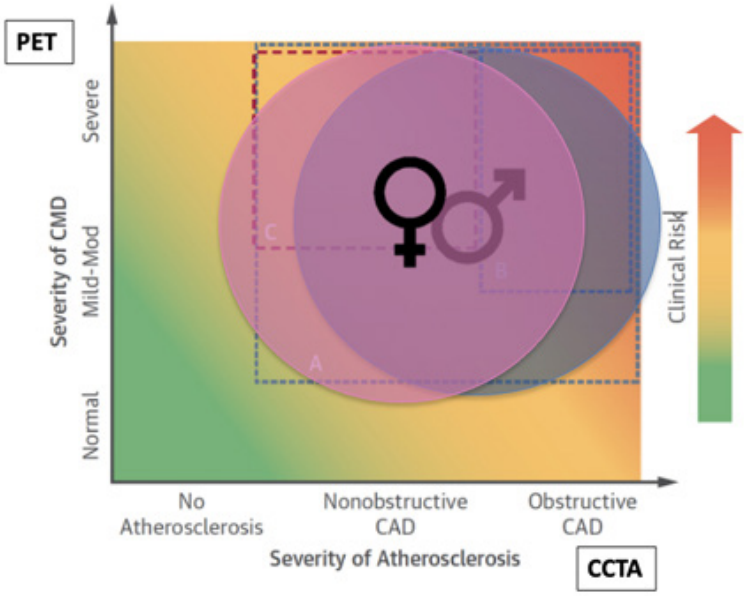
STS News

"Conventional approaches can lead to repeated testing, especially in women. And yet, often without differentiating who's truly at risk."

Viviany R. Taqueti, MD, MPH



▶ **Coronary microvasculature, especially in female patients, represents the future of prognosis after procedures like CABG, say experts.**

Imaging Tools Underscore How CAD Looks Different in Women

With nearly as many women as men presenting with signs of ischemia in today's health care settings, clinicians should keep in mind that coronary artery disease (CAD) goes beyond vessel obstruction, especially in female patients—and should take advantage of tools like advanced imaging to see past anatomic walls.

"More and more, I think we're recognizing that, when they're designed for the identification of primarily obstructive CAD, conventional approaches can lead to repeated testing, especially in women," said Viviany R. Taqueti, MD, MPH, from Brigham and Women's Hospital in Boston, Massachusetts. "And yet, often without differentiating who's truly at risk."

Obstructive CAD is just one phenotype of ischemic heart disease, and perhaps just the tip of the iceberg when physicians take into consideration the entirety of coronary circulation, Dr. Taqueti said. A physician needs to spot other pathologies such as diffuse non-obstructive CAD and coronary microvascular dysfunction, which can certainly impact patients' cardiovascular outcomes, she explained.

As an example, Dr. Taqueti referred to a study in Denmark that presented observational data from a large registry of more than 11,000 patients who were referred for coronary angiography. The investigators found that up to 32% of the male patients—and a startling 65% of female patients—had no significant obstructive disease to explain their symptoms.

"We need a more sophisticated toolbox that looks beyond regional wall motion abnormalities or even visual perfusion abnormalities to consider and quantify absolute blood flow in the heart and quantify coronary flow reserve, or CFR," said Dr. Taqueti.

Coronary microcirculation is of course too small to be directly imaged in vivo, and it needs to be evaluated indirectly by perturbing function. A variety of technologies make this possible.

▶▶ CONTINUED ON PAGE 6

The Society's mission is to advance cardiothoracic surgeons' delivery of the highest quality patient care through collaboration, education, research, and advocacy.

IN THIS ISSUE

STS News is a quarterly publication for members of The Society of Thoracic Surgeons. If you have a comment regarding the content of this publication or story ideas for future issues, please contact us. STS is not responsible for the opinions expressed by its writers and/or editors.

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The Resilient Surgeon Podcast Returns for Season 2

The highly anticipated new season of The Resilient Surgeon is underway, featuring game changers in the high-performance and wellness space, including a professor of leadership at Harvard Business School, a performance coach, and a psychiatrist. This provocative STS podcast series aims to help surgeons be their best selves inside and outside of the operating room.

"The choice of guests featured this season parallels a paradigm I developed called 'Best Self Pie,'" said Michael A. Maddaus, MD, host of The Resilient Surgeon. "I prefer the term 'best self' to the word wellness because it is an intuitive and personal reference point that we all have, if we are aware enough."

The first piece of the "pie"—individual habits and activities such as sleep, diet, exercise, gratitude, and connection with others—were covered in the first season of the podcast; whereas the additional pieces—self-awareness, purpose, and connection at work and home—will be tackled in Season 2 of The Resilient Surgeon, which began airing in late August.

The episodes will be released biweekly with a lineup that includes:

- **Brad Stulberg:** author of *The Practice of Groundedness* discusses being successful without crushing the soul (self-awareness and habits)
- **Marcus Buckingham:** world expert on engagement at work and the author of *Love + Work* provides a master class on finding purpose by embracing our "wyrd" (self-awareness and purpose)
- **Amy C. Edmondson, PhD:** professor of leadership at Harvard Business School and author of seven books discusses psychological safety and its crucial role in performance, creativity, and wellbeing (all four)
- **Paul M. Conti, MD:** psychiatrist who specializes in mental illness and the impact of life stressors breaks down the epidemic of trauma and how it impacts lives in ways that people may not even realize (self-awareness)
- **Christine Porath, PhD:** professor at Georgetown University and author of *Mastering Community* offers insights on the critical role of being valued and respected in the workplace (connection)

Additional guests will include Rich Diviney, Brian R. Little, PhD, and Steve Magness.

Subscribe to Surgical Hot Topics via your favorite podcast app, or find the episodes at **sts.org/podcast**. Social media postings about the series will include the hashtag #BeYourBestSelf.

SCAN ME

Scan the QR code for a list of podcast episodes.

Member News

Lui Promoted at Stanford

Natalie S. Lui, MD, recently was appointed associate medical director for surgical services as part of the cancer destination service line (DSL) at Stanford Health Care in California. She will work collaboratively with cancer DSL leadership and key stakeholders throughout Stanford Medicine to ensure consistent representation of surgical oncology. Dr. Lui also is an assistant professor of cardiothoracic surgery at Stanford University. She has been an STS member since 2014.

Han Honored for Exceptional Patient Care

Jason J. Han, MD, received the Don Liu Humanism Hero in Surgery Award from Penn Medicine in Philadelphia, Pennsylvania. This award recognizes a member of the Penn surgical staff who exhibits compassion and sensitivity in the care of the surgical patient in a collegial, collaborative, selfless, and ethical manner. Dr. Han was selected by the chairman and vice chair of education based on peer and faculty nominations. He has been an STS member since 2018.

Thompson Is President at Nebraska Heart

Richard B. Thompson, MD, MBA, took over as president of CHI Health Nebraska Heart in Lincoln. In addition to this new leadership role, he will serve as a cardiothoracic surgeon, specializing in complex coronary revascularization, advanced surgical therapy for heart failure, and robotic lung surgery. Previously, Dr. Thompson worked at Bryan Heart in Lincoln, Nebraska. He has been an STS member since 2010.

