

Celebrate History and Look to the Future at the STS 50th Annual Meeting

In the fall of 1963, STS founders had a vision: to create a society that could serve as a forum for all practicing cardiothoracic surgeons to gather, share experiences, and exchange ideas.

Five decades later, their vision is alive and well, as thousands of cardiothoracic surgeons and allied health care professionals will gather in Orlando this coming January for the STS 50th Annual Meeting.

This celebration of the Society's golden anniversary will combine thought-provoking lectures with hands-on learning, networking opportunities, the chance to view the latest products in the specialty, and more. A variety of commemorative presentations and displays will mark this milestone year, making this meeting an event to remember.

"The Annual Meeting is a great opportunity for STS members to engage in the cutting-edge science, innovation, and new technology that impacts their everyday practices in cardiothoracic surgery," said STS President Douglas E. Wood, MD. "It's also a chance to connect with colleagues and friends from around the world. It's a special time to celebrate the international scope of the field of cardiothoracic surgery."

The Workforce on Annual Meeting has been hard at work reviewing the record-breaking 1,136 abstract submissions and putting together a program that will provide all members of the cardiothoracic surgery team with knowledge and skills that they can take back home and put to use right away.



STS leaders choose congenital heart surgery abstracts to be presented at the STS 50th Annual Meeting.

TRENDS IN ABSTRACT TOPICS

Workforce members mentioned several hot topics that will be covered during the parallel scientific sessions.

"The adult cardiac sessions will focus on a number of key topics, including a re-evaluation of the merits of off-pump coronary revascularization over on-pump, new sutureless valves for aortic valve surgery, updates on transcatheter aortic valve replacement and the management of type A aortic dissection, other catheter-based valve technologies, and much more," said Vinay Badhwar, MD, a member of the Program Task Force and Chair of the Workforce on Practice Management.

The general thoracic abstracts will highlight a number of new technologies and innovative techniques, along with an emphasis on data-driven clinical trials.

"Particularly in the lung cancer sessions, people will have an opportunity to hear about large multicenter clinical trials utilizing both neoadjuvant and adjuvant therapies that try to improve outcomes in lung cancer surgery," said K. Robert Shen, MD, a member of the Program and Tech-Con Task Forces.

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New Esophageal Cancer Guideline Available

STS has released a new clinical practice guideline to address current and changing factors that affect the diagnosis and treatment of localized esophageal cancer. The new clinical practice guideline, which focuses on diagnosis and staging, is the first in a series on esophageal cancer. It was published in the July issue of *The Annals of Thoracic Surgery* and is available at www.sts.org/guidelines.

"With the emergence of imaging modalities such as positron emission tomography (PET), results from clinical trials, and incorporation of minimally invasive surgical techniques into standard practice, the Workforce on Evidence Based Surgery and the Workforce on General Thoracic Surgery recognized the need for a series of esophageal cancer guidelines to help clinicians in practice," said Thomas K. Varghese Jr., MD, MS, a member of the Workforce on Evidence Based Surgery and lead author of the guideline. "Diagnosis and staging are critical steps in the decision-making process for selection of optimal therapy, and hence a natural fit for the first guideline in this series."

The new clinical practice guideline includes evidence-based recommendations for the use of computed tomography, PET, endoscopic ultrasound, endoscopic mucosal resection, and staging laparoscopy. ■



Recognizing CT Surgeons Who Make a Difference Outside of the OR

Douglas E. Wood, MD, President

It is hard to believe that the year is going by so quickly and that the 50th Anniversary Meeting is almost upon us. Throughout this year I have been impressed with the hard-working dedication of both the surgeon volunteers and STS staff in preparing for this special celebration of our society. From the perspective of most of us, the organization of the scientific sessions, Tech-Con, STS University, and the social functions surrounding the meeting appear to take place with ease and perfection, a little bit like watching NASA place a man on the moon. However, the complexity and logistics of putting on a major scientific meeting, particularly a major anniversary celebration, is not dissimilar to the complexities of a moon landing.

I cannot tell you how humbled and impressed I am as I have watched our surgeons and staff collaborate to organize a “once-in-a-lifetime” STS meeting. The Workforce on Annual Meeting, led by Dr. Tom Varghese, have reviewed a record number of abstract submissions and selected the best quality and most relevant papers to highlight the advances in our specialty. Damon Marquis, Director of Education and Member Services, and his staff do the important behind-the-scenes work of translating these abstract selections into a well-coordinated and meaningful 4-day program for our members.

The STS Marketing and Communications team, led by Natalie Boden, are planning diverse functions and displays to commemorate 50 years of STS history. We will be celebrating the founders who conceived and envisioned a specialty society that would be an inclusive home for cardiothoracic surgeons in the United States and Canada, as well as

important milestones in our specialty and our society over the past 5 decades.

Courtney Miller Donovan and her Meetings and Conventions staff have been working diligently to make all of the meeting details work like clockwork. Hotel rooms, meeting rooms, receptions, menus, audiovisual logistics, exhibits, and our special social functions require endless amounts of behind-the-scenes organization in order to make the meeting both fun and meaningful for our members and guests.

These are only a handful of the people who are working hard to make this year's meeting the best ever. I want to thank them for all of their hard work and encourage our members to make a special effort to attend this 50th anniversary meeting in Orlando. Believe me, it will be worth it! And I want to make a special invitation to our international members and their colleagues. STS has become an increasingly diverse international organization, and we plan to recognize and celebrate the contributions of our international members and the global scope of cardiothoracic surgery.

One of the things I have increasingly appreciated and recognized is the amount of service and community contributions that our members make even beyond the patients and hospitals that they serve professionally. Within this issue of STS News are inspiring stories of three of our members who are serving overseas in the military. In my view, Drs. d'Amato, Donahue, and Wright are everyday heroes in their selfless sacrifice to help our soldiers, and often local civilians, to survive injuries that would otherwise be life-changing or life-ending (see pages 12-13).

I would like to use our 50th Anniversary Meeting to recognize the tremendous contributions of our members to their communities outside of cardiothoracic surgery. I have been inspired and impressed by the heroic stories of cardiothoracic surgeons leading and making a difference, even beyond the practice of medicine; stories of service to our country in the armed forces, politics, advocacy; stories of leadership in local communities, volunteering to help those in need, mentoring children, students, and athletes; stories of selfless support and commitment to international relief and medical programs; stories of heroism that has changed communities and individuals for the better.

I would like to highlight these everyday stories of how cardiothoracic surgeons dedicate themselves to their community, their place of worship, and their country. I plan to discuss them in the 50th Anniversary Presidential Address and also provide an exhibit in the meeting hall that celebrates the everyday heroes that we count as our colleagues. Please use this link, www.sts.org/remarkable, to tell me about your own story or to tell me about a friend or colleague who you think is remarkable and who you think should have some recognition and acknowledgment by our peers.

Thank you for taking the time to showcase the ways cardiothoracic surgeons make a difference in their community and in the world. What better way to celebrate our golden anniversary in Orlando January 25-29, 2014? I look forward to seeing you there. ■

The Society's mission is to enhance the ability of cardiothoracic surgeons to provide the highest quality patient care through education, research, and advocacy.

