

STS Launches Website for Patients

The Society has unveiled a new website that provides patients and their loved ones with accurate, easy-to-understand information about diseases treated by cardiothoracic surgeons.

The website, www.ctsurgerypatients.org, addresses an important need for a trustworthy resource where STS members can direct their patients.

“If you were to quiz patients as they left our offices, you’d be surprised as to how little they understood because of the anxiety surrounding the process,” said Robbin G. Cohen, MD, MMM, Chair of the Society’s Workforce on Media Relations and Communications. “So having a website that patients can go to again and again—that’s written in language they can easily understand and in a format we know is so much better than just lecturing them—is really our goal.”

The website’s simple, intuitive layout will help patients quickly find information in both English and Spanish. It is divided into sections on adult heart disease, pediatric and congenital heart disease, lung, esophageal, and other chest diseases, heart and lung transplantation, and pre- and postoperative care.



The website's homepage provides easy access to different topic areas, as well as essential articles.

The site’s design makes it easy to view on computers, tablets, and smartphones.

Disease pages cover causes, symptoms, diagnoses, treatment options, and recovery. Patients also can download a printable PDF of disease-specific questions to ask their doctors. The information has been reviewed by STS members who are experts in their respective fields.

“Having a website that patients can go to again and again—that’s written in language they can easily understand and in a format we know is so much better than just lecturing them—is really our goal.”

—Robbin G. Cohen, MD, MMM

American Lung Association, and other major health organizations,” Dr. Cohen said.

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First Outcomes Report from TVT Registry Shows Excellent Results for TAVR

Four years after its approval in the United States, transcatheter aortic valve replacement (TAVR) continues to evolve and demonstrate positive outcomes for patients with aortic stenosis, according to a report from the STS/ACC TVT Registry™, published online this past November by *The Annals of Thoracic Surgery* and the *Journal of the American College of Cardiology*. The report also will appear in the February 2016 issue of *The Annals*.

In the report, David R. Holmes Jr., MD, from the Mayo Clinic in Rochester, Minn., Frederick L. Grover, MD, from the University of Colorado in Denver, and colleagues provide an overview of trends and analyze outcomes of patients having TAVR procedures. The report also describes the future of the TVT Registry.

“The most important takeaway is the fact that the TAVR procedure continues to change since its initial approval by the FDA in 2011,” said Dr. Holmes, STS Associate Member, Past President of the ACC, and Chair of the TVT Registry Steering Committee. “Patients undergoing TAVR remain primarily elderly and high-risk for surgical replacement, but the predicted risk of mortality has declined over the course of time. This is the result of changes in regulatory instructions for use and approval of alternative access points.”

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Exercise Benefits Surgeons, as Well as Patients

Mark S. Allen, MD, President

Exercise. Just saying the word causes anxiety. “I need to do more,” “I can’t find the time,” and “It is painful, yet I know it is good for me” are just a few of the phrases that come to mind.

We all easily see the difference exercise makes for our patients in the postoperative period. Compare a patient who works out three times a week to the overweight patient who sits on the couch all day eating chips. The former leaps out of bed postoperatively and is discharged from the hospital on POD#2 or 3, whereas the couch potato is bedridden, needs three nurses to help him or her get up, and stays on your service way longer than you (or your hospital administrator) would like.

Exercise is not only good for our patients, but it also is good for cardiothoracic surgeons. The current recommendation is to do at least 150 minutes of moderate-intensity aerobic activity or at least 75 minutes of vigorous-intensity aerobic activity each week (O’Donovan, Blazeovich et al. 2010). High-intensity interval training (>85% VO_{2peak} or >90% HR_{peak} separated by 2 to 3 minutes of active recovery) gave almost double the benefit of moderate-intensity continuous training. Regular exercise (i.e., ≥ 4 times per week) and sustained exercise (i.e., ≥ 45 minutes) have been shown by the majority of evidence to be “the most advantageous to optimize cardiovascular health.” Unfortunately, only half of adults in the United States meet these minimum recommendations, despite the fact that almost everyone knows exercise has numerous benefits.

