past President Mark B. Orringer, MD.

Dr. Magovern co-created the first sutureless heart valve, which significantly improved patient survival and reduced surgery time. He also performed the world’s second lung transplant in 1963 and the first heart transplant at Allegheny General Hospital in 1969.

After World War II, Dr. Magovern trained at Kings County Hospital in Brooklyn and completed his cardiothoracic surgical training at George Washington University Hospital in Washington, DC.

He joined the medical staff of Allegheny General Hospital in 1959 and served as Chair of the Department of Surgery from 1970 to 1994.

In addition to serving as STS President from 1984 to 1985, he served as a Director of the American Board of Thoracic Surgery from 1984 to 1991. He was also a Councilor for the Thoracic Surgery Directors Association from 1977 to 1978.

STS/ACC TVT Registry™ Reaches New Heights

The STS/ACC TVT Registry™, which launched just over 2 years ago in December 2011, is continuing to grow at a rapid clip. More than 250 sites have enrolled and more than 10,000 patient records have been entered into the Registry, which serves as the main repository for clinical data related to transcatheter aortic valve replacement.

If you have questions about the Registry, contact Tina Kourtis, TVT Registry Project Manager, at tkourtis@sts.org. And see page 9 for a story on the TVT Registry’s first published report.

Explore STS History with Special Annals Supplement

Packaged along with the January issue of The Annals of Thoracic Surgery is a very special supplement highlighting important moments in the Society’s history. “The Society of Thoracic Surgeons: The First Fifty Years” includes chapters from prominent STS leaders describing the genesis of the Society, the growth of the Annual Meeting and other educational activities, STS advocacy efforts, CTSNet, the STS National Database, the STS Research Center, the evolution of the organization’s management, and what the future holds for the Society. Extra copies will be available at the Annual Meeting in Orlando.
STS Awards 40 Looking to the Future Scholarships

The Society will soon welcome the best and brightest medical students and general surgery residents to the STS 50th Annual Meeting in Orlando as part of its Looking to the Future Scholarship Program.

“For the third consecutive year, the number of applications has increased, which indicates that the LTTF scholarship is highly sought after among medical students and general surgery residents with an interest in CT surgery. The quality of applications is remarkable, making the selection process quite difficult,” said Ara A. Vaporciyan, MD, Chair of the Workforce on Thoracic Surgery Resident Issues.

This year, 20 medical students and 20 general surgery residents will be awarded scholarships to attend the STS Annual Meeting. Ninety-nine medical students and 84 residents applied.

Initiated in 2006, the program was developed to identify and encourage general surgery residents who are considering, but not yet committed to, a career in cardiothoracic surgery. In 2011, medical students became eligible. Since its inception, the program has awarded scholarships to 220 general surgery residents and medical students.

“A high percentage of scholarship recipients have gone on to secure training positions in CT surgery,” Dr. Vaporciyan said. “They have a deep appreciation for the LTTF program and stay involved by helping with the selection process.”

During their time at the STS Annual Meeting, scholarship recipients meet cardiothoracic surgeon leaders and attend educational sessions. Each scholarship recipient is assigned a mentor to answer questions, facilitate introductions, and assist in planning a schedule of educational programming.

Special events are also planned. The 2014 program for medical student scholarship recipients will feature an overview of the history of cardiothoracic surgery and how to plan for a career in CT surgery. Additional topics will include a review of current residency options, information on available resources for medical students interested in CT surgery, and perspectives from integrated and traditional residency program residents and junior faculty on their career choices. A new program designed especially for general surgery residents will address finding a mentor, interviewing for CT surgery residency positions, and job market considerations.

Scholarship recipients can be identified in Orlando by orange ribbons attached to their badges. Please take a moment to say hello and welcome them to the STS 50th Annual Meeting. For questions regarding the Looking to the Future Scholarship Program, please contact Rachel Pebworth, Senior Coordinator, Affiliate Organizations, at rpeworth@sts.org or (312) 202-5835.