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Are Physician-Owned Hospitals Dinosaurs from the Past or Models for Our Future?

Goya V. Raikar, MD | Medical Director of Cardiothoracic Surgery, Oklahoma Heart Hospital-South | Clinical Associate Professor of Surgery, University of Oklahoma Health Sciences | Oklahoma City, OK

There are currently 240 physician-owned hospitals in the United States. In this issue of Practice Management Pearls, Dr. Goya Raikar provides us with his view on the value of physician-owned hospitals and the efficiency of health care delivery. Since the introduction of the Affordable Care Act 3 years ago, we have seen sweeping changes to health care, focusing on efficient quality care and not pure quantity. Perhaps our nation's health care system still has something to learn from physician-managed entities.

Vinay Badhwar, MD | Chair, Workforce on Practice Management

The Affordable Care Act (ACA) passed in 2010 has had a profound effect on health care delivery. Specifically, section 6001 of the ACA has sought to limit the expansion of existing physician-owned hospitals, and there has been a moratorium on the construction of new specialty hospitals.

If we look at metrics for quality—including patient and family satisfaction, overall hospital care, prevention of complications, and readmissions—physician-owned hospitals perform at or better than their general care counterparts. Additionally, the administrative structure is leaner in physician-owned hospitals with higher employee involvement and satisfaction.

With the emphasis on evidence-based care and best practice criteria, comparing hospitals across different ownership models and geographic regions has become more feasible and necessary. In terms of profitability, physician-owned hospitals average a 25% profit margin, compared to 5-7% profit margins for general care hospitals.

The ACA has also tried to focus on value-based health care delivery by rewarding higher-performing centers—which, as it turns out, mostly happen to be physician-owned. According to recently released CMS data, nine of the top 10 and 48 of the top 100 performing value-based purchasing hospitals were physician-owned.

There may, of course, be several confounding factors to this data, including the need for general care hospitals to be the “safety net” for underinsured or uninsured patients. But physician-owned hospitals’ outperformance of general care hospitals is hard to ignore.

My earliest recollection of medicine was being in my father's office in a small town in Nebraska (population 1,280). He had a general practice, and the one-on-one daily interaction with patients and their families truly formed my view of how medicine and health care should be delivered. My bias, therefore, is to remove as many barriers between the physician and patient for efficient health care delivery.

I have been in practice for 14 years. Since finishing training, I have practiced in group practices and managed care settings until my recent move to Oklahoma Heart Hospital. Oklahoma Heart Hospital was formed in 2002 with the addition of Oklahoma Heart Hospital-South in 2010. It consists of 63 physician partners with a majority ownership and local hospital partners with minority ownership. In terms of clinical activity, we staffed 52 clinics and performed over 1,400 cardiac cases with five surgeons in 2012.

The challenges for health care delivery continue. Physician-hospital alignment, especially in specialty care, ultimately results in more efficient coordination of services. The more barriers and layers to physician involvement in our health care systems, the more the cost of health care rises.

As we contemplate the evolution of health care delivery in the United States from one based in private practice to an employment model, our delivery of specialty care is also changing. The debate may continue on whether physician ownership in hospitals is in the best interest of our health care system, but there are important lessons to be learned from these entities. ■



On (to) Orlando!

Robert A. Wynbrandt, Executive Director & General Counsel
Courtney Miller Donovan, Director of Meetings & Conventions

As the calendar takes us closer to the end of 2013, the Society's organizational focus turns more squarely toward the upcoming 50th Annual Meeting in Orlando. Accordingly, it is fitting that the latest installment in our series of guest columns prepared by members of the STS management team is from Courtney Miller Donovan, our Director of Meetings and Conventions. Courtney joined us in July of 2012, following a 9-year stint as Senior Manager for Conference Services at the American Dental Association, and has now overseen a full cycle of STS and affiliated organization meetings. Here, Courtney helps get us in the mood for a terrific experience in Orlando, focusing on attendee time spent apart from the scientific sessions.

On January 25, 1965, the very first STS Annual Meeting commenced at the Chase Park Plaza Hotel in St. Louis, led by President Paul C. Samson, MD of Oakland, CA. This inaugural gathering drew 411 attendees and 19 exhibiting companies, including current exhibitors Medtronic, Scanlan, and Storz. Speakers included some of the most well-respected and innovative physicians in the world, such as F. Mason Sones Jr., MD of the Cleveland Clinic Foundation, who gave a guest lecture on coronary arteriography.

Fast forward 49 years. The STS Annual Meeting has grown into a premier international educational event in cardiothoracic surgery attended by thousands, and the Society is pulling out all the stops to honor its Golden Anniversary. The celebration will take place January 25–29, 2014, in sun-drenched Orlando, which boasts a variety of activities and attractions that will appeal to the entire family. When you're not taking in the groundbreaking invited lectures, scientific sessions, or hands-on learning opportunities, you can head to Walt Disney World, Universal Orlando® Resort, or SeaWorld, explore the BoardWalk, or get in a round of golf without even having to leave the property.

This year's venue conveniently offers both housing and Annual Meeting activities under one roof. The Orlando World Center Marriott is a spacious resort that boasts an 18-hole

championship golf course, 10 restaurants and lounges, a rejuvenating spa, and an impressive pool complex featuring a slide tower with two 200-foot waterslides.

The educational aspects of the meeting are featured in this issue's cover story, which describes the hot topics that will be presented in the scientific sessions. President Douglas E. Wood, MD has secured two internationally renowned speakers—Bassem Youssef and Shaf Keshavjee—for the Ferguson and Lillehei Lectures, and he has worked closely with the Workforce on Annual Meeting and STS staff to help ensure that the 50th Annual Meeting gives attendees information and techniques that they can take home and immediately put into practice.

Several celebratory events and historic displays will enhance the educational offerings. The festivities kick off on Sunday, January 26, in the Exhibit Hall with an Opening Reception that will feature a 50th Anniversary cake cutting by Dr. Wood. A timeline display and documentary videos will showcase important Society milestones. To underscore the worldwide impact that STS has had over the last five decades, a flag ceremony highlighting all 85 countries in which STS members are located will be held during the General Session on Monday, January 27. Tribute will also be paid to the Society's Founder Members, some of whom will be in attendance, for their roles in establishing this distinguished organization.

Although the meeting will commemorate the past, STS continues to innovate at each Annual

Meeting and offer new features with an eye on the future. A multiscreen video wall will keep you updated on happenings inside and outside the convention center. You can also visit the STS Pavilion—a one-stop shop for all things STS—to receive information on advocacy efforts, membership benefits, STS National Database initiatives, upcoming educational programs, and more. And don't miss out on the special commemorative 50th Anniversary briefcase that will be available only to meeting attendees.

Finally, what would an Orlando meeting be without a social event that allows you to mingle with your colleagues at one of the area's most exciting theme parks? On Monday, January 27, be sure to attend the STS Social Event at The Wizarding World of Harry Potter™ at Universal's Islands of Adventure®. You'll have an evening of unlimited access to some of the most amazing theme park rides and attractions in "The City Beautiful."