BENEFITS OF EXERCISE

Probably the most well-known benefit of exercise is weight control. We know that a person exercising burns more calories per

minute than a person at rest. In addition, exercise also decreases your appetite, further enhancing the weight control effect. Major biochemical changes also occur with regular exercise. Levels of HDL go up, reducing the risk of atherosclerosis, and C-reactive protein goes down, reducing the risk of stroke or other complications of atherosclerosis.

In addition to the cardiovascular benefits, there are emotional benefits with exercise. Exercise has been shown to release endorphins (the “runner’s high”), which improve your emotional outlook on life. Psychologically, working out decreases stress and improves self-esteem. With aging comes a loss of muscle mass and weaker bones; exercise reduces the rate at which this happens, allowing you to remain active well into your 80s and 90s.

The benefits of frequent exercise mentioned above are well known, but new research indicates the benefits may be even more pronounced—not just for patients, but especially for surgeons. There are pretty good data showing that the number of neurons in the brain is not fixed at birth. With proper stimulation, an area of the brain involved with learning and memory can develop new neurons. Brain-derived neurotrophic factor is released and stimulates the development of new neurons and new connections between existing ones. This leads to improved cognitive performance. And what is the proper stimulation? Yes, it is exercise. So it seems as though exercise, in addition to all of the benefits mentioned above, can make you even smarter with a better memory.

[Exercise] will improve your ability to tolerate long operations and prolong your career.

EXERCISE APPS

What can be done to inspire us to exercise? We can use the information technology revolution. Several apps are available that can help motivate, track, and instruct us.

For runners, there is C25k that guides you through training for your first 5k or 10k run. If you’re feeling charitable, there is Charity Miles, an app that lets you donate as you rack up the miles. For bike riders, there is the well-known Strava, allowing you to track your rides and compete with others on a segment of a ride. There is Zwift, an app that shows rides around the world to keep indoor riding more interesting. If weight lifting is your preferred method of exercise, there is PumpUp, an app that lets you record your workout and be inspired by others. To keep flexibility, yoga is an excellent activity, and an app called Daily Yoga gives you the tools to get started.

The main thing is to make it fun so you’ll keep at it. Remember, those who say they can’t find time for exercise are the ones who need it most.

Being fit and developing good exercise habits inspires others, including patients. It will improve your ability to tolerate long operations and prolong your career, so that you can get your money’s worth out of your 10-year residency. At the same time, it will make you feel better and be more productive.

Figure out a way to fit some exercise into your daily activities, and remember that people who are physically active for at least 7 hours a week have a 40% lower chance of premature death than those who are active for less than 30 minutes a week. ■

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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In this edition of STS News, Dr. Paul Levy describes the 2016 Practice Management Summit, which will be held on Sunday, January 24, from 7:50 a.m. to 12:00 p.m. at the Phoenix Convention Center. As Chair of the Society's Workforce on Practice Management, I am very excited about our program this year. I know all who attend will find it extremely informative and valuable.

Frank L. Fazzalari, MD, MBA

2016 Practice Management Summit to Provide Insight on the Changing Health Care Environment

Paul S. Levy, MD, MBA, Chief of Surgical Services, Northeast Arkansas Baptist Hospital & Clinic, Jonesboro

The US health care delivery system business model is unsustainable in its current state. Health care production costs are steeped with inefficiencies, waste, and an incomprehensible level of complexity. The industry's paradigm shift toward value has created angst and uncertainty among providers and administrators alike. How do cardiothoracic surgeons successfully navigate these changes? What can you do to ensure your seat at the table?

The Practice Management Summit at the STS 52nd Annual Meeting in Phoenix, Arizona, will feature health care policy experts along with experienced cardiothoracic surgery leaders to help address these practice management issues. The session will feature interactive presentations, incorporating dynamic panel discussions between expert lecturers and attendees, leading to a comprehensive and robust learning environment.