### 2014 LOOKING TO THE FUTURE SCHOLARSHIP RECIPIENTS - GENERAL SURGERY RESIDENTS

- Coney Bae, North Shore LIJ Health System
- Jordan P. Bloom, Massachusetts General Hospital
- Benjamin S. Bryner, University of Michigan Health System
- Duy T. Dao, New York University Langone Medical Center
- Stephen W. Davies, University of Virginia
- Robert Patrick Davis, Duke University Medical Center
- Viktor Gabriel, UC Irvine Medical Center
- Rian M. Hasson, Brigham and Women’s Hospital
- Jada M. Leahy, Navy Medical Center Portsmouth, VA
- Lara O. Oyetunji, National Institute of Health
- Emily R. Peroutka, University of Maryland
- Ravi Rajaram, Northwestern University
- Antonios C. Sideris, Cleveland Clinic Foundation
- Caitlin J. Snyder, Albany Medical Center
- Michael L. Stern, Maine Medical Center
- Leonidas Tapias, Saint Mary’s Hospital

### 2014 LOOKING TO THE FUTURE SCHOLARSHIP RECIPIENTS - MEDICAL STUDENTS

- Adejuyigbe O. Adaralegbe, Meharry Medical College
- Chelsea M. Becker, University of Virginia School of Medicine
- Kyle M. Bess, University of Alabama School of Medicine
- Aaron B. Bettenhausen, University of North Dakota School of Medicine and Health Sciences
- Zach Chancellor, University of Mississippi School of Medicine
- Peter W. Chao, Saint Louis University School of Medicine
- Peter L. Deptaula, University of Hawaii John A. Burns School of Medicine
- Julie W. Doberne, Oregon Health & Science University
- Antonio J. Escobar, University of Southern California – Keck School of Medicine
- Habiba Hashimi, University of California, Davis School of Medicine
- Kelly C. Henkler, Albany Medical College
- Whitney D. Johnson, Georgetown University School of Medicine
- Sung I. Kim, University of Cincinnati College of Medicine
- Jennifer R. Milillo, SUNY School of Medicine and Biomedical Sciences
- Matthew T. Murrill, University of Missouri-Kansas City
- Coney Bae, North Shore LIJ Health System
- Jordan P. Bloom, Massachusetts General Hospital
- Benjamin S. Bryner, University of Michigan Health System
- Duy T. Dao, New York University Langone Medical Center
- Stephen W. Davies, University of Virginia
- Robert Patrick Davis, Duke University Medical Center
- Viktor Gabriel, UC Irvine Medical Center
- Rian M. Hasson, Brigham and Women’s Hospital
- Jada M. Leahy, Navy Medical Center Portsmouth, VA
- Lara O. Oyetunji, National Institute of Health
- Emily R. Peroutka, University of Maryland
- Ravi Rajaram, Northwestern University
- Antonios C. Sideris, Cleveland Clinic Foundation
- Caitlin J. Snyder, Albany Medical Center
- Michael L. Stern, Maine Medical Center
- Leonidas Tapias, Saint Mary’s Hospital

Jonathan Villena-Vargas, Memorial Sloan-Kettering Cancer Center
Sean C. Wightman, University of Chicago
Jennifer E. Witt, University of Minnesota
Brittany A. Zwischenberger, University of Kentucky Medical Center
The first public report from the STS/ACC TVT Registry™ shows that transcatheter aortic valve replacement for treatment of aortic stenosis in high surgical risk and inoperable patients in the United States is safe and effective, confirming results of pre-market clinical trials.

Led by STS Past President Michael J. Mack, MD, researchers used data from the TVT Registry to develop a study published in the November 20 issue of The Journal of the American Medical Association (JAMA), a theme issue on cardiovascular health.

“The large volume of data in the Registry provided an excellent source to promptly examine patient characteristics and outcomes,” said Dr. Mack, who is also Chair of the STS/ACC TVT Registry Steering Committee.

The TVT Registry was launched in December 2011, shortly after FDA approval of the SAPIEN transcatheter heart valve. In May 2012, the Centers for Medicare & Medicaid Services required all hospitals performing TAVR to capture clinical information in the TVT Registry as a requirement for Medicare coverage.

The analysis published in JAMA included 7,710 patients who underwent TAVR at one of 224 participating sites. Successful device implantation occurred in 7,069 patients (92%). In-hospital mortality was 5.5%. Other major complications included stroke (2.0%), dialysis-dependent renal failure (1.9%), and major vascular injury (6.4%).