Hoff Moves to Miami

Steven J. Hoff, MD, has joined the Miami Cardiac & Vascular Institute in Florida. Previously, he served as chief of cardiothoracic surgery at Orlando Regional Medical Center and associate professor of surgery at the University of Central Florida College of Medicine in Orlando. Dr. Hoff also was part of the team at the Orlando Health Heart & Vascular Institute. He has been an STS member since 2000.

Steliga Is Named Endowed Chair

Matthew A. Steliga, MD, has been named the Kent Westbrook Distinguished Chair in Surgical Oncology at the University of Arkansas for Medical Sciences (UAMS)-Rockefeller Cancer Institute in Little Rock. Dr. Steliga—the division chief of thoracic surgery at the University of Arkansas and professor of surgery—led the development of the UAMS lung cancer screening and integrated tobacco cessation programs, and he is involved in the development of the UAMS mobile lung screening program. Dr. Steliga also will continue to serve as associate program director for the UAMS Surgery Residency Program. He has been an STS member since 2010.

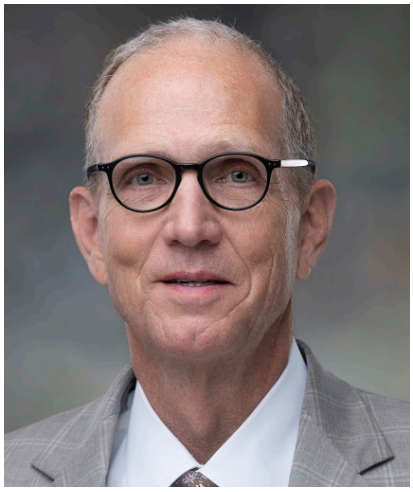
Kaneko Leads Cardiac Surgery at WashUMed

Tsuyoshi Kaneko, MD, has been named the Shoenberg Professor and chief of cardiac surgery at Washington University School of Medicine and Barnes-Jewish Hospital, both in St. Louis, Missouri. He previously worked as surgical director of the Structural Heart Program at the Brigham and Women's Hospital and associate professor in surgery at Harvard Medical School in Boston, Massachusetts. An STS member since 2014, Dr. Kaneko chairs the STS/ACC TVT Research and Publications Subcommittee and is vice chair of the STS Workforce on Technology and Innovation.

Argote-Greene Begins Position in Florida

Luis M. Argote-Greene, MD, is the new regional director of thoracic and esophageal surgery at the Cleveland Clinic Indian River Hospital in Vero Beach, Florida. Most recently, he was a thoracic surgeon with University Hospitals and clinical assistant professor at Case Western Reserve University, both in Cleveland, Ohio. Dr. Argote-Greene has been an STS member since 2011.

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



Our Response to the Noise

John H. Calhoon, MD

"We can remind ourselves how fortunate we are to be cardiothoracic surgeons with the opportunity to make a difference each day."

As we emerge from the pandemic, it is fascinating to see how much has changed.

Expectations of a return to normal just don't seem possible. Although some things may be better, other daily experiences clearly are not. To me, one thing has become much worse: the relentless barrage of trivial and misleading information and negative news and commentary. The endless accusations of one faction's bias or maltreatment of the other are difficult to reconcile. Without self-control, this societal noise could wear one out.

To avoid these traps, we can remind ourselves how fortunate we are to be cardiothoracic surgeons with the opportunity to make a difference each day in the lives of our patients and their families. Gratitude for my family and friends, and for the many gifts offered by this world, this country, and my community, are a great comfort to me.

Nonetheless, the seemingly ever-increasing loss of stability and predictability impacts our ability to effectively manage our lives, both at work and at home. It is all too easy as a surgeon to thrive on the illusion of stability, predictably, and control.

With time, I have come to realize the significance of this illusion. The only thing we can control is our response to the noise. Reminding myself of this has helped me be less stressed and more relaxed. Have I experienced burnout? Yes. However, taking the time to occasionally relax and recharge is the best way to manage stress and aim for a bit of balance.

Throughout my career, I have turned to senior surgeons—all of whom gave back to our specialty via volunteer work with STS and other organizations—for support and guidance. It is those surgeons and STS that have helped our specialty evolve tremendously since my days as a resident and early career surgeon. Many technologies and techniques that are common today did not exist then.

STS has been and continues to be steadfast as a leader in providing hands-on education for thoracoscopic techniques, mitral valve knowledge, TAVR, and so much more. For many of us, STS has played an important role in strengthening our skills and abilities as surgeons and leaders.

An array of STS education programs and services—including in-person meetings, webinars, on-demand content, and the *STS Cardiothoracic Surgery E-Book*—provide members access to the latest science and best practices. The Society also provides special opportunities for residents and early career surgeons to connect with peers and mentors, participate in hands-on training, develop leadership skills with renowned faculty, and participate in STS governance to advance the interests of the specialty.

But STS is so much more. It is a catalyst for advances in CT surgery that help surgeons provide the highest quality care and deliver the best patient outcomes. The STS National Database and accompanying research and quality initiatives help drive cardiothoracic surgery innovation and safety.

Hospitals and health systems depend on our data to strengthen their performance. Industry uses them to design and improve next generation devices and therapeutics. Data-driven research powers *The Annals of Thoracic Surgery*, the largest and most read journal in our specialty (congratulations to Dr. Jo Chikwe and her editorial and administrative teams!). And research is the basis for STS's leadership in guideline development.

Most importantly, STS is the only organization engaged in public policy advocacy for cardiothoracic surgeons and the patients, institutions, and communities we serve. STS-PAC is a political action committee in Washington, DC, that exclusively represents the specialty.

Let me close by asking each of you: Are you unlocking the full value of your STS membership?

Here are five things you can do to become more engaged and give back to the profession:

1. Attend—in person—STS 2023, our 59th Annual Meeting in San Diego (see page 11)
2. Submit an abstract for a presentation at an upcoming STS meeting
3. Contribute an article to *The Annals* or *Annals Short Reports*
4. Donate to STS-PAC and develop a relationship with your member of Congress
5. Volunteer to serve as a mentor for a younger surgeon or join an STS Workforce or Task Force

Details about these opportunities can be found at **sts.org**.

More to come, John. ■

Imaging Tools Underscore How CAD Looks Different in Women

▶▶ CONTINUED FROM COVER

In the invasive realm, historically, catheter-guided wire-based testing has provided measurements of CFR and microcirculatory resistance. But noninvasive methods, including cardiac magnetic resonance, Doppler ultrasound, and—the current gold standard—positron emission tomography, are revealing just how prevalent coronary microvascular dysfunction is in patients with angina or signs of ischemia.