SPEAKERS/TOPICS

Nine speakers will be presenting. The first speaker is Nate Kaufman, a health care consultant with extensive experience in hospital negotiations and cardiac surgery service lines. Mike Heaton from KSM Consulting in Indianapolis will talk about the effective use of survey data in negotiations. Michael G. Moront, MD will relate his experience dealing with hospital administrators during the transition from private practice to an employed model in a talk titled "Work Relative Value Unit Employment Models: A Bad Choice for Cardiothoracic Surgeons." Brian W. Duncan from LivaNova will speak about cardiothoracic surgeon entrepreneurs and the device

development pathway. Roy Smalley, a financial advisor to professional athletes and other high net worth individuals, will be speaking on financial planning for and after retirement.

During the second half of the Summit, Suzette Jaskie from MedAxiom will deliver a talk on aligning incentives through co-management. Following that, Steven V. Manoukian, MD, Cardiovascular Service Line Director for

Hospital Corporation of America, will talk about his service line management experience. Next, Michael J. Mack, MD will explore whether the cardiovascular service line really is the best way to manage cardiac surgery pro-

grams. Finally, Alan M. Speir, MD will present an update on the activities of the STS Workforce on Health Policy, Reform, and Advocacy.

TARGET AUDIENCE

The 2016 Practice Management Summit is for all surgeons in any practice arrangement. Attendees of the program will be better prepared to plot the best career course in our rapidly changing health delivery system. The Summit's panel of expert lectures will enhance your understanding of a broad range of topics that will improve your chances of success in your particular hospital system or practice setting.

You must register for the STS 52nd Annual Meeting at www.sts.org/annualmeeting and purchase a Weekend Pass in order to attend the Summit. The STS leadership and the Workforce on Practice Management look forward to your attendance and participation. Join your colleagues in Phoenix in order to gain important professional insight. ■

Attendees of the program will be better prepared to plot the best career course in our rapidly changing health delivery system.





On Optimism

Robert A. Wynbrandt, Executive Director & General Counsel

I'll admit it. As I sit down to compose my annual end-of-the-year recap for STS News, I find it difficult to tap into my trusty "all is swell with the world, and all is especially swell with STS" attitude this year. Perhaps this is a function of world events, with the acts of terrorism that sadly have become commonplace in the Middle East now having spilled onto the streets of Paris and San Bernardino. Perhaps this is a function of the depths to which the political discourse in this country has fallen in certain presidential campaigns. And if the political rhetoric isn't enough to depress you, there is always the epidemic of gun violence, in all of its shocking and tragic forms, to bring you down.

So where is this column going, other than perhaps to a psychiatrist's couch? How can I endeavor to put a big smiley face on this particular year-end review?

First, I need to remind myself that cardiothoracic surgeons and their professional society are not in a position to cure all of the world's ills. We need to focus on that which we can accomplish – in the Society's case, enhancing its members' ability to provide the highest quality patient care.

Second, it is appropriate to acknowledge that this has in fact been another year of significant achievement for the Society and the specialty. Our membership continues to grow (having passed 7,000); the reach of the STS National Database continues to expand, both domestically and internationally – and among both surgeons and anesthesiologists; *The Annals of Thoracic Surgery* continues to thrive (having achieved its highest impact factor ever, while completing a smooth and successful transition of its editorial function – from Hank Edmunds, supported by a staff in Philadelphia, to Alec Patterson, supported by a staff in Chicago);

and STS advocacy efforts continue to achieve success that is disproportionate to our size (having played a significant role in the enactment of MACRA, the Medicare Access and CHIP Reauthorization Act of 2015).

Finally, it is important to acknowledge that important challenges remain ahead for the specialty and the Society. MACRA may have provided a knockout punch for the unsustainable "Sustainable Growth Rate," but the global surgical fee that it preserved will remain a matter of study and vulnerability. News organizations are questioning the profession's approach to issues like concurrent surgery and "underperforming" programs. And the implications of a rapidly shrinking world of private practice and the corresponding employment of most STS members by hospitals and academic institutions – perhaps the most significant factoid unearthed as a result of the environmental scan performed as a precursor to the Society's current strategic planning initiative – are yet to be fully appreciated.