All of this and more awaits you in Orlando. The STS Meetings and Conventions team, along with the rest of the staff, has been hard at work planning a special event that honors the past, celebrates the future, and creates an unforgettable experience for everyone.

We look forward to welcoming you at the Annual Meeting. Register now at www.sts.org/annualmeeting! ■

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See the Program At-A-Glance for the Annual Meeting on page 11.

Member News



Dr. Mathisen (left) with ESTS President Dirk Van Raemdonck

MATHISEN AWARDED ESTS HONORARY MEMBERSHIP

STS Past President Douglas J. Mathisen, MD was presented with Honorary Membership in the European Society of Thoracic Surgeons at the ESTS Annual Meeting this past May. Dr. Mathisen is the Hermes C. Grillo Professor of Thoracic Surgery at Harvard Medical School and Chief of the Division of Thoracic Surgery at Massachusetts General Hospital. He served as the Society's President from 2010 to 2011 and currently serves on the Finance Committee and the Nominating Committee. Dr. Mathisen is also the Special Articles Deputy Editor for *The Annals of Thoracic Surgery*. He has been an STS member since 1987.

MACK RECEIVES ACHIEVEMENT AWARD



STS Past President Michael J. Mack, MD was honored with The New Orleans Conference's 2013 Achievement Award this past June. The award recognized a

lifetime of dedication and innovation in the field of cardiac surgery. This is the third year the award has been given, with John Oschner, MD and STS Past President Denton Cooley, MD being the previous two awardees. Dr. Mack was presented the award by Dr. Oschner. Dr. Mack is currently the Medical Director of Cardiovascular Surgery for the Baylor Health Care System and Chairman of The Heart Hospital Baylor Plano Research Center. He served as STS President from 2011 to 2012 and currently serves on the Nominating Committee. Additionally, he is Chair of the STS/ACC TVT Registry™ Steering Committee. He has been an STS member since 1986.

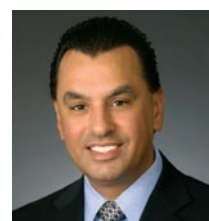
JONES LEADS MSKCC THORACIC SURGERY



In August, David R. Jones, MD became Chief of Thoracic Surgery at the Memorial Sloan-Kettering Cancer Center in New York City. He also serves

as Vice-Chair for Quality for the Department of Surgery and co-leader for the Thoracic Oncology Disease Management Team. Dr. Jones currently serves on the STS Board of Directors, the Education and Member Services Council Operating Board, the Workforce on Research Development, the Workforce on Health Policy, Reform and Advocacy, and *The Annals of Thoracic Surgery* Editorial Board. He has been an STS member since 2002.

BHATIA APPOINTED TO TEXAS MEDICAL BOARD



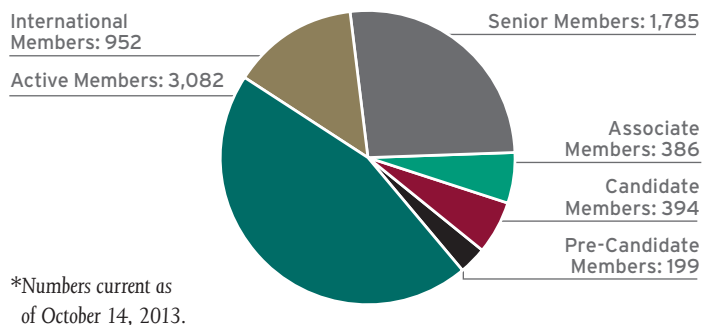
Devinder S. Bhatia, MD has been appointed by Governor Rick Perry to the Texas Medical Board, which establishes and maintains standards

of excellence used in regulating the practice of medicine and ensuring quality health care for Texans. Dr. Bhatia is President of Southeast Texas Cardiovascular P.A. He has been an STS member since 2005. ■

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

STS Hits Membership Milestone

The Society's membership continues to grow and recently exceeded 6,700! STS offers several categories of membership to include the entire cardiothoracic surgery team. If you know a cardiothoracic surgeon, resident, medical student, or CT surgery team member who has not yet joined the Society, encourage him or her to visit www.sts.org/membership and fill out an application today. In addition to a number of great benefits, STS members can register for the STS 50th Annual Meeting at a reduced rate. ■



Health Policy Scholar Strengthens Leadership Skills



Paul D. Robison, MD is the recipient of the 2013 STS/ACS Health Policy Scholarship, a joint offering from STS and the American College of Surgeons that enables a member surgeon to attend the weeklong Executive Leadership Program in Health Policy and Management held annually at Brandeis University, located just outside of Boston. This intensive program addresses national and state health policy issues, as well as business

theories and frameworks relevant to health care management. The goal of the program is to create a network of specialists in health care policy and management, and it offers health care providers the opportunity to cultivate the skills necessary for improving the quality and efficiency of health care delivery.

Dr. Robison currently serves as the Medical Director of Cardiovascular and Thoracic Surgery at Southeast Health System, the largest health system in southeastern Missouri. He recently obtained his master of medical management degree from the University of Southern California.

“The course provided an excellent overview of the development of current US health policy and health system management. The introduction into the science of leadership was my favorite part of the course,” said Dr. Robison. “We learned how to be a more effective leader, communicate within an organization, and direct initiatives positively. I believe I will be a better leader because of this course.”

As a scholarship recipient, Dr. Robison will be appointed to serve a 3-year term on the STS/AATS Workforce on Health Policy, Reform and Advocacy, starting in January 2014.

Applications are now being accepted for the 2014 scholarship from candidates between 30 and 55 years of age who are members of both STS and ACS. Applicants must submit a curriculum vitae and a one-page essay discussing why they wish to receive the scholarship. Applications are due February 1, 2014. The scholarship will help cover the costs of tuition, travel, and accommodations during the course.

To apply, visit www.sts.org/healthpolicyscholarship. For additional information, contact Grahame Rush, Director of Information Services, at grush@sts.org or (312) 202-5848. ■



STS Holds MCS Symposium

On September 20–21, the Society held a symposium on Mechanical Circulatory Support for Advanced Cardiopulmonary Disease in Chicago. Attendees learned about the complexities of patient management and new device technologies through lectures from renowned experts and hands-on wet labs. In this photo, wet lab instructor Ranjit John, MD (center), from the University of Minnesota, assists attendees. ■

Staff Updates

Laura Medek joined the Society on July 8 as its STS National Database Coordinator. She is responsible for coordinating scheduling, correspondence, and summary reports for Database audits. She will provide additional support for the Database, including the Database section updates on the STS website. Previously, Laura was the Information Services Assistant at the Council of Supply Chain Management Professionals. Laura holds a bachelor's degree in graphic design from Columbia College Chicago. To contact Laura, e-mail lmedek@sts.org.