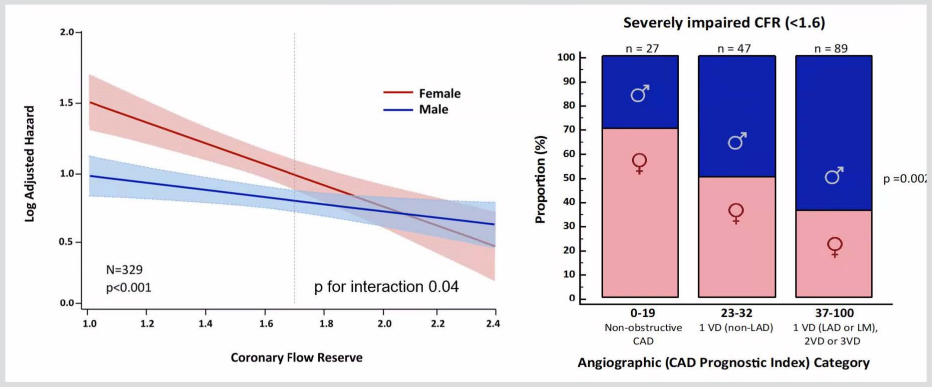
Data from more angiography studies demonstrated that just under half of the patients had no obstructive disease. "And these were evaluated quite objectively, using fractional flow reserve normal values above 0.8," Dr. Taqueti explained.

But from that group, a large majority—76% to 89%—had some evidence of objective coronary vasomotor dysfunction on testing.

"The vast majority of these had coronary microvascular dysfunction, with a minority having pure vasospasm," said Dr. Taqueti. "This is important because we know that impaired flow reserves—that can certainly be manifestations of coronary microvascular disease—are associated with worse outcomes in terms of cardiac mortality in our patients."

More revelations come with observational data that span multiple research centers: Even in patients with no obvious obstructive lesions or inducible ischemia on stress testing, impaired CFR is independently associated with major adverse events.

In those with significant obstructive CAD, CFR also modifies the outcome of coronary revascularization procedures, especially coronary artery bypass grafting (CABG), Dr. Taqueti pointed out. With long-term cardiovascular outcomes, patients with a severely reduced CFR who underwent CABG did as well as those with a preserved CFR to begin with (adjusted p for interaction = 0.03), suggesting that impaired CFR may serve as a marker for CABG benefit akin to diabetes or SYNTAX score, said Dr. Taqueti.



▶ **When severely impaired, coronary flow reserve is even more prognostically significant in women—and may be as useful of a marker for CABG benefit as diabetes or SYNTAX score.**

In women, severely impaired CFR appears to be even more prognostically significant. "You can see the divergence of the hazard for men and women with a significant interaction for sex as CFR values fall substantially below 2," Dr. Taqueti explained. "Women appear to fare even worse at the very low range of CFR despite the fact that, when you look at anatomic findings, they are much less likely to have multivessel obstructive disease. In contrast, men were much more likely to have impaired CFR in the presence of multivessel disease—perhaps explaining their impaired flow reserves."

Dr. Taqueti encouraged physicians to consider how these factors reframe their approach to understanding CAD, and to emphasize appropriate diagnostic testing to identify risk, which can help to curb repeated conventional testing in patients at low risk.

These recommendations were presented as part of the STS Coronary Conference this summer, in a session devoted to noninvasive diagnostic techniques for evaluation of high-risk ischemic heart disease. The conference united faculty and attendees from 18 countries with a multidisciplinary approach.

Course director Marc Ruel, MD, MPH, who serves as STS Canadian Director, touted the camaraderie displayed by participants of all backgrounds. "Surgeons have to be the top experts at understanding the very reason why they operate—or not—on a patient," Dr. Ruel said. "It comes down to much more than 'I can do this,'; rather, it should be 'It is a good idea to be doing this for the patient, and I have the skills to do it.' The Coronary Conference aimed to achieve this: Expert knowledge and skills in the huge, knowledge-intensive area of coronary surgery."

Strong surgeons need strong cardiologists, anesthesiologists, radiologists, and other experts, Dr. Ruel said. "This is why we made the Coronary Conference so multidisciplinary and team-based, with a focus both on advanced practical knowledge and on advanced technical skills."

"We need to understand microvascular disease in order to better treat ischemia in both women and men," Dr. Taqueti added. "Coronary microvasculature represents an exciting new frontier in cardiovascular disease reduction, and the future is pointing toward a role for coronary microcirculation in macrovessel disease prognosis. That's something we need to think about in all our practices." ■

MOST COMPLETELY RESECTED PATIENTS RECUR OR DIE WITHIN 5 YEARS[1]

CAN WE DO MORE

Despite successful surgery, rates of disease recurrence are high in resectable NSCLC[1]

Recurrence or death within 5 years after surgery[1*†]:

- **45%** (n=1371) Stage 1B
- **62%** (n=1616) Stage 2
- **76%‡** (n=1247) Stage 3

EGFR MUTATION TESTING IS GUIDELINE-RECOMMENDED IN YOUR PATIENTS WITH RESECTABLE STAGE IB-IIIA NSCLC. THE ONLY WAY TO KNOW EGFR MUTATION STATUS IS TO TEST FOR IT.[2] DISCOVER HOW AT PostResectionPlan.com

*Based on Pignon et al (2008), a pooled clinical analysis of postoperative cisplatin-based chemotherapy vs no chemotherapy or cisplatin-based chemotherapy plus postoperative radiotherapy (administered sequentially) vs postoperative radiotherapy alone in 4584 patients with completely resected NSCLC.[1]

†In a separate study, the 2016 IASLC database shows that 5-year survival rates in NSCLC are as follows: stage I, 68-92%; stage II, 53-60%; stage III, 13-36%; stage IV, 0-10%.[3]

‡In stage III resectable patients.

EGFR, epidermal growth factor receptor; IASLC, International Association for the Study of Lung Cancer; NSCLC, non-small cell lung cancer.

References: 1. Pignon JP, Tribodet H, Scagliotti GV, et al; LACE Collaborative Group. Lung Adjuvant Cisplatin Evaluation: a pooled analysis by the LACE Collaborative Group. *J Clin Oncol.* 2008;26(21):3552-3559. **2.** Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Non-Small Cell Lung Cancer V.6.2021. ©National Comprehensive Cancer Network, Inc. 2021. All rights reserved. Accessed September 30, 2021. To view the most recent and complete version of the guideline, go online to NCCN.org. NCCN makes no warranties of any kind whatsoever regarding their content, use or application and disclaims any responsibility for their application or use in any way. **3.** Goldstraw P, Chansky K, Crowley J, et al; IASLC. The IASLC Lung Cancer Staging Project: proposals for revision of the TNM stage groupings in the forthcoming (eighth) edition of the TNM classification for lung cancer. *J Thorac Oncol.* 2016;11(1):39-51.

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The Annals Is Wasting No Time to 'Develop Content Our Readers Want'

Just 10 months ago, Joanna Chikwe, MD, FRCS, from Cedars-Sinai Medical Center in Los Angeles, California, took over as Editor-in-Chief of *The Annals of Thoracic Surgery*, and already, the new leadership and ambitious agenda are paying off.

The Annals is being touted as the most cited and read journal in the specialty, with a record-breaking 5.102 impact factor; the editorial board has been expanded to include new senior editor positions, teams of statistical and digital editors, and additional content experts (see next page); and the digital companion journal *Annals Short Reports* was successfully launched.