At a time when world events around us seem particularly grim, I am reminded of the state of affairs at the end of 2001, in the immediate aftermath of 9/11. This was during Mark Orringer's presidency, when fundamental changes for the Society were simultaneously brewing. Mark's Presidential Address delivered at the conclusion of that STS year, on January 28, 2002, drew an analogy between the armed forces and cardiothoracic surgeons. He addressed numerous challenges then facing both the specialty and this organization and the need to abandon a collective "foxhole mentality." With specific respect to the Society's role in this drama, Mark optimistically concluded that "[t]hese are exciting times, and this Society is up to the challenge."

And so, as we look back upon a year of achievement in the context of a challenging and changing world for cardiothoracic surgeons, how does STS project a sense of purpose and optimism with respect to that which it can and should influence?

- It creates a groundbreaking website for its patients (see page 1);
- It raises funds for its affiliated foundation, TSFRE, supporting advances in research and education (exciting news about forthcoming silent auctions for NCAA Final Four and Super Bowl packages recently secured by the Society for the Foundation to come);
- It doubles down on the research imperative by hiring Dr. Robert Habib as the new Director of the STS Research Center (see page 5) and exploring new means by which STS National Database participants may access and use data for research purposes (stay tuned for upcoming developments);
- It reminds its members to exercise, for their own good as well as the benefit of their patients (see page 2); and
- It looks to the future (see pages 8 and 10) and strategically plans (much more on that front ahead)!

Ever optimistically for this organization and its members, and on behalf of our entire staff, I wish you and yours all the best for 2016. We look forward to seeing you at a terrific Annual Meeting in Phoenix!

This column is dedicated to Mark B. Orringer, MD, who "officially" retired this year and was honored at a very special series of events held over a November weekend at the University of Michigan. Mark taught me a lot about leadership and about optimism in the face of adversity, while simultaneously teaching me much of what I know about cardiothoracic surgery and cardiothoracic surgeons. Organizationally, the Society owes him a debt of gratitude that it can never repay. So do I. ■

Member News



FULLERTON ELECTED EACTS COUNCILLOR

STS Past President David A. Fullerton, MD was elected to serve a 3-year term as a Councillor for the European Association for Cardio-Thoracic Surgery. Dr. Fullerton heads the Division of Cardiothoracic Surgery at the University of Colorado School of Medicine. In addition to serving as STS President from

2014 to 2015, he currently is the Executive Director of the American Board of Thoracic Surgery. He has been an STS member since 1995.



DEMMY APPOINTED THORACIC ONCOLOGY CHIEF

Todd L. Demmy, MD has been named Chief of Thoracic Oncology and Associate Chief Surgical Officer at Rutgers Cancer Institute of New Jersey. Dr. Demmy has promoted the use of video-assisted thoracoscopic surgery. Prior to joining

Rutgers, he was Clinical Chair of Thoracic Surgery and Professor of Oncology at the Roswell Park Cancer Institute in Buffalo, New York. He has been an STS member since 1995.



CHEN LEADS CARDIAC SURGERY AT TUFTS

Frederick Y. Chen, MD, PhD has joined Tufts Medical Center in Boston as Chief of Cardiac Surgery. He is leading a new joint cardiac surgery program between Tufts Medical Center and Boston Medical Center. Previously, Dr. Chen was the NIH-funded Director of the Cardiac

Surgery Research Laboratory, Program Director of the BWH-Children's Hospital Thoracic Surgery Residency, and an Associate Surgeon at Brigham and Women's Hospital. He has been an STS member since 2006.



GIRARDI NAMED CHAIR AT WEILL CORNELL

Leonard N. Girardi, MD has been named Chair of the Department of Cardiothoracic Surgery at Weill Cornell Medical College and Cardiothoracic Surgeon-in-Chief at New York-Presbyterian/Weill Cornell Medical Center. Dr. Girardi, who also is the O. Wayne Isom Professor of Cardiothoracic Surgery, has worked for 30 years at the

medical college and New York-Presbyterian/Weill Cornell. He has been an STS member since 2002.