Tina Kourtis joined STS on July 15 as the STS/ACC TVT Registry™ Project Manager. She is responsible for various administrative aspects of this extensive registry and its related governance bodies. Previously, Tina was a Research Specialist at the Health Research & Educational Trust, an affiliate of the American Hospital Association. She holds a master of education degree in research methodology from Loyola University and a master of science degree in counseling from National Louis University. To contact Tina, e-mail tkourtis@sts.org.

Shilpa Srikakolapu joined STS on July 22 as its CME Compliance Coordinator. In this position, she will coordinate the solicitation, collection, and compilation of all documentation required for STS educational programs. She will also assist in course planning and implementation. Previously, Shilpa worked as a CME/Systems Coordinator at the American Medical Association. She holds a bachelor's degree in health systems management from Loyola University Chicago. To contact Shilpa, e-mail ssrikakolapu@sts.org.

Bill Seward joined STS on September 3 in the newly created position of Associate Executive Director. He will manage day-to-day internal operations and help the Executive Director set the stage for the Society's continued growth and success. Prior to joining STS, Bill was the Chief Operating Officer for the American Society of Plastic Surgeons. He holds a bachelor's degree from Augustana College and a master's degree in organizational management and corporate communications from DePaul University. To contact Bill, e-mail wseward@sts.org. ■

STS National Database Can Help Participants Avoid Impending Medicare Penalty

A new Physician Quality Reporting System (PQRS) measure that recognizes participation in a qualified registry may help more STS National Database participants become eligible for PQRS payment incentives and avoid payment penalties.

This is especially important for a surgeon's bottom line because PQRS participation in 2013 qualifies eligible professionals in the STS Adult Cardiac Surgery Database (ACSD) for a 0.5% bonus in 2013 and an opportunity for an exemption from the planned Medicare payment penalty of 1.5% in 2015.

PQRS measure #321, "Participation by a Hospital, Physician, or Other Clinician in a Systematic Clinical Database Registry that Includes Consensus Endorsed Quality Measures," is to be reported **once** per patient seen during the reporting period with no penalty for over reporting.

ACSD participants have two ways to report the required PQRS information: via claims or via registry. To use the claims method to report this measure, report code G8954 on line 24D of the paper claim form or line 24 of the electronic claim form.

For registry reporting:

- A 2013 consent form must be completed for each provider with NPI, TIN, and signature. These are available at www.sts.org/PQRSconsent.
- To be eligible for a PQRS bonus, every record with field 450 (Medicare Fee for Service) marked yes should have a corresponding record completed in the PQRS online module, located at www.sts.org/qualitymodules.

Participants in the STS General Thoracic Surgery Database (GTSD) can avoid the Medicare 2015 penalty by reporting measure #321 using code G8954 on line 24D of the paper claim form or line 24 of the electronic claim form; however, due to the harvest schedule, GTSD participants cannot report PQRS measures via the STS National Database.

For more information, contact Donna McDonald, Senior Manager, STS National Database and Patient Safety, at dmcdonald@sts.org or (312) 202-5842. ■

IMPORTANT REMINDER ABOUT CMS COVERAGE AND TVT REGISTRY DATA COMPLETENESS

The Centers for Medicare & Medicaid Services (CMS) has expressed concern that a significant number of patient records in the STS/ACC TVT Registry™ do not have a completed Kansas City Cardiomyopathy Questionnaire (KCCQ).

CMS approved the TVT Registry as a qualifying registry for Medicare TAVR coverage (reimbursement) as long as participants capture all TVT Registry data, including KCCQ information for all patients at baseline, 30-day follow up, and 1-year follow up.

It is imperative that all TVT Registry participants capture complete and accurate data for all registry patients. Sites that need assistance implementing the KCCQ are encouraged to contact the TVT Registry at (800) 257-4737 or tvregistry@tvregistry.org for support.

FDA Approval of Device Labeling Highlights Growing Use of Registry Data for Post-Market Device Surveillance

In late September, the FDA approved expanded labeling for the SAPIEN Transcatheter Heart Valve after review of clinical data from the STS/ACC TVT Registry™, as well as FDA-approved clinical studies and peer-reviewed medical journals.

When transcatheter aortic valve replacement was first approved, it was for insertion using the transfemoral approach in select patients and later expanded to include the transapical

approach in select patients. The newly expanded labeling removes references to specific access points.

"Data from the TVT Registry provide a unique opportunity to evaluate current clinical practice and patient outcomes," said STS Research Center Director Fred Edwards, MD. "We are hopeful that this level of collaboration and use of registries will continue to fuel

innovations for the medical device approval process in the United States."

The STS/ACC TVT Registry will continue to provide robust, real-time information for better post-market device surveillance and is expected to serve as a platform for future potential investigational device exemption studies, such as one next year involving valve-in-valve procedures. ■

STS Associate Member Spotlight: Clinton Seales, BS, CP



STS recognizes the value of teamwork in patient care and has fostered the development of interdisciplinary teams through its Associate Membership program. STS first offered Associate Membership in 2006, initially to PhD research scientists. In subsequent years, the criteria for STS Associate Membership were expanded, and the category currently has several hundred members. Among them are perfusionists, physician assistants, nurses, nurse

practitioners, practice administrators, data managers, research scientists, and other health care professionals who support the work of cardiothoracic surgeons.

STS Associate Member Clinton Seales, BS, CP is a clinical perfusionist at Vanderbilt University Medical Center in Nashville, TN. He graduated from Vanderbilt's Cardiovascular Perfusion Program in May 2013 and joined its cardiac surgical team in June.

Seales learned about STS through Vanderbilt University Cardiovascular Perfusion Program Director Nicole Michaud, MS, CCP.

"As a student, research and simulation was an integral part of our program, and having access to the articles in *The Annals of Thoracic Surgery* was a huge asset in helping me complete my research projects," Seales said.

Seales said he believes that STS is vital in keeping everyone on the cardiac team up to date with the rapid advancements in technology and research. It is for this reason that Seales decided to join a professional society that is constantly evolving, thanks to its members' steadfast dedication to provide the best possible health care for patients.

The Society accepts and processes applications for Associate Members year round. If you are interested in becoming an STS Associate Member, or have a colleague who is, please visit www.sts.org/membership or contact Sarah Foreman, Member Services Coordinator, at (312) 202-5895 or sforeman@sts.org. ■

STS Program Recognizes Outstanding Educational Opportunities

In order to help STS members identify high-quality professional learning opportunities, the Society has a program for endorsing select industry and non-industry educational programs.

Interested third parties—such as other medical societies, universities, and industry—can submit applications describing how their activities meet various STS criteria, including:

1. The content of the program must be based upon the best and most updated evidence available in the content area(s) covered.
2. The program should be fair, balanced, and not promotional in nature and content.
3. The content cannot disparage other products or educational programs.
4. The content must be germane to the work of STS members.
5. The content must ultimately be directed toward the benefit of patients.
6. If CME credit is provided, the program must be approved for AMA PRA Category 1 Credit™ by the sponsoring organization.