But there is much more important work to be done, including the expansion and strengthening of the digital footprint—an undertaking that is especially important to Dr. Chikwe, as reflected in some of the early changes to the journal.

Dr. Chikwe recognizes that digital content offers immediacy, versatility, and reach—key considerations as readers make new demands and the quality and accessibility of technologies improve. "Digital platforms have taken us from reading print newspapers and magazines with yesterday's news to real-time multimedia content on our phones and computers. The best academic journals are leveraging that," she said.

Right now, more content is being published than in recent years, and physicians are consuming it very differently. Recent research from an industry publication found that only 34% of physicians preferred to receive information about clinical trials through traditional sources such as print media, compared to 40% who chose a combination of print and digital. In addition, 26% of physicians indicated that in "the future" they would not have time for print at all.

But reaching busy audiences with scientific news is about more than just putting existing print content online in a digital format. Readers are looking for formats that are easier to digest, as well as more visual and more engaging. So, it's important to build in as many mechanisms of engagement as possible to give them multiple ways to access the information and cut through the noise.

Understanding this, Dr. Chikwe and the expanded editorial board are carefully considering how *The Annals* should adapt content for the evolving and growing online world.

The digital future of *The Annals* is full of promise, according to Dr. Chikwe. Plans include not only providing subscribers with the opportunity to receive weekly content tailored to their specific interests, but also changing how it fosters exchanges with the audience.

With the addition of several digital editors to the *Annals* editorial board, readers can expect to see new content types that help them access and engage with the latest research. This modern multimedia—including educational videos, visual abstracts, infographics, and tweetorials—will highlight various original articles and editorials from the journal, be shared online, and posted daily on social media.

"We are working to develop content our readers want—content that encompasses high-impact science, expert reviews, consensus documents, and quality videos, and in the way they want it," Dr. Chikwe said.

"Timely, relevant content is key to real engagement, particularly if we can offer readers and authors ways to immediately comment on and share our digital content."

However, the printed journal will not be forgotten, according to Dr. Chikwe. *The Annals* team plans on improving the print experience of the journal as well, perhaps moving from large issues featuring more than 100 articles to a more appealing format—slimmer and more frequent, with an even higher-quality graphical design.

The most important goal, though, is ensuring *The Annals* stays the first choice for research and education that informs cardiothoracic surgery, Dr. Chikwe explained. "We will work to guarantee you have a great journal that features an impressive breadth and depth of high-quality research, innovation, and education. You will want to read it every day, and it may even change your practice and your thinking."

Stay informed about the latest *Annals* news at **annalsthoracicsurgery.org**. ■

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STS 2023 Will Reconnect the CT Community in San Diego

After 2 years of virtual-only Annual Meetings, STS is bringing the cardiothoracic surgery community back together for never-before-seen science, hands-on demonstrations, virtual OR experiences, industry showcases, and thought-provoking keynote lectures. STS 2023 will take place January 21–23, at the San Diego Convention Center.

"There isn't an STS Annual Meeting that I don't walk away from having learned something new, thought about something differently, or gained a unique perspective about how another surgeon or institution is tackling a problem," said S. Adil Husain, MD, Chair of the STS Workforce on Annual Meeting. "Being together face to face creates organic conversations and opportunities to learn from one another, as well as allows us to find joy, excitement, and commonalities in terms of challenges and successes we have as cardiothoracic surgeons."

For those who can't travel to San Diego—or for those who want to do more with their in-person registration—a new option, Plenary Livestream-Plus, will allow registrants to livestream the President's Address and the Thomas B. Ferguson, Vivien T. Thomas, and C. Walton Lillehei Lectures from anywhere onsite or across the globe. Plenary Livestream-Plus also gives participants access to all session recordings within 48 hours of presentation.

Early registration guarantees a place—and the best choice of hotel rooms—at the most highly anticipated cardiothoracic surgery event in the world. Registration now is under way at **sts.org/annualmeeting**.

New Award Will Honor Extraordinary Women in CT Surgery

Nominations currently are being accepted for the inaugural Extraordinary Women in Cardiothoracic Surgery Award, which is co-sponsored by STS and Women in Thoracic Surgery.

This honor will recognize outstanding women cardiothoracic surgeons who achieve excellence in clinical practice. Nominees also should exemplify one or more of the following characteristics:

- Selfless leadership in cardiothoracic surgery
- Mentorship/sponsorship of others in the specialty
- Exceptional advocacy on behalf of cardiothoracic surgery, the patient population, or fellow surgeons/trainees
- Integrity, innovation, creativity, and expertise in carrying out day-to-day professional responsibilities

The Extraordinary Women in Cardiothoracic Surgery Award will be presented live during STS 2023 in January. Nominations are being accepted through October 21.

For more information, visit **sts.org/extraordinarywomen**.

STS Traveled to Milan for EACTS Meeting

The Society had an important presence at the European Association for Cardio-Thoracic Surgery (EACTS) Annual Meeting in Milan, Italy, in October.

STS President John H. Calhoon, MD, met with colleagues from around the world, while other surgeon leaders gave presentations during the meeting. STS staff also promoted the benefits of STS membership at a booth in the Exhibit Hall.

Dynamic Event Featured CVT Critical Care and ERAS Techniques, Strategies

▶ **Thomas Knapp, from the University of Central Florida College of Medicine in Orlando, received the Best Overall Poster honor.**

The multifaceted nature of cardiovascular and thoracic (CVT) critical care cases was the focus of the 19th Annual Perioperative and Critical Care Conference, held September 8–10, in Denver, Colorado.

More than 150 cardiothoracic surgeons, cardiologists, anesthesiologists, nurses, perfusionists, and other medical professionals learned about new concepts, management protocols, and clinical experiences from a multidisciplinary faculty. In addition, Ronald M. Stewart, MD, from the University of Texas Health Science Center at San Antonio, delivered the special keynote address, "Team Management Through Crisis: Firearm Injury Prevention Initiative from the American College of Surgeons Committee on Trauma."

"For our first in-person meeting in 2 years, it was great to meet with a very engaged and interested group," said Rakesh C. Arora, MD, PhD, one of the program directors. "Participation in every session was outstanding: the level of talks, the questions being asked, the conversations in-between. We had great science and breakout sessions, and meeting old friends again was a real treat."

Thomas Knapp, a third-year medical student from the University of Central Florida College of Medicine in Orlando, received the Best Overall Poster honor for his presentation, "Dexmedetomidine Withdrawal in Pediatric Cardiac ICU Patients: A Systematic Review and Meta-Analysis."

▶ **More than 150 attendees gathered in Denver, Colorado, for the Perioperative and Critical Care Conference.**

He shared how much he enjoyed the hands-on sessions, especially the "ECMO 101" session. "I was really excited because it was smaller groups and very visual, which appealed to me. I appreciated the intimacy of the sessions and that the conference was niche."

The meeting content will be available for purchase this month through the STS Learning Center. More information is available at **sts.org/criticalcare**.