TRANBAUGH JOINS NEW YORK METHODIST

Robert F. Tranbaugh, MD is the new Chair of the Department of Cardiothoracic Surgery at New York Methodist Hospital. Previously, he served as Chief of the Division of Cardiac Surgery at Mount Sinai Beth Israel for almost 25 years. An STS member since 1988,

Dr. Tranbaugh has championed the use of radial artery grafting in coronary artery bypass grafting surgery.

JONES TO SERVE AS MSTCVS PRESIDENT-ELECT

Robert N. Jones, MD recently was selected as President-Elect of the Michigan Society of Thoracic and Cardiovascular Surgeons. He will serve in this capacity until 2017, at which time he will become President. The society represents the state's 33 thoracic and open-heart surgery programs. Dr. Jones has been an STS member since 1991.

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

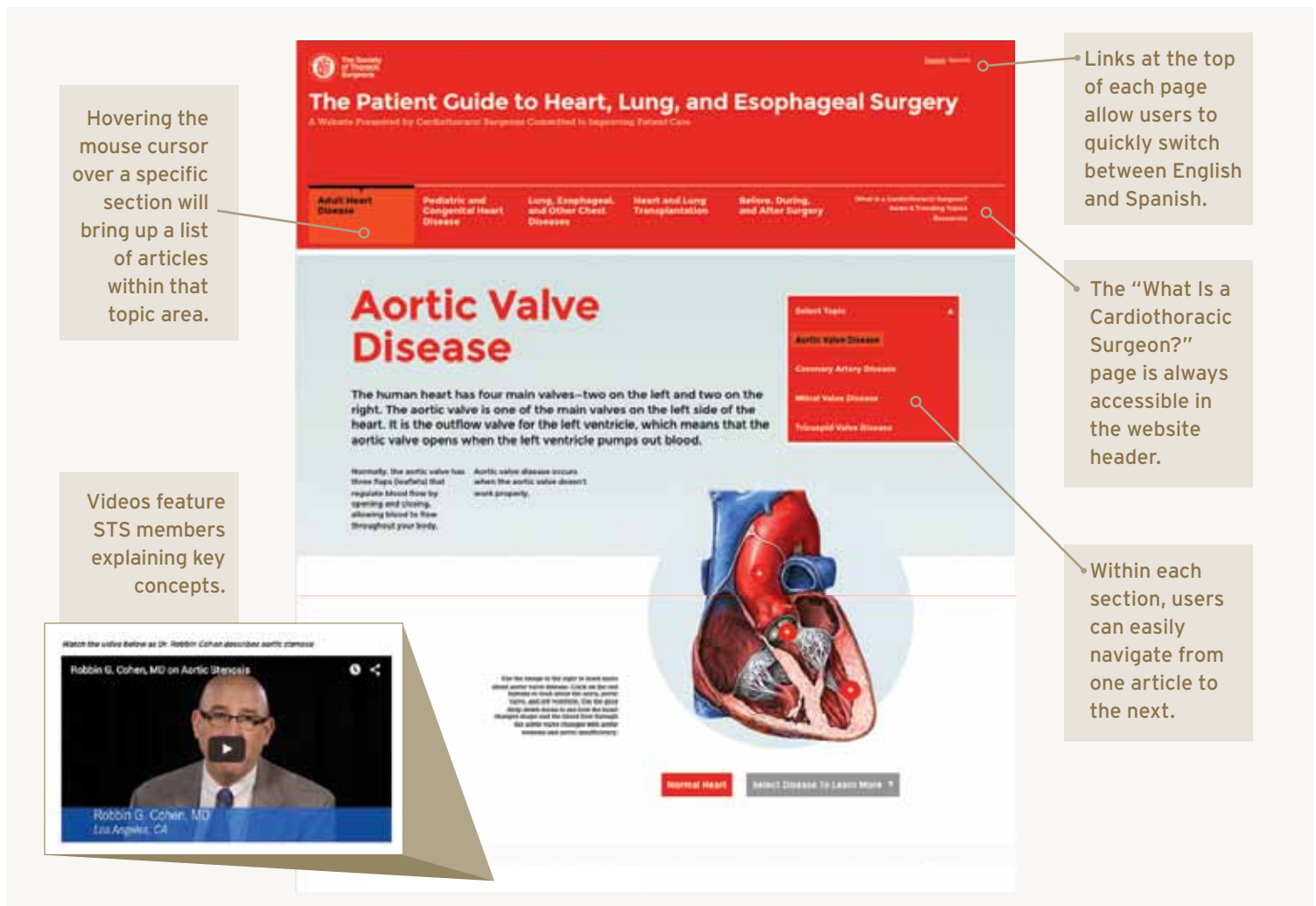
Staff Updates

Robert H. Habib joined the Society on January 1 as Director of the STS Research Center. He will oversee all Research Center activities, including coordination of clinical research grants and development of a protocol to manage grant proposals. Previously, Robert was Director of the Outcomes Research Unit at the American University of Beirut's Clinical Research Institute in Lebanon. He has published extensively on topics including biomedical engineering, pulmonary physiology and ventilatory support, and clinical outcomes for cardiothoracic surgery and cardiology. Robert earned a doctor of philosophy degree in interdisciplinary studies (engineering and physiology) and a master of science degree in biomedical engineering from Boston University. To contact him, e-mail rhabib@sts.org.

Avidan J. Stern joined STS on January 1 as its Associate General Counsel. He will provide legal support for the Society's extensive commercial activities, as well as address a variety of other issues, including ethics policy development and enforcement, advocacy activities, and corporate governance. Previously, Avi was a partner in the Chicago law firms of Lynch Stern Thompson and Jenner & Block. He earned a juris doctor degree with honors from The University of Chicago and graduated magna cum laude from the University of Pennsylvania with a bachelor's degree in political science. To contact Avi, e-mail astern@sts.org.

STS Launches Website for Patients