Median hospital stay was 6 days, with 4,613 patients (63%) discharged home. Among the 3,133 patients with available follow-up data at 30 days, mortality was 7.6% (noncardiovascular cause, 52%) and stroke occurred in 2.8%.

“We think that the American public can feel comfortable that this new registry is an effective means of monitoring the performance of new medical devices after they have been approved.”

–Michael J. Mack, MD

“We envision the TVT Registry as an evolving portfolio of device registries, as part of the FDA’s new strategic plan for post-market device surveillance.”

–Fred H. Edwards, MD

The TVT Registry currently has more than 10,000 patient records, and that number is expected to double in the next year. (See page 7 for more on the TVT Registry’s growth.) The large number of patient records allows for the development of reliable benchmarks for centers to compare their local results against risk-adjusted national standards.

“We envision the TVT Registry as an evolving portfolio of device registries, as part of the FDA’s new strategic plan for post-market device surveillance,” said STS Research Center Director Fred H. Edwards, MD, another study author. “As new medical devices are approved in the United States, we intend to incorporate experience with these devices into the Registry. This should provide a streamlined approach to national device surveillance and open up new avenues into research focused on the risks and benefits of medical device products.”

“We think that the American public can feel comfortable that this new registry is an effective means of monitoring the performance of new medical devices after they have been approved.”

–Michael J. Mack, MD

FUTURE OF THE TVT REGISTRY

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–Michael J. Mack, MD
There’s Still Time! Help Celebrate the Society’s 50th Anniversary

continued from cover

helped develop STS into the prestigious organization it is today, and learn how the Society and the specialty have evolved since that first Annual Meeting in St. Louis.

GROUNDBREAKING RESEARCH TO BE PRESENTED

The Annual Meeting is your chance to learn about cutting-edge research being conducted in the field. Renowned experts from each subspecialty will offer a variety of viewpoints on hot topics.

The J. Maxwell Chamberlain Papers chosen this year are:

• **Adult Cardiac Surgery:** Safety Implications of Robotic Surgery: Analysis of Recalls and Adverse Event Reports of da Vinci Surgical Systems

• **General Thoracic Surgery:** A Comparative, Propensity-Matched Analysis of Wedge Resection and Stereotactic Body Radiation Therapy for Early Stage Non-Small Cell Lung Cancer (NSCLC)

• **Congenital Heart Surgery:** Vascular Endothelial Growth Factor and Superoxide Dismutase Gene Variants Have an Additive Adverse Effect on Covariate-Adjusted Transplant-Free Survival After Surgery for Isolated Congenital Heart Disease

This year’s Richard E. Clark Papers, which highlight research made possible by the STS National Database, include:

• **Adult Cardiac Surgery:** The Association of Transcatheter Aortic Valve Replacement (TAVR) Availability, Surgical Aortic Valve Replacement Case Volume, and In-Hospital Mortality in the United States: A Report From the STS Adult Cardiac Surgery Database and the STS/ACC TVT Registry™

• **General Thoracic Surgery:** Wedge Resection Reduces the Incidence of Major Morbidity by Nearly 50% as Compared to Lobectomy: An STS General Thoracic Surgery Database Propensity-Matched Analysis

• **Congenital Heart Surgery:** Epidemiology and Outcomes of In-Hospital Cardiac Arrest After Pediatric Cardiac Surgery: An Analysis of the STS Congenital Heart Surgery Database

And that’s just the tip of the iceberg. The Annual Meeting will feature dozens of oral abstract presentations during the scientific sessions on Monday and Tuesday. The General Session on Tuesday afternoon will also feature three abstracts identified as “hot topics” in cardiothoracic surgery that are sure to stimulate thought-provoking debate.

If you can’t make the Annual Meeting (and even if you can), be sure to purchase the STS 50th Annual Meeting Online Products now before prices rise. See below for more information.

Don’t miss this opportunity. If you have questions about registration, contact Erin Luytjes, Meetings Coordinator, at eluytjes@sts.org. We hope to see you in Orlando!

PURCHASE ANNUAL MEETING ONLINE PRODUCTS NOW AND SAVE!

The STS 50th Annual Meeting Online and STS/AATS Tech-Con 2014 Online are now available for purchase—at a discounted rate.