World-Class Faculty Will Headline Latin America Conference

Featuring interactive panel discussions, original scientific abstracts, and hands-on courses, the 2022 STS/EACTS Latin America Cardiovascular Surgery Conference takes place December 1–3, in Cartagena, Colombia.

The conference is an exceptional opportunity to explore the latest developments and best practices in coronary artery disease, congenital heart disease, thoracic aortic disease, atrial fibrillation, and the surgical management of heart failure. The final day of the conference will showcase industry-sponsored workshops that demonstrate mitral, tricuspid, and aortic valve repair, as well as valve sparing and the Ross procedure.

"The Latin America Cardiovascular Surgery Conference this year will be a remarkable event as surgeons from South America, Europe, and North America come together to disseminate knowledge and learn from each other," said program committee member Vinod H. Thourani, MD. "We will discuss cases, listen to didactic lectures, and watch videos about the best practices for adult cardiac, congenital, and heart failure surgery. I encourage you to attend this don't-miss event."

For more information, visit **sts.org/latam**.

Health Policy Scholar Has Vision for Lung Health in Pacific Islands

Thoracic surgeon Taryne Imai, MD, is the recipient of the 2022 STS/ACS Health Policy Scholarship, an award that enables a member surgeon to attend the intensive course "Leadership Program in Health Policy Management" at Brandeis University's Heller School in Waltham, Massachusetts.

With the award, sponsored jointly by STS and the American College of Surgeons, Dr. Imai took the next step in realizing her vision to elevate thoracic oncology care in her native Hawaii and the entire Pacific Basin.

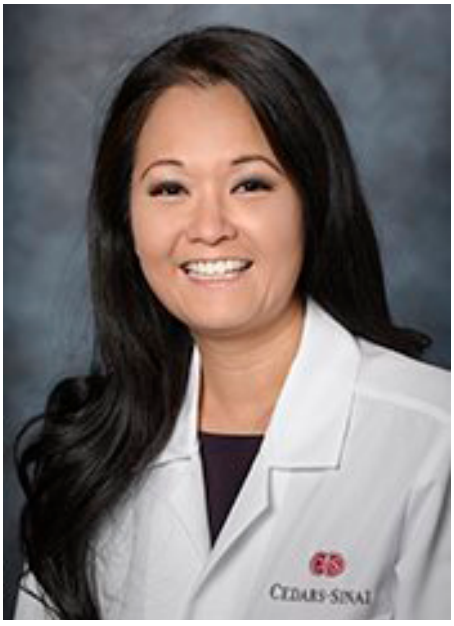
"The learning experience was extraordinary and exactly what I needed to prepare me for my new leadership position," said Dr. Imai. "Setting an intention-to not just react, but to make a change, in one of the most disparate regions of the world-really resonated with me and drives my vision for Hawaii and the Pacific."

Hawaii currently ranks "at the bottom" for detection of early lung cancer, Dr. Imai said, and has one of the longest delays—8 to 10 weeks—from detection to treatment. In addition, exposures unique to the region, including radiation exposure from bomb testing and the effects of volcanic ash, leave Hawaiian residents at particular cancer risk. Dr. Imai, from the Queen's Health System in Honolulu, Hawaii, aims to tackle these challenges with the help of the skills she gained at the leadership course.

As director of the thoracic surgery program encompassing the state of Hawaii and the 14 countries in the Pacific Island Countries Network, Dr. Imai said that she feels confident in her clinical, education, and leadership experience, but that she perceived a gap in her foundational understanding of health policy. This is where the Health Policy Scholarship and the leadership course will prepare her for her colossal undertaking.

"In order to maximize impact, reaching as many patients as possible, our programs need to extend beyond the walls of the hospital institution," said Dr. Imai. "Partnering with our community non-profit groups, the Department of Health, and the State legislature to develop outreach programs will enable us to increase awareness and bring lung cancer care to everyone in the region."

The Pacific Basin needs screening and outreach programs that not only align with the cultural values of the region, but that also have a far reach, given its vast geography, said Dr. Imai. She also wants to expand the availability of robotic navigational bronchoscopy, which will increase access to biopsy. She envisions a system that, rather than requiring patients to fly multiple times to Honolulu for their lung cancer workups, allows them to undergo biopsy for suspicious nodules, mediastinal staging, and robotic resection under one round of anesthesia.



▶ **Dr. Imai is the director of the thoracic surgery program for the Queen's Health System in Honolulu, Hawaii.**

"Strategic thinking in developing programs within the challenging landscape of the Pacific is a skill that I needed to apply immediately," said Dr. Imai. "I am grateful for the scholarship and the opportunity to attend the course."

As a scholarship recipient, Dr. Imai will be appointed to serve a 3-year term on the STS Workforce on Health Policy, Reform, and Advocacy, starting in January 2023.

Applications for the 2023 scholarship will be accepted early next year. Applicants must be members of both STS and ACS and between the ages of 30 and 55. The Thoracic Surgery Foundation (TSF) also offers the Alley-Sheridan Scholarship, which partially covers the cost of attending the health policy course; these applications will open in early 2023 as well.

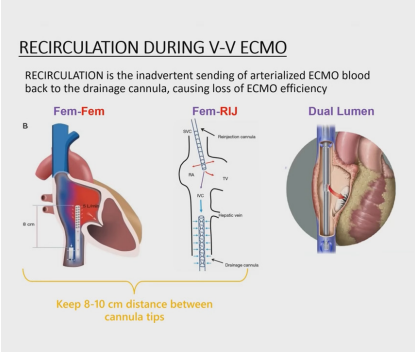
For more information, visit **sts.org/healthpolicyscholarship**. To learn about the Alley-Sheridan and other TSF scholarships, visit **thoracicsurgeryfoundation.org/awards**.

8 in 8 Series

8 in 8s Provide Quick Tips for Hypoxemia, Reimbursement, Epicardial Pacing, and More

The STS 8 in 8 Series is a collection of expert-presented videos that offer clear, concise explanations of cardiothoracic surgery topics—each features just 8 slides and is approximately 8 minutes long.

The newest videos cover hypoxemia during VV ECMO, academic promotion for advanced practice providers, post-cardiotomy temporary epicardial pacing in the ICU, surgeon reimbursement, and tracheostomy techniques.



▶ **This 8 in 8 video identifies contributors to hypoxemia during VV-ECMO support, including cannula recirculation.**

The series is available at **sts.org/8in8** and on the STS YouTube channel, **ThoracicSurgeons**.

Webinar Challenges Teams to Prepare for Post-Surgical Arrest

In the event of a sudden cardiac arrest after surgery, everyone on the perioperative team needs to know their roles and act fast. A recent installment of the STS Webinar Series teaches teams to establish a protocol that everyone can follow. In "Arrest after Cardiac Surgery: Is Your Team Ready?," an expert panel demonstrates how to implement Cardiac Surgery Advanced Life Support protocols and their utility in failure-to-rescue algorithms. The free webinar is available to watch now at **sts.org/videos**.