The STS Workforce on Clinical Education carefully reviews programs that are submitted for consideration, and with input from the Chair of the Council on Education and Member Services, makes recommendations on endorsement to the Executive Committee. The proposed curricula, speakers, and venue are reviewed. Once the activity is approved, the sponsoring organization is permitted to use the STS name and logo, which signifies that the program meets the quality standards promoted by the Society.

"Surgeons can be confident that if STS has provided its endorsement, the program is considered sound and valuable for cardiothoracic surgeons and their teams," said Workforce Chair Robert L. Kormos, MD.

Medical device manufacturer AtriCure pursued STS endorsement for its Maze IV Surgeon Training Course, which instructs surgeons on the safety and efficacy of the Maze IV procedure for treatment of persistent atrial fibrillation.

By having STS review the program and provide its endorsement, AtriCure knew it was gaining instant visibility and credibility. "Having STS endorse the Maze IV Course sent a clear message that this was not just another industry marketing event, but rather a fair and balanced educational program," said Mike Rogge, AtriCure's Vice President of Marketing and Education.

More than 1,000 surgeons have completed the training course to date. "Without the collaboration of STS members who helped develop the content, as well as the STS endorsement, we would never have been able to see the level of engagement we've had," Rogge said.

The program offers other benefits for STS members, too. Registration fees for STS-endorsed educational programs are discounted for members.

To view a list of endorsed educational activities, visit www.sts.org/endorsedactivities. For more information on the program, contact Damon Marquis, Director of Education & Member Services, at dmarquis@sts.org. ■

STS Helps Propel Efforts for Responsible Lung Cancer Screening

In its continued support of patient-focused advocacy efforts, STS has made several recent and very important accomplishments in the area of lung cancer screening.

This summer, the Society officially endorsed the National Framework for Lung Cancer Screening Excellence and Continuum of Care, developed by the Lung Cancer Alliance (LCA). The Framework helps guide persons at risk for lung cancer through the screening process, as well as provides guidance for medical centers offering screening.

“STS advocates for lung cancer screening among at-risk patients, and endorsing the LCA National Framework adds to these efforts,” said STS President Douglas E. Wood, MD. “The evidence supporting lung cancer screening is compelling, and we applaud LCA for its efforts in raising awareness of screening and encouraging patients to know if they are at risk for cancer.”

The LCA National Framework provides guidance on how screening should be properly implemented, utilizing teams of clinical specialists with expertise in pulmonary disease, thoracic surgery, radiology, and oncology. It includes a patients’ bill of rights for those persons at risk for lung cancer, as well as guiding principles for health institutions providing lung cancer screening. Earlier this year, the Society

released a clinical statement on lung cancer screening that will become part of the National Framework’s best practices for thoracic surgeons working with lung cancer patients. The statement is available in the July 2013 issue of *The Annals of Thoracic Surgery*.

“[The USPSTF recommendation may have] the most significant impact on lung cancer survival in our generation.”

—Douglas E. Wood, MD

“We are thrilled to have the support of STS behind our national framework,” said LCA President and CEO Laurie Fenton-Ambrose. “Lung cancer has been the leading cause of cancer deaths for decades, and together with our partners, we are working hard to change that.”

USPSTF RELEASES DRAFT LUNG CANCER SCREENING RECOMMENDATION

On July 29, the US Preventive Services Task Force released a draft recommendation supporting the use of low-dose computed tomography to screen people at high risk for lung cancer.

The recommendation followed continued STS advocacy on this issue. One example involved Dr. Wood’s participation in a May 21 congressional briefing on lung cancer screening hosted by the LCA. He spoke about his experience as Chair of the Lung Cancer Screening Panel of the National Comprehensive Cancer Network, noting that the NCCN had lung cancer screening guidelines for 3 years and urging the USPSTF to follow suit.

The Task Force recommended screening for healthy people who have a 30 pack/year or more smoking history, are aged 55 to 79 years, and have smoked within the past 15 years. USPSTF recommendations influence coverage decisions by private and public insurers, including Medicare and the developing health care exchanges.

Following the USPSTF announcement, Dr. Wood called it “a huge step toward improving patient outcomes in lung cancer” and said the recommendation may have “the most significant impact on lung cancer survival in our generation.” To help ensure that the draft USPSTF recommendation will become a reality, the Society submitted comments to the Task Force on August 23. STS will keep members informed of related developments. ■

Member Censured for Violating STS Policy

The Society recently censured a member for violating Sections II.A, II.B, and II.D of the STS Statement on the Physician Acting as an Expert Witness in testimony provided by the member in a malpractice case. The underlying litigation was based on the performance of a repair to a descending thoracic aortic transection.

Concurring with the findings of a Preliminary Review Panel, the Standards and Ethics Committee determined that the censured member failed to entertain any other explanation for the hypotensive episode experienced by the patient and did not present his opinion in a balanced manner (violation of Statement Section II.A); unfairly attributed the suboptimal outcome in the case to negligence, rather than to a recognized complication of aortic surgery (violation of

Statement Section II.B); and failed to acknowledge the possibility of any alternative view during his testimony (violation of Section II.D of the 2007 version of the Statement).

The Society’s policy on disciplinary action describes censure as “written judgment, condemning the member’s actions as wrong. This is a firm reprimand.”

Visit www.sts.org/about-sts/ethics or contact Grahame Rush, Director of Information Services, at grush@sts.org or (312) 202-5848 for additional information regarding this area of STS activity. ■

Celebrate History and Look to the Future at the STS 50th Annual Meeting

→ continued from cover

“At this year’s meeting, we will discuss our developing congenital databases. Given the relatively small number of patients with congenital heart disease treated by individual centers, it has been difficult to amass the number of patients needed to carefully review our results as a specialty. We are now beginning to accrue sufficient data, which makes careful statistical analyses possible,” said Ralph S. Mosca, MD, Co-Chair of the Surgical Symposia Task Force. “In addition, we will be highlighting some relatively new techniques for aortic and tricuspid valve repair in children and innovations such as intraoperative use of interventional cardiology techniques and the utility of 3D imaging.”

CHANGES ON THE AGENDA

Attendees will notice some new features at the upcoming Annual Meeting.

“On Sunday morning, we’re holding for the first time a dedicated symposium on adults with congenital heart disease. Thanks to advances in medical and surgical care, children with congenital heart defects are surviving into adulthood. Reflecting the growing percentage of our patient population with unique challenges, a significant number of surgeons and their health care teams are interested in this topic,” said Thomas K. Varghese Jr., MD, MS, Chair of the Workforce on Annual Meeting.

On Tuesday, in a departure from years past, the parallel scientific sessions will be held in the morning, with the general session—including both the C. Walton Lillehei Lecture and the Thomas B. Ferguson Lecture—in the afternoon. The Ferguson Lecture will be given by Bassem Youssef, an Egyptian cardiothoracic surgeon/television host who is one of *Time* magazine’s most influential people in the world for 2013; the Lillehei Lecture will be given by Shaf Keshavjee, a pioneering lung transplant surgeon from Toronto.