With such a full schedule, it’s difficult to attend every presentation of interest. Through these web-based video presentations, earn CME credit for sessions you were unable to attend or give yourself the opportunity to review sessions of special interest in the comfort of your home or office. You’ll be able to experience presenter slide animation, cursor movement, and full audio from the vast majority of sessions.

Enjoy an enhanced HTML5 player that is compatible with desktop and laptop computers, as well as iPad, iPhone, and Android mobile devices, allowing you on-the-go access and faster, optimized video playback.

When registering for the STS 50th Annual Meeting and STS/AATS Tech-Con 2014, don’t forget to sign up for both online products at special discounted meeting registrant rates. After January 23, prices double!

The Society of Thoracic Surgeons is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

**STS 50TH ANNUAL MEETING ONLINE**

The Society of Thoracic Surgeons designates this enduring material for a maximum of 100.75 AMA PRA Category 1 Credits™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

**STS/AATS TECH-CON 2014 ONLINE**

The Society of Thoracic Surgeons designates this enduring material for a maximum of 13.5 AMA PRA Category 1 Credits™. Physicians should only claim credit commensurate with the extent of their participation in the activity.
Egyptian cardiothoracic surgeon and television host Bassem Youssef will present the Thomas B. Ferguson Lecture at the STS 50th Annual Meeting on Tuesday, January 28, at 4:30 p.m.

In April 2013, Dr. Youssef was hailed by Time magazine as one of the 100 most influential people in the world. He hosted Al Bernameg (“The Program”), a satirical TV news show in Egypt, which was summarily canceled in late October 2013 and was one of the most-watched programs in the Arab world. The press has compared him to American comedian Jon Stewart, host of The Daily Show.

The Ferguson lecture was established in 2002 and recognizes Thomas B. Ferguson, MD, one of the few individuals to serve as President of both STS and the American Association for Thoracic Surgery. Dr. Ferguson, who passed away in May 2013, also served as Editor of The Annals of Thoracic Surgery from 1984 to 2000 and is credited with raising both the academic and international profiles of the journal.

The Society will welcome Shaf Keshavjee, MD, FRCSC, as the C. Walton Lillehei Lecturer at the upcoming STS 50th Annual Meeting. Dr. Keshavjee will deliver his talk, “The Future of Transplantation: Personalized Medicine for the Organ,” on Tuesday, January 28, at 1:30 p.m.

Dr. Keshavjee’s clinical practice is in thoracic oncology, lung cancer, and lung transplantation. His specific research interest is in lung injury related to transplantation. His current work involves the study of molecular diagnostics and gene therapy strategies to repair organs and engineer superior organs for transplantation. Dr. Keshavjee led the development of the Toronto XVIVO Perfusion System, which treats and improves high-risk donor lungs so they can be safely used for transplant.

The Lillehei lecture honors C. Walton Lillehei, MD, one of the world’s preeminent cardiac surgeons who is considered the “father of open heart surgery.”

STS University: Pick Two!

It’s not too late to add an STS University course to your Annual Meeting registration. STS U will take place on Wednesday, January 29. New this year, STS U will focus exclusively on hands-on activities. Course lectures will be available online before and during the meeting, allowing STS U participants to hit the ground running on January 29 and gain more hands-on experience that they can immediately put into practice. STS U courses will be offered twice in Orlando, so pick two!

Course 1: TAVR/TEVAR, Guidewires, and Sheaths
Course 2: ICU/Echo
Course 3: Advanced Endoscopy for Thoracic Surgeons
Course 4: Short- and Long-term Circulatory/Respiratory Support
Course 5: VATS Lobectomy
Course 6: Mitral Valve Repair
Course 7: Enabling Technologies Facilitating Minimally Invasive Surgery (canceled)
Course 8: Valve-Sparing Aortic Root Replacement
Course 9: Fontan Conversion and Maze Procedure
Course 10: Novel Techniques in Esophageal and Tracheal Surgery
Course 11: Robotic Simulation

Once logged in, go to the Registration tab on the meeting summary page and then click on Add/Edit across from the registrant’s name. Next, on the Purchases tab, click Add Items under Additional Purchases. There, you can purchase online meeting products, add ticketed sessions, and purchase social event tickets. You may also be able to sign up for STS U courses onsite, but space is limited.