Now Is the Time to Send Data Managers to AQO

Surgeons are encouraged to register their data management teams for the 2022 Advances in Quality Outcomes (AQO): A Data Managers Meeting, October 26–28 in Providence, Rhode Island. Registrants can choose one or multiple in-person tracks—for the Adult Cardiac, Congenital, General Thoracic, and/or Intermacs/Pedimacs Databases—or choose a virtual pass to get access to digital content. STS members, including non-physician associate members, save even more. Details are available at **sts.org/aqo.**

Blog Curates Conversations for Aspiring Surgeons

The Aspiring CT Surgeons Blog launched to much celebration, providing a space for trainees to openly reflect on their experiences and share ideas to help each other navigate the troubles and triumphs of medical school, residency, fellowship, and beyond. New articles—which offer viewpoints from a diverse range of backgrounds and stages of training—are added regularly. The first few articles detail coping with complications, feeding the joy, and finding your own way to the operating room.

- Coping with Complications in Cardiothoracic Surgery: How Do We Grow as Trainees? By Linda Schulte, MD
- The Scenic Route to Cardiothoracic Surgery By Mahnoor Imran, MD
- Feed the Joy By Anna Olds, MD

Visit **sts.org/aspiringctsurgeons**, and carry on the discussion via social media with #aspiringctsurgeons. If you are interested in writing an article for the blog, email **communications@sts.org**.

Generations of CT Surgeons Embody Continuity, Evolution of the Specialty

Whether they were called to the specialty by heritage or by destiny, these parent-child duos represent the evolving arena of cardiothoracic surgery in real time.

Surender Reddy Neravetla, MD, and Soumya Reddy Neravetla, MD

At Springfield Regional Medical Center in Ohio, Surender Reddy Neravetla, MD, has earned accolades for his more than 10,000 valve repairs, beating-heart surgeries, and minimally invasive lung resections, as well as a most distinctive trophy: King of Dad Jokes.

▶ **Dr. Surender Neravetla's daughter, Dr. Soumya Neravetla, shares her father's passion for preventative education and community outreach.**

Despite Dr. Neravetla encouraging his daughter, Soumya Reddy Neravetla, MD, to try out different career paths, Soumya found herself gravitating time and again toward cardiothoracic surgery. And when veteran surgeon Lofton N. Misick, MD, left the Springfield center for a position in Texas in 2016, Soumya stepped in to take on some of the workload. The plan was to stay "for a little while."

She's still there. "I've been busy!" she said. "Launched a TAVR program and a lung screening program in Springfield. Met with the governor of Ohio about lung cancer. Served in multiple board positions with the Association of Physicians of Indian Origin (AAPI), Association of Telugu Medical Graduates of USA." She served as president of AAPI's young physician's section from 2021–2022, and she is currently the chair of the hospital's Cancer Committee and Department of Surgery.

The Drs. Neravetla may be the first father-daughter cardiothoracic surgeon pair to have operated as a team. Soumya referred to heart transplant pioneers, the late Norman E. Shumway, MD, PhD, and his daughter Sara J. Shumway, MD, who now serves as professor and vice chief of cardiothoracic surgery at the University of Minnesota Medical School in Minneapolis. "It's my understanding that the Shumways never worked together, but I believe she's the first daughter to follow her father in this path. Dr. (Vinod) Thourani once pointed out to me that we may be the first father-daughter duo to actually work together," Soumya said.

Clearly, a passion for preventative medicine and public health also runs in the family. The senior Dr. Neravetla is a longtime champion of bringing health education to underserved communities. He's the author of the 2012 book *Salt Kills* and its 2014 follow-up, *Salt: Black America's Silent Killer*, and he maintains a public blog on prevention issues, explaining current medical literature in plain language.

A grassroots advocate for the American Heart Association's positions on disease prevention, Dr. Surender Neravetla works with local health fairs and culture festivals, churches and social clubs, schools and city halls, lecturing and initiating vital conversations with the community.

"Cardiac surgery is going through a tough transition, largely due to the rapid growth of technology," the senior Dr. Neravetla said. "The patients under our care are at a later stage in the disease process; the surgeries and post-op care are increasingly complex. All the while, cardiac surgeons are facing increasing scrutiny. This poses significant difficulty for the younger surgeons—especially women—to get established and be respected in their field."

Dr. Soumya Neravetla says that she was surprised at just how deep the disparities run. "Even though you know about it, it's still surprising to see how dramatic the difference is for female surgeons in the real world."

She's also startled by the lack of awareness surrounding lung cancer, despite it being the number one cancer killer in men and women.

▶ **Dr. Soumya Neravetla says that she and her father are both calm but fun to work with in the OR. "My father, however, is the king of dad jokes—he has a trophy to prove it—resulting in my appropriate eye rolls."**

While she and her dad are both relatively quick-handed, "my father is one of the fastest surgeons you'll ever see," said Soumya. "On the other hand, I'm known for my small incisions, and though we both do a broad range of open and robotic surgeries, the endovascular space is my playground."

As she monitors technologies in cardiac, vascular, and thoracic applications, Dr. Soumya Neravetla spearheads lung cancer screening

and awareness in Dayton, serving on the Ohio Partners for Cancer Control lung committee. Her team also is preparing to launch another TAVR program at Kettering Health Dayton in Ohio.

"It's always exciting to develop a program from infancy and watch it mature," she said.

Undoubtedly, her dad feels that, to a superb degree, about his daughter.

Richard M. Engelman, MD, and Daniel T. Engelman, MD

In 1968, when Richard M. Engelman, MD, was a resident at New York University, coronary artery bypass grafting (CABG) was in its infancy. Patients remained intubated for at least a day, were on mandatory bedrest for a minimum of 48 hours, and didn't begin rehabilitation—which involved only limited ambulation—until 72 hours later.

"Discharge was routinely 1 to 2 weeks after surgery, and patients were encouraged to remain sedentary for the next 4 to 6 weeks," Dr. Engelman said. "These practices remained the standard for cardiac surgical perioperative care for decades, and morbidity following surgery was not inconsequential."

With increased evidence supporting the success of mindful perioperative care, Dr. Engelman formed a team to introduce the "Fast-Track" approach to cardiac recovery in the early 1990s. This method involved a coordinator-led multidisciplinary team, who paid close attention to intravenous fluid intake, controlling atrial arrythmias, normalizing gut function, and getting patients quickly up and walking.

▶ **Since stepping down from his role as head of cardiac surgery, the elder Dr. Engelman continues to serve as chief of cardiac surgical research—and as his son's colleague—at Baystate.**

▶ **The senior Dr. Engelman (right) pioneered "Fast-Track" recovery after surgery, and his son Daniel continued to advance perioperative care through the ERAS Cardiac Society.**

Fast-Track dramatically reduced extubation times, ICU stays, and overall time in the hospital, all with improved outcomes for the patient.

Richard's son, Daniel T. Engelman, MD, picked up the torch in 1999, when he became a Board-certified surgeon after graduating from Brigham and Women's Hospital in Boston, Massachusetts.

"As my career progressed, I noticed waning interest in the Fast-Track protocols popularized by my father, coincident with increasing provider concern about patient-reported outcomes and the costs associated with care," the younger Dr. Engelman said.