A new session on Tuesday is STS/EACTS: Repair of Type A Aortic Dissection, which will look at whether standard ascending/hemi-arch repair is appropriate versus a more extensive repair either proximally or distally. Tuesday morning’s Health Policy Forum will explain the intricacies of the newly instituted Physicians Payment Sunshine Act—an important topic that will impact all cardiothoracic surgeons who interact with industry, directly or indirectly.

STS University will be held on Wednesday, January 29, but in a change this year, no didactic lectures will be given during the courses. Instead, lectures will be available online ahead of time, so that attendees can view the materials before arriving and dive right into the hands-on experience.

Don’t miss this special celebration. Register now at www.sts.org/annualmeeting. ■

Annual Meeting Registration Information

Registration and housing for the STS 50th Annual Meeting are available at www.sts.org/annualmeeting.

Early bird registration rates will end December 2. Additionally, you must register by January 2, 2014, in order to reserve housing at

the special Annual Meeting rate. A limited number of rooms will be available at the Orlando World Center Marriott, where the meeting will be held, so you are advised to register early.

Cardiothoracic surgeons who are not STS members but who have

submitted completed application materials for Active or International Membership by October 15, 2013, can register for the meeting at a reduced rate. Additionally, allied health care professionals are eligible for a 1-day pass, which offers

attendance at the Sunday sessions for a reduced rate compared to the overall meeting.

For more information about registration, contact Erin Luytjes, Meetings Coordinator, at eluytjes@sts.org.

Tech-Con Highlights

STS/AATS Tech-Con 2014 on January 25–26 will preview innovative therapies in adult cardiac and general thoracic surgery, allowing cardiothoracic surgeons a sneak peek at new technologies.

“The new things at Tech-Con this year include everything from 3D printers to new technology

devices, lung preservation for transplantation, energy sources that are coming down the pipeline, new drugs in development, molecular reflex testing assessment, endoluminal therapy, as well as many other novel techniques available to thoracic surgeons,” said Shanda H. Blackmon, MD, MPH, Co-Chair of the Tech-Con Task Force.

Attending Tech-Con helps attendees prepare their practices for the changing trends in cardiothoracic surgery.

“The beauty of Tech-Con particularly is that it gives you an idea of how things are going to evolve,” said Jonathan M. Philpott, MD, Co-Chair of the Tech-Con Task Force. “There are so many new things coming that it’s almost a question of what you’re not going to bring back home.”

STS/AATS Tech-Con 2014 will be held in conjunction with the STS 50th Annual Meeting in Orlando. Register for Tech-Con today at www.sts.org/annualmeeting. ■

For a look back in STS history, see page 15.

STS 50th Annual Meeting Program At-A-Glance

JANUARY 25-29, 2014 | ORLANDO

FRIDAY, JANUARY 24, 2014

3:00 p.m. - 6:00 p.m.

Registration: STS/AATS Tech-Con 2014 and STS 50th Annual Meeting

SATURDAY, JANUARY 25, 2014

7:00 a.m. - 6:00 p.m.

Registration: STS/AATS Tech-Con 2014 and STS 50th Annual Meeting

8:00 a.m. - 12:30 p.m. ADMIT ONE

STS/SCA: The Mitral Valve: Echo Anatomy for Surgical Decision Making

8:00 a.m. - 3:00 p.m. ADMIT ONE

STS/ACCP: Primer on Advanced and Therapeutic Bronchoscopy: Theory and Hands-on Session

1:00 p.m. - 2:30 p.m.

Cardiopulmonary Bypass Simulation Course

1:00 p.m. - 5:00 p.m. ADMIT ONE

STS/AATS Tech-Con 2014

5:00 p.m. - 6:30 p.m. ADMIT ONE

STS/AATS Tech-Con 2014 Reception

SUNDAY, JANUARY 26, 2014

7:00 a.m. - 6:30 p.m.

Registration: STS/AATS Tech-Con 2014 and STS 50th Annual Meeting

7:50 a.m. - 12:00 p.m. ADMIT ONE

Practice Management Summit

8:00 a.m. - 11:45 a.m. ADMIT ONE

STS/AATS Tech-Con 2014

8:00 a.m. - 12:00 p.m. ADMIT ONE

NEW! Acquired and Congenital Heart Surgery Symposium: Where the Roads Cross

8:00 a.m. - 4:30 p.m. ADMIT ONE

STS/AATS Cardiothoracic Critical Care Symposium: How to Successfully Establish a CT ICU

1:00 p.m. - 4:30 p.m.

Residents Symposium: Finding the Right Job and Transitioning to Practice

1:15 p.m. - 4:30 p.m. ADMIT ONE

Parallel Surgical Symposium: Congenital

1:15 p.m. - 4:30 p.m. ADMIT ONE

Parallel Surgical Symposium: General Thoracic

1:15 p.m. - 4:30 p.m. ADMIT ONE

STS/AATS Tech-Con 2014

2:30 p.m. - 4:30 p.m.

CT Surgery Interprofessional Education Symposium: TAVR Team Approach and Proven Safety Tools in Cardiac Surgery

2:30 p.m. - 4:30 p.m. ADMIT ONE

International Symposium: Surgical Management of Cardiothoracic Infections

4:00 p.m. - 6:30 p.m.

Scientific Posters Open

4:30 p.m. - 6:30 p.m.

Opening Reception in STS Exhibit Hall

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

5:00 p.m. - 6:30 p.m.

Scientific Posters and Wine

5:30 p.m. - 6:30 p.m.

Business Meeting (STS Members Only)

7:00 p.m. - 10:30 p.m. ADMIT ONE

STS Social Event: The Wizarding World of Harry Potter™ at Universal's Islands of Adventure®

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. ADMIT ONE

Early Riser Sessions

7:00 a.m. - 8:00 a.m. ADMIT ONE

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: Mitral Valve

Adult Cardiac Session: General I

Congenital Session: Pediatric

Congenital II

General Thoracic Session: Lung Cancer II

General Thoracic Session: Esophageal

NEW! STS/EACTS: Repair of Type A

Aortic Dissection

Patient Safety Symposium

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

ADMIT ONE Indicates that a ticket is required to attend

11:00 a.m. - 12:30 p.m.

(8 parallel sessions)

Adult Cardiac Session: Aortic Valve

Adult Cardiac Session: General II

Basic Science Research: General

Thoracic

Cardiothoracic Surgical Education

Clinical Trials: Reflections on Old and

Plans for New

Congenital Session: Pediatric

Congenital III

General Thoracic Session: Mediastinal/

Pulmonary

NEW! SVS @ STS

12:30 p.m. - 1:30 p.m. ADMIT ONE

Ethics Debate: Another Surgeon's Error: Must You Tell the Patient?

12:30 p.m. - 1:30 p.m.

Residents Luncheon

1:30 p.m. - 2:30 p.m.

C. Walton Lillehei Lecture:

Shaf H. Keshavjee

2:30 p.m. - 3:15 p.m.

BREAK—Visit Exhibits and

Scientific Posters

3:15 p.m. - 3:30 p.m.

50th Anniversary Tribute

3:30 p.m. - 3:45 p.m.