Add the desired STS U courses to your cart when you register for the Annual Meeting at www.sts.org/annualmeeting. If you’ve already registered and wish to add STS U course tickets or any other ticketed sessions, visit www.sts.org/annualmeeting, click on the Registration link, and log in with your STS username and password.

www.sts.org
SYMPOSIUM TO ADDRESS TEAMWORK IN CT SURGERY

Several scientific sessions and courses at the STS 50th Annual Meeting are designed to appeal to all members of the cardiothoracic surgery team. One in particular is the CT Surgery Interprofessional Education Symposium: TAVR Team Approach and Proven Safety Tools in Cardiac Surgery, which will be held on Sunday, January 26, at 2:30 p.m.

Moderators Diane Alejo, from the Johns Hopkins Medical Institutions in Baltimore, MD, and Kelly Gustafson, from West Virginia University Hospitals in Morgantown, will lead the symposium, which will cover two hot topics: the multidisciplinary team approach to transcatheter aortic valve replacement (TAVR) and proven safety tools in cardiac surgery.

Session I will cover the team approach to TAVR. Speakers will discuss patient selection and preoperative workup, transfemoral and transapical approaches, and initial postoperative and long-term patient management.

Session II will focus on the proper use of procedural and surgical time-outs and checklists, which have been shown to reduce patient morbidity and mortality. A team-based approach is required for the success of these proven safety tools.

Don’t miss this important event. Admittance to the CT Surgery Interprofessional Education Symposium is included with both general Annual Meeting registration and the new Sunday-only pass available for allied health care professionals.

ATTEND THE STS/ACCP COURSE

STS and the American College of Chest Physicians are again collaborating on the Primer on Advanced and Therapeutic Bronchoscopy course, which will be held at 8:00 a.m. on Saturday, January 25. This is a ticketed session, so sign up today at www.sts.org/annualmeeting.

MEET WITH EMPLOYERS AT THE STS/CTSNET CAREER FAIR

An exciting new event for those registered to attend the STS 50th Annual Meeting is the STS/CTSNet Career Fair, which will give attendees the chance to meet face-to-face with top employers. Recruiters will be available to talk about career opportunities in their organizations from 11:00 a.m. to 4:00 p.m. on Monday, January 27, and 10:00 a.m. to 3:00 p.m. on Tuesday, January 28.

Prior to the Annual Meeting, registered attendees can post a CV or resume to the candidate database via the online registration system. Participating employers will be able to view resumes in advance of the event and may schedule appointments for in-person interviews to take place during the meeting.

Don’t miss this opportunity to get your foot in the door! If you have registered for the Annual Meeting and would like to participate in the Career Fair, visit jobs.ctsnet.org and sign up today.
MONDAY, JANUARY 27, 2014
6:30 a.m. - 5:00 p.m.  Registration: STS 50th Annual Meeting
7:00 a.m. - 7:15 a.m.  Opening Remarks
7:15 a.m. - 8:15 a.m.  J. Maxwell Chamberlain Papers
8:15 a.m. - 9:00 a.m.  Richard E. Clark Papers
9:00 a.m. - 4:30 p.m.  Scientific Posters Open
9:00 a.m. - 4:30 p.m.  Exhibits Open
9:00 a.m. - 9:30 a.m.  50th Anniversary Tribute
9:30 a.m. - 9:45 a.m.  Introduction of the President: David A. Fullerton
9:45 a.m. - 10:45 a.m.  Presidential Address: Douglas E. Wood
10:45 a.m. - 11:30 a.m.  BREAK—Visit Exhibits and Scientific Posters
11:30 a.m. - 12:30 p.m.  (6 parallel sessions)
Adult Cardiac Session: Arrhythmia
Adult Cardiac Session: Heart Failure
Basic Science Research: Adult Cardiac Congenital Session: Adult Congenital Critical Care
General Thoracic Session: New Techniques
12:30 p.m. - 1:15 p.m.  BREAK—Visit Exhibits and Scientific Posters
1:15 p.m. - 5:15 p.m.  Joint Council on Thoracic Surgery Education: Implementation of a Surgical Curriculum in Cardiothoracic Surgery
1:15 p.m. - 5:15 p.m.  ACC @ STS
1:30 p.m. - 3:30 p.m.  (6 parallel sessions)
Adult Cardiac Session: Aortic
Adult Cardiac Session: Ischemic
Congenital Session: Pediatric
Congenital I
Considerations in Perioperative Management of Patients With Congestive Heart Failure
General Thoracic Session: Lung Cancer I
General Thoracic Session: Lung Transplantation
3:30 p.m. - 4:15 p.m.  BREAK—Visit Exhibits and Scientific Posters
4:15 p.m. - 5:15 p.m.  Surgical Motion Picture Matinees:
Adult Cardiac, Congenital, and General Thoracic
4:15 p.m. - 5:15 p.m.  Late-Breaking Abstract Submissions: Clinical Trials and Quality Improvement