Changes in cardiac and surgical training and practice patterns—as well as improvements in percutaneous techniques—led to increased emphasis on reducing delays between patient evaluation and surgical procedures, explained Dr. Daniel Engelman. "Perioperative optimization was at odds with this new urgency."

Enter enhanced recovery after surgery (ERAS). After examining the successful outcomes surgeons and patients were enjoying in other specialties, Dr. Engelman put it to use within cardiac surgery. In 2017, he and a group of likeminded surgeons founded the nonprofit ERAS Cardiac Society.

"The national and international interest was tremendous," he said. "A few early studies were simultaneously being conducted outlining enhanced recovery protocols demonstrating improved outcomes within our specialty. What was old was new again."

Both Drs. Engelman served as authors of the 2019 Guidelines for Perioperative Care in Cardiac Surgery, which are the first of their kind. They've been downloaded more than 260,000 times.

"The field continues to evolve throughout the years in ways we couldn't even imagine when I started my career, and I'm thrilled to be able to witness it through Dan's achievements," said the elder Dr. Engelman.

Meanwhile, although he's retired from operating, he continues to work each day at Baystate Medical Center in Springfield, Massachusetts, as chief of cardiac surgical research. "I also continue to enjoy time with my wife, Jane, of 62 years, and spend time on the golf course with kids and grandkids!" ■

If you know of a unique member experience that should be featured in *STS News*, contact stsnews@sts.org.

CT Surgery Giant Inspires New Award

▶ **Douglas J. Mathisen, MD, was honored with an STS/TSF fellowship award in his name.**

Douglas J. Mathisen, MD, is a giant in every sense of the word—a giant in his professional career as a master surgeon, a giant in education, and perhaps most significantly, a giant as a mentor and role model.

There are few practicing cardiothoracic surgeons today who have not been touched in a meaningful way by the powerful influence of Dr. Mathisen, said Douglas E. Wood, MD, from the University of Washington in Seattle, about his longtime friend and colleague.

"Dr. Mathisen is an incredible physical presence, easily found in a crowd, standing a head taller than everyone else. His hand engulfs one with a welcoming handshake accompanied by a warm smile," said Dr. Wood. "The true measure of this giant is the enormous personal and professional respect that he holds from his peers for his integrity and generosity."

Dr. Mathisen—STS Past President and former Historian—trained in general surgery and cardiothoracic surgery at Massachusetts General Hospital (MGH) in Boston, where he has remained for almost all of his extraordinary career.

It is not difficult to recognize the Midwestern roots of Dr. Mathisen. His easygoing demeanor, common sense, humility, and perfectionism have had a profound effect on the specialty and thousands of patients.

"Dr. Mathisen has been a leader in almost every aspect of our profession, a voice for our specialty, a mentor to many, and a friend to all," said Thomas E. MacGillivray, MD, STS First Vice President, from MedStar Health in Washington, DC.

Dr. Mathisen was raised in the small town of Danville, Illinois, where his father was principal of the high school and his mother helped in her family's auto shop. He earned his undergraduate and medical degrees from the University of Illinois in Urbana-Champaign.

While growing up in Illinois, Dr. Mathisen was influenced by a surgeon in his hometown—Harlan English, MD. As a young boy, Dr. Mathisen was captivated by Dr. English's sense of humor and the image of him being completely in charge. From the first time Dr. Mathisen met him, all he ever wanted to be was a surgeon. In fact, through medical school and residency, Dr. Mathisen stopped in regularly to see Dr. English.

> **"Dr. Mathisen has been a leader in almost every aspect of our profession."**
> **Thomas E. MacGillivray, MD**

Over the years, Dr. Mathisen generously paid it forward. According to Dr. Wood, every MGH resident from the past 30 years likely would highlight Dr. Mathisen as one of their most important influences and an approachable senior colleague who helped shape their careers.

But his mentorship has extended far beyond Boston, as his wise advice and generous support are sought by junior and senior surgeons from around the US and world.

He has been a champion for literally several hundred aspiring surgeons: writing letters of support for society applications, advocating for positions on organizational committees and workforces, selecting volunteers to write board exam questions, and taking his personal time to vouch for early careerists professionally or coach them personally.

During his long, remarkable career, Dr. Mathisen has authored more than 240 peer-reviewed publications, 160 book chapters, and five books. Perhaps his largest contribution, though, has been in pushing forward thoracic oncology and airway surgery. With world-renowned thoracic surgeon Hermes C. Grillo, MD, Dr. Mathisen helped set the surgical indications, techniques, and outcomes for tracheal and bronchial surgery that have served as the foundation for airway surgery.

Dr. Mathisen also has made broad contributions in thoracic oncology: lung cancer, esophageal cancer, chest wall tumors, thymoma, and mesothelioma. Notably, he and his team were involved in tissue engineering research, building toward the ultimate goal of tracheal replacement.

A Distinguished Career Recognized

In recognition of his dedication to the specialty and its future, Dr. Mathisen recently was honored with a fellowship award in his name—the TSF/STS Douglas Mathisen Traveling Fellowship in General Thoracic Surgery.

This fellowship highlights Dr. Mathisen's commitment to refining the practice of cardiothoracic surgery, teaching innovative surgical skills, and advancing the careers of bright and motivated young surgeons, which is essential for the specialty to advance and thrive in the future.

The Mathisen Award will provide financial support for early career general thoracic surgeons from North America, and potentially Europe, to travel domestically or internationally to learn a new technique, adapt an innovative technology, and collaborate with surgical investigators to further the progress of general thoracic surgery at the recipients' home institutions.

"The fellowship in Dr. Mathisen's honor will be a lasting tribute to him by continuing his legacy as a champion of early career development and connecting colleagues from around the world," said Dr. MacGillivray.

Applications for the Douglas Mathisen Traveling Fellowship are expected to open in July 2023. In the meantime, fundraising to build the fellowship fund is under way. For more information on donating to this award, visit **thoracicsurgeryfoundation.org**. ■

Double Your Impact: Donate to TSF Today

The Thoracic Surgery Foundation (TSF)/STS Surgeon Match Challenge has begun, and—to date—$89,680 has been raised toward research, education, and philanthropic initiatives that advance cardiothoracic surgery.

For every dollar donated by surgeons during the challenge, STS will match contributions up to $200,000.

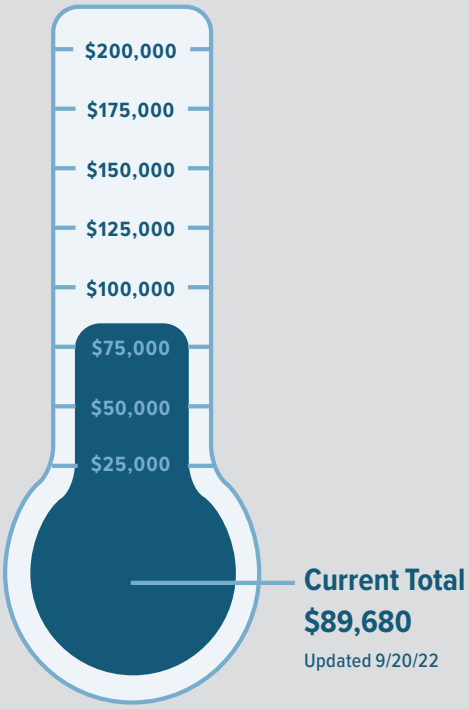
So far this year, the Society's charitable arm has awarded approximately $1.5 million in funding to support surgeon-scientists in cardiothoracic surgery.