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The website also features a News & Trending Topics section that includes stories by and about STS members and cardiothoracic surgery, as well as a section describing “What Is a Cardiothoracic Surgeon?”. This section, which originated on the STS website, has been one of the most-accessed pages on www.sts.org, generating 8,000-10,000 hits per month. A video of the same title, featuring several STS members describing what they do, has been viewed more than 6,000 times since last March.

Multimedia content is an important component of the new website. Most pages include videos of STS members explaining key concepts, in plain language, and high-quality images detailing anatomy and procedures.

Additionally, the lung cancer page features a three-dimensional model that users can manipulate to view the lungs, esophagus, and trachea from all angles. For now, the model shows “normal” anatomy, but eventually users will be able to see how cancer changes the lungs.

The Society plans to add more three-dimensional models to the website in the future.

“This is a huge benefit for STS members,” Dr. Cohen said. “It’s not just about the questions that patients ask, but it’s the questions that they don’t know to ask. For STS members to be able to say, if you have questions, there are really great explanations of this on our website—that’s huge.”

Dr. Cohen plans to show the website to his patients using computers in the examination rooms at the University of Southern California in Los Angeles. The Society also is developing handouts that members can use to direct their patients to the website; more information will be shared in STS Weekly when downloadable materials are available.

If you have questions or suggestions about the patient information website, contact Natalie Boden, Director of Marketing & Communications, at nboden@sts.org. ■

AQO Meeting Is a Success

More than 550 data managers and STS National Database participants gathered in San Antonio last October for Advances in Quality & Outcomes: A Data Managers Meeting. Attendees learned how to improve data collection and advance their database coding skills while networking with colleagues from throughout the country. Make sure to save the date for the next AQO meeting on September 28-30, 2016, in Baltimore. ■



The General Session highlighted STS National Database initiatives and essential Database operations information.



READER COMMENTS

These comments are in response to the article, "Considerations for Transitioning from Private Practice to Employment," by V. Seenu Reddy, MD, MBA in the Fall 2015 edition of *STS News*.

I am a board certified Thoracic Surgeon and have been a member of STS since 1995. I was in private practice 1