TUESDAY, JANUARY 28, 2014
6:30 a.m. - 4:30 p.m.  Registration: STS 50th Annual Meeting
7:00 a.m. - 8:00 a.m.  Early Riser Sessions
7:00 a.m. - 8:00 a.m.  Early Riser Health Policy Forum: Physicians Payment Sunshine Act Implementation—What CT Surgeons Need to Know
8:15 a.m. - 10:15 a.m.  (7 parallel sessions)
Adult Cardiac Session: General I
Adult Cardiac Session: Mitral Valve
Congenital Session: Pediatric
Congenital II
General Thoracic Session: Esophageal
General Thoracic Session: Lung Cancer II
Patient Safety Symposium
NEW! STS/EACTS: Repair of Type A Aortic Dissection
9:00 a.m. - 4:30 p.m.  Scientific Posters Open
9:00 a.m. - 4:30 p.m.  Exhibits Open
10:15 a.m. - 11:00 a.m.  BREAK—Visit Exhibits and Scientific Posters

WEDNESDAY, JANUARY 29, 2014
6:30 a.m. - 9:30 a.m.  Registration: STS University
7:00 a.m. - 9:00 a.m.  STS University
9:30 a.m. - 11:30 a.m.  STS University (courses repeated)

The Society of Thoracic Surgeons is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

STS 50TH ANNUAL MEETING
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STS/AATS TECH-CON 2014
The Society of Thoracic Surgeons designates this live activity for a maximum of 9.0 AMA PRA Category I Credits™. Physicians should only claim the credit commensurate with the extent of their participation in the activity.
In 2002, NASA’s Mars Odyssey space probe began to map the surface of Mars using a thermal emission imaging system, Jimmy Carter won the Nobel Peace Prize, and US President George W. Bush signed the Homeland Security Act, which established the Department of Homeland Security.

The year also marked several huge milestones for STS.

STS/AATS Tech-Con debuted on the Saturday and Sunday preceding the formal scientific sessions at the 38th Annual Meeting in Fort Lauderdale. The Tech-Con platform allowed surgeons with special expertise to present innovative techniques and concepts. The first Tech-Con sessions included “Robotic CABG Video and Results,” “New Imaging Modalities in Lung Cancer Screening,” and “Minimally Invasive Cryomaze.”

The next day, Mark B. Orringer, MD delivered the Presidential Address, “Unity and Participation: Embracing Counterintuitive Survival Skills,” and STS members adopted new Bylaws amendments that, among other things, entirely revamped the organization’s governance structure.

By June 2002, STS officially embarked on self-management with 9.5 full-time employees, including Robert A. Wynbrandt as the Society’s Executive Director & General Counsel and Cheryl D. Wilson as Administrative Manager & Executive Assistant. STS began operations in the American College of Surgeons building in Chicago, where the headquarters office remains today (as do Wynbrandt and Wilson), with a staff of more than 50 full-time professionals.

As we count down to the Society’s 50th Anniversary celebration at the STS Annual Meeting in Orlando, January 25-29, each of the past four issues of STS News has featured a different flashback. This is the final flashback in the series. Also, check www.sts.org for videos, columns, and other materials commemorating the Society’s rich history.
STS Sees Movement on Advocacy Priorities in 2013

The Society made great strides in 2013 with some of its advocacy priorities, including physician payment reform and patient advocacy efforts. In addition, STS released the first five policy papers in its seminal STS Health Policy Compendium. This document, drafted by the Workforce on Health Policy, Reform, and Advocacy and approved by the STS Board of Directors, contains policy papers on:

- Comparative Effectiveness Research;
- Coverage with Evidence Development and Parallel Review of Medical Devices;
- Healthcare Associated Infections;
- Graduate Medical Education; and
- Physician Medicare Payments and the Sustainable Growth Rate Formula.