Award Presentations

3:45 p.m. - 4:30 p.m.

Hot Topics in Cardiothoracic Surgery

4:30 p.m. - 5:30 p.m.

Thomas B. Ferguson Lecture:

Bassem Youssef

WEDNESDAY, JANUARY 29, 2014

6:30 a.m. - 9:30 a.m.

Registration: STS University

7:00 a.m. - 9:00 a.m. ADMIT ONE

STS University

9:30 a.m. - 11:30 a.m. ADMIT ONE

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

The Society of Thoracic Surgeons designates this live activity for a maximum of 37.5 *AMA PRA Category 1 Credits*™. Physicians should only claim the credit commensurate with the extent of their participation in the activity.

STS/AATS TECH-CON 2014

The Society of Thoracic Surgeons designates this live activity for a maximum of 9.0 *AMA PRA Category 1 Credits*™. Physicians should only claim the credit commensurate with the extent of their participation in the activity.

STS Members Serve Their Country Overseas

As US military operations in Afghanistan wind down, several STS members have been deployed in the field, performing surgeries on soldiers and civilians in often dangerous situations. Three of them shared their experiences.

THOMAS D'AMATO, MD

Dr. d'Amato, Surgical Director of the Cardiovascular Institute at Faith Regional Health Services in Norfolk, NE, was serving his first overseas combat zone deployment at Kandahar Airfield (KAF) in Afghanistan, a NATO Role 3 facility.

"Our mission is to serve as the Regional Command South primary trauma receiving and referral center for combat casualties, force health protection, combat stress, and humanitarian care in direct support of Operation Enduring Freedom and the International Security Assistance Force," said Dr. d'Amato.

Given KAF's central role, the hospital is modern and clean, rivaling some of the best US facilities. "We have modern operating rooms, an excellent blood bank, and radiology services, including a 64-slice CT scanner. Complementing the trauma capability, our armamentarium includes peripheral and neurosurgical catheter-based interventions, some thoracoscopic and laparoscopic procedures, and surgical endoscopy," said Dr. d'Amato.

The multidisciplinary surgical staff encounters many critically injured patients who frequently have multisystem injuries from several mechanisms that include penetration, blunt force, blasts, and burns. "One of the most notable thoracic injuries required a complex repair of a tracheobronchial tear," said

Dr. d'Amato. "The patient was crushed and disrupted his trachea across the posterior carina and most of the circumference of the right mainstem bronchus. He underwent a successful repair and, to the best of our knowledge, is the only reported case at the Role 3 and perhaps in theater in over a decade."

What's driving the team's high rate of success—if a patient arrives at KAF with a pulse, they have a 98% chance of survival—is the fact that all the physicians are willing to pitch in whenever needed, even if something is outside their specialty. "As a CT surgeon, I've assisted on neurosurgical, craniofacial, orthopedic, plastic-reconstructive, and ophthalmologic cases," said Dr. d'Amato. "In some instances, as many as six surgeons will work simultaneously on a single patient with multiple injuries."

He emphasized the lessons that can be learned from overseas deployments. "The knowledge gained from this 10-year military conflict will undoubtedly be emulated by the civilian sector," he said.

JAMES M. DONAHUE, MD

Dr. Donahue, Assistant Professor of Thoracic Surgery at the University of Maryland School of Medicine in Baltimore, was serving his first deployment at Forward Operating Base (FOB) Apache near Qalat, Afghanistan.

While FOB Apache is generally well-equipped with a good blood bank and basic operating room supplies, it does not have the same level of laboratory facilities as KAF. "We do not have bronchoscopes, endoscopes, double-lumen endotracheal tubes, or thoracoscopic or laparoscopic equipment," said Dr. Donahue. "There is no CT scanner, so all decisions to operate are based on physical exam, plain film, and ultrasound findings."

Without much of the equipment he has grown accustomed to at home, Dr. Donahue finds himself frequently drawing on the knowledge and experience gained from his general surgery residency.

The main priority at FOB Apache is to resuscitate and provide emergency surgical care for soldiers, whom they receive directly from the battlefield. Most of the patients have sustained gunshot wounds or been injured by improvised explosive devices. They generally stay at FOB Apache just a few hours before being transported to a larger facility, typically to Dr. d'Amato and his colleagues at KAF.



Dr. Donahue (left) and Dr. d'Amato (third from left) with other members of the surgical team.

“The majority of the cases have been either general surgical or orthopedic, although I have performed some thoracotomies and placed multiple chest tubes,” said Dr. Donahue. “I have learned a great deal from the other physicians with whom I have had the privilege of being deployed.”

CAMERON D. WRIGHT, MD

Dr. Wright, a Director-at-Large on the STS Board of Directors, Associate Chief of the Division of Thoracic Surgery at Massachusetts General Hospital in Boston, and a Colonel in the US Army Reserves, was recently deployed at FOB Shank in southeastern Afghanistan’s Logar province.

It was Dr. Wright’s third time deploying, having previously spent time at Afghanistan’s FOB Sharana in 2010 and Iraq’s Al Asad Airbase in 2007.



The facilities at KAF rival many US hospitals.

The surgical team at the base consisted of Dr. Wright, two other surgeons, and two certified registered nurse anesthetists. They treated both US troops and members of the Afghan National Army.

“We got a good idea of what our rotation would be like on the first day, as we had two gunshot wounds followed by two rounds of indirect fire (mortar attacks),” Dr. Wright said.

“I enjoyed being a trauma surgeon again and using tools and doing cases that I normally do not use or do,” said Dr. Wright. “I am facile again with the FAST ultrasound exam, use the Doppler ultrasound liberally, and am even using an anoscope and sigmoidoscope liberally.”

Despite the challenges of operating in a combat zone, Dr. Wright found reasons to be thankful. “We have had some good saves of US soldiers that make this experience so rewarding,” he said. ■



Dr. Wright (right) with members of the medical team at FOB Shank.



The operating room facility at FOB Shank.

The team averaged two major cases a day—fewer than Dr. Wright’s last deployment in 2010. The medics and nurses were experienced, so evaluations and resuscitations were quick and smooth.

The medical facility, made out of tents and plywood partitions, consisted of two trauma beds, two OR beds, and two ICU/PACU beds.

STS Key Contacts Take Action

STS Key Contacts took advantage of the August congressional recess to promote the Society's advocacy priorities—and they're getting results. Stephen J. Lahey, MD and Shanda H. Blackmon, MD, MPH share their experiences below.

To learn more about the STS Key Contact program and make a commitment to STS advocacy, visit www.sts.org/keycontact.



Dr. Lahey (right) with Rep. Elizabeth Esty

STEPHEN J. LAHEY, MD

*Chief, Division of Cardiothoracic Surgery
University of Connecticut Health Center*

The importance of establishing a personal relationship with our representatives in Washington became quite evident to me when Congresswoman Elizabeth Esty of Connecticut's 5th Congressional District visited the University of Connecticut Health Center in Farmington. The event was planned by STS Government Relations staff in cooperation with the UConn Health Center and the University of Connecticut School of Medicine.