Award recipients are investigating topics such as an ambulatory pulmonary assist system for end-stage lung disease, opioid use in thoracic surgery, and the role of mechanical load in heart failure. They're training with experts to learn new skills, including endovascular cardiac surgery, donation after circulatory death heart transplantation, and thoracoabdominal surgical approaches to treating aortic disease.

TSF also has funded lifesaving care for underserved patients in developing countries, including Uganda, Mozambique, Kenya, Nepal, and Nigeria.

In addition to matching surgeon donations, the Society covers all of TSF's administrative expenses so that 100% of each donation is applied to award programs. Plus, TSF donations are tax-deductible to the extent permitted by law.

If you have not given to the Foundation recently, consider a gift at this time when your donation will have double the impact. For more information, visit **thoracicsurgeryfoundation.org/donate**.



Medicare Reimbursement, Physician Shortage, Claims Data Are Front and Center during Advocacy Conference

More than 50 cardiothoracic surgeons, residents, and medical students participated in the Society's first in-person Advocacy Conference since 2019. STS members met with lawmakers to discuss several key issues of critical importance to STS members and their patients.

"The Advocacy Conference is really important for each and every one of us in STS—to get together with colleagues and discuss what is really important in our specialty and, more importantly, for our patients, so that we can make health care better," said Patrick T. Roughneen, MD, from UT Health Houston McGovern Medical School. "We are here together to talk with members of Congress, and they are very receptive to our voice."

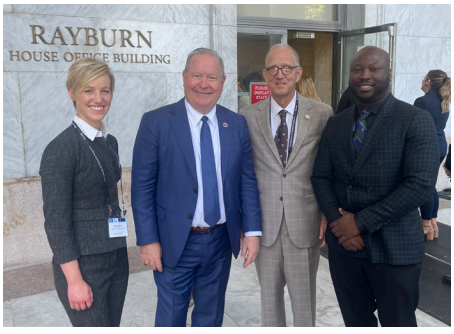
Participants connected with several legislative decision makers during the conference. In addition, STS President John H. Calhoon, MD, presented Rep. Kim Schrier, MD (D-WA), with the STS Legislator of the Year Award. Rep. Schrier discussed the physician workforce shortage and her continued efforts to help stall physician Medicare payment cuts.

▶ **Dr. Joseph Cleveland Jr. sits down with Rep. Jason Crow (D-CO) during the STS Advocacy Conference.**

"What we need is a permanent solution to Medicare reimbursement cuts," she said. "Every year, the payment cuts come up, and it always is a crisis at the end of the year. I happen to think this is a good time for doctors to make their case, as we are losing physicians to retirement and resignation. This is a moment to make a play for that permanent solution, and I'm working with my committee to help."

STS members also heard from Rep. Larry Bucshon, MD (R-IN), a cardiothoracic surgeon, and Rep. Mariannette Miller-Meeks, MD (R-IA), an ophthalmologist, who provided perspective about the current Congress and its focus for the remainder of 2022.

Reps. Bucshon and Miller-Meeks emphasized the importance of surgeon participation in advocacy and answered questions from participants. They explained their roles in temporarily halting Medicare reimbursement cuts for surgeons this year and their hopes to work with health care providers on a more permanent solution. Rep. Bucshon also discussed the bill he cosponsored with Rep. Schrier that would help registries like the STS National Database to facilitate innovation and quality improvement.



▶ **Dr. John Calhoon and fellow STS members met with Rep. Larry Bucshon (R-IN) and other members of Congress.**

During the conference, STS members met with House and Senate representatives in Congress and their staff, urging them to take action on three issues that are especially important to the specialty.

"It's a great experience to be in the city of Washington, DC, and connecting face to face with members of Congress and legislative assistants, talking about issues that help our specialty and our patients. There's nothing like it—a lot of energy," said Karen M. Kim, MD, from the University of Michigan in Ann Arbor.

Ask #1: Stop Medicare Reimbursement Cuts

The Centers for Medicare & Medicaid Services (CMS) has proposed to cut the Medicare conversion factor—the multiplier used to calculate the amount of Medicare payment using the relative value unit of a procedure or service—by 4.42%. Even worse, additional budget-related cuts will be layered on top starting in 2023. In addition, some estimates show the cost of running a medical practice has increased by 37% between 2001 and 2020. The startling reality is that, when adjusted for inflation in practice costs, Medicare physician pay actually declined 22% from 2001 to 2020.

Unless Congress steps in again, cardiothoracic surgeons could see Medicare payment cuts of up to 8.5% in 2023. Reductions of this magnitude represent a very real threat to the financial viability of clinical practices and could limit patient access to care.

Ask #2: Support Access to Claims Data

Medicare claims data, when linked with clinical outcomes data in registries such as the STS National Database, allow researchers to conduct longitudinal analyses to measure quality improvement and improve patient safety. Currently, regulatory barriers prevent registries from linking claims data with clinical outcomes data. In order to help improve quality of care and perform important research, registries need timely, cost-effective, and continuous access to these data.

Ask #3: Support the Resident Physician Shortage Reduction Act

A key factor impacting the shortage of physicians is the artificial cap placed on Medicare-supported graduate medical education (GME) positions. This bill would help mitigate the physician shortage by creating 14,000 new GME slots over 7 years.

In December 2020, Congress provided 1,000 new Medicare-supported GME positions—the first increase of its kind in nearly 25 years. While this is progress, more support is needed. The Resident Physician Shortage Reduction Act of 2021 is a step in the right direction.

▶ While walking over to meetings with members of Congress, Dr. Jennifer Romano and Dr. Karen Kim took a break in front of the Library of Congress.

Miss the STS Advocacy Conference? You Still Can Be Involved!

If you could not attend the STS Advocacy Conference, you still have a chance to meet with your federal representatives.

STS members are the most effective advocates for the specialty and patients; contact the STS Government Relations office at **advocacy@sts.org** or 202-787-1230 for help with setting up a meeting or site visit. ■

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Mark Your Calendar

Upcoming STS Educational Events

- **2022 Advances in Quality & Outcomes: A Data Managers Meeting**
  Providence, Rhode Island · Oct. 26–28, 2022
- **STS/EACTS/ESTS Latin America Thoracic Surgery Symposium: Pleuropulmonary Granulomatous Disease**
  Virtual · Oct. 28, 2022
- **STS/EACTS Latin America Cardiovascular Surgery Conference**
  Cartagena, Colombia · Dec. 1–3, 2022
- **STS 59th Annual Meeting**
  San Diego, California · Jan. 21–23, 2023

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