In 2014, the Workforce plans to add papers on medical liability reform and lung cancer screening. To review the Compendium, visit www.sts.org/healthpolicycompendium.

ADVOCACY PRIORITIES AND ACCOMPLISHMENTS

Each year, the Workforce sets the Society’s advocacy priorities based on pressing issues that require action from policymakers. Surgeon leaders—especially STS Key Contacts—along with STS Government Relations staff actively lobby on these issues throughout the year. For 2013, advocacy priorities included:

**Medicare Physician Payment Reform**

With input from STS, Congress made considerable progress toward a long-term legislative fix for the flawed Medicare physician payment formula. Under the current Sustainable Growth Rate (SGR) model, physician payments would be cut by an estimated 24% in 2014.

In June, STS Immediate Past President Jeffrey B. Rich, MD testified at the House Energy & Commerce Subcommittee on Health hearing, “Reforming SGR: Prioritizing Quality in a Modernized Physician Payment System.” Dr. Rich discussed how clinical registries, such as the STS National Database, can be used to improve the quality and efficiency of health care delivery. He also explained how to utilize these resources in a pay-for-quality paradigm.

Since his testimony, congressional committees have released two proposals that would not only repeal SGR, but also would incentivize the creation of “Alternative Payment Models.” As of late November, lawmakers were still working to resolve the differences between these two proposals.

**Access to Clinical Outcomes Data**

In 2011, the Social Security Administration (SSA) rescinded its policy that allowed public access to death data previously reported to the SSA by individual states. This change has compromised research facilitated by the STS National Database and other clinical registries. Such research has been vital in evaluating the success of medical interventions and tracking other medical and public health trends.

During his SGR testimony before the House Energy & Commerce Subcommittee on Health, and in light of the SSA’s 2011 policy reversal, Dr. Rich addressed the need for continuous access to both administrative claims data and outcomes data from the Social Security Death Master File (SSDMF). While considerable progress has been made in allowing qualified clinical data registries to access Medicare claims data, barriers to SSDMF data remain.

**Support for Patient Advocacy Efforts (Lung Cancer Screening)**

STS President Douglas E. Wood, MD participated in a May Congressional briefing on lung cancer screening hosted by the Lung Cancer Alliance. The panelists discussed research showing that low-dose computed tomography screening to detect early stage lung cancer can dramatically improve a patient’s chance for survival. They also called for immediate action by the United States Preventive Services Task Force (USPSTF) and asked Congress to ensure that lung cancer screening is an essential health benefit under the Affordable Care Act.

In a huge victory reflecting the Society’s support for patient advocacy efforts, the USPSTF issued a draft recommendation in July supporting the use of low-dose CT to screen people at high risk for lung cancer. STS submitted comments on the draft recommendation and congratulated the USPSTF for making a “critical recommendation that likely will have a larger impact on lung cancer survival than any of the new treatment developments in the last several decades of lung cancer care.”

**Cardiothoracic Surgery Workforce Shortage**

STS is working with a coalition of medical societies in support of graduate medical education (GME) and specialty-specific loan repayment programs. Reductions in Medicare support for GME could worsen an already critical national physician workforce shortage, which has been particularly pronounced in cardiothoracic surgery. As part of the effort to address GME funding and stave off this shortage, STS is supporting an increase in GME funding of at least 15%.

MAKE A COMMITMENT TO STS ADVOCACY

STS needs involvement from every member to help ensure that cardiothoracic surgeons have a voice on Capitol Hill and beyond. For more information on how you can help, please visit www.sts.org/advocacy.
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MARK YOUR CALENDAR
Upcoming STS Educational Events

January 25–26, 2014
Orlando, Florida
STS/AATS Tech-Con 2014

January 25–29, 2014
Orlando, Florida
STS 50th Annual Meeting

Find out more at
www.sts.org/education-meetings.