The Congressional visit gave me, an STS Key Contact, the opportunity to speak with Rep. Esty personally and without the typical distractions of a busy day on Capitol Hill. During our time together, we discussed congressional efforts to reform Medicare physician payment and repeal the flawed Sustainable Growth Rate (SGR) formula. These issues are vitally important to STS, and not only did Rep. Esty understand our message, but also, after spending several hours together, I think she now views me as a friend and resource.

Having Rep. Esty come for a site visit was extraordinarily productive because we were able to deliver our message clearly. She was also able to see our enormous construction project—the new UConn Health Center—where many of her constituents work and receive medical care. The benefits of the day's activities were shared equally by Rep. Esty, the Dean of the medical school, me, and STS staff, which made the visit all the more productive and enjoyable.

That evening, STS-PAC hosted a fundraising cocktail reception at a restaurant in downtown Hartford, which was a tremendous success. It was a pleasure to interact with Rep. Esty and her husband on a more social level. I would encourage other STS members to engage in similar activities, since this is by far the easiest and most effective way to get our message heard in Washington, where it counts.



Dr. Blackmon (center right) with Rep. John Culberson (center left)

SHANDA H. BLACKMON, MD, MPH

*Chief, Division of Thoracic Surgery
Houston Methodist Hospital, Texas
Associate Professor, Weill Cornell
Medical College*

After winning an STS scholarship to attend the STS Legislative Advocacy Workshop in 2009, I was determined to visit Washington, DC, every year to advocate on behalf of STS and my cardiothoracic surgery colleagues. Prior to my first meetings on Capitol Hill, I learned from STS staff about the important issues affecting our specialty and how to express those concerns to members of Congress and their staffs. I have continued annual travels to Washington, meeting with members of Congress about issues such as the dwindling cardiothoracic surgical

workforce, the need to repeal SGR, support for residency training, advocacy for lung cancer patients, and health care reform.

STS now hosts a series of focused Legislative Fly-Ins, allowing STS members to meet with members of Congress whenever pertinent issues arise. This year, I was able to participate in a targeted visit to Congress just before lawmakers crafted a bill to reform SGR and right as policymakers were considering lung cancer screening as a potential essential health care benefit.

When I flew from Houston to Washington, I shared the same flight with three congressmen. Because of my previous experience, I was comfortable taking advantage of the long flight to share some of our issues with them.

After returning from Washington, I gave an interview to the *Houston Chronicle* about advocating for patients with lung cancer and lung cancer screening. In the weeks that followed, the United States Preventive Services Task Force endorsed lung cancer screening, paving the way for it to become an essential health care benefit; a key congressional committee unanimously approved a bill that could reform Medicare physician payment; and I was contacted by my local representative to give him a tour of our hospital.

In August, I spent the day with Rep. John Culberson at my hospital, talking about issues important to cardiothoracic surgeons and their patients, research funding, and health care. These new relationships I have formed with members of Congress and time I have spent with fellow cardiothoracic surgeons are meaningful. This is an important way I try to give back to my profession. I have enjoyed learning about the system and look forward to taking my own children to Washington when they are old enough to advocate for issues that are important to them. ■

As we count down to the Society's 50th Anniversary celebration at the STS Annual Meeting in Orlando, January 25-29, 2014, each issue of STS News will feature a different flashback. Also, regularly check the STS website for special videos commemorating the Society's rich history.

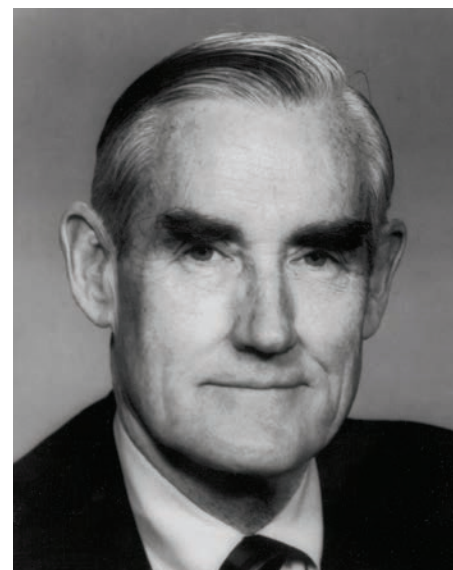
STS 50th Anniversary Flashback

In 1993, Bill Clinton succeeded George Bush as US President, a groundbreaking ceremony was held in Cleveland for the Rock and Roll Hall of Fame, the World Health Organization declared tuberculosis a global emergency, and STS membership had reached 3,420 in 49 countries.

The year also marked the debut of Poster Sessions at the STS Annual Meeting, which was held at the San Antonio Convention Center. Abstract submitters could request consideration for Scientific Sessions, Poster Sessions, or both. Thirty-eight poster presentations were offered in 1993, including "Fifteen-Year Continual Wound Surveillance Study in Patients After Coronary Artery Bypass," "Contracture of the Newborn Myocardium After Prolonged Prearrest Cooling: Is It a Calcium Overload Phenomenon?" and "Video-Assisted Thoracoscopic Esophageal Myotomy Achalasia."

The registration fee for the 29th Annual Meeting was \$250; nurses and paramedical personnel attended for \$50; and residents and fellows were admitted for free. At least 96 exhibiting companies showcased products and services, ranging from surgical lasers to oxygenators and medical books.

Vincent L. Gott, MD delivered the Presidential Address, "And It Happened During Our Lifetime..." and Richard E. Clark, MD offered a special presentation on the STS National Database, which had been launched 4 years prior. In his abstract, Dr. Clark wrote, "It is anticipated that this database will soon be large enough and sufficiently representative to establish benchmarks for standards of surgical care for the cardiac patient." ■



STS Past President Vincent L. Gott, MD

STS SEEKS RESEARCH CENTER DIRECTOR

The Society is now accepting applications for a new Director of the STS Research Center (SRC) to succeed Fred Edwards, MD when he completes his term in the spring of 2014. This position will be a full-time STS staff position and will be located in the Chicago headquarters office. The Director will report to the STS Executive Director & General Counsel and work closely with the STS Director of Research and Scientific Affairs. The Director also will interact regularly with the Society's Board of Directors and Executive Committee, chairs of related STS workforces, and other physician leaders.

Responsibilities for this position will include but not be limited to: supervising SRC activities, including procurement, management, and coordination of funded clinical research grants based largely on STS data and analytic resources; and seeking to establish the SRC as a nationally recognized leader in outcomes research. Read the full job description at www.sts.org/research.

STS welcomes board certified cardiothoracic surgeons (Active Members) with a passion for research utilizing the world-renowned STS National Database.

Interested individuals should send a cover letter and CV in confidence to Theresa Lopez, Senior Manager, Human Resources, at jobs@sts.org.

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MARK YOUR CALENDAR

Upcoming STS Educational Events

November 7, 2013

Orlando, Florida

Coding Workshop:

Special ICD-10 Session

November 8-9, 2013

Orlando, Florida

Coding Workshop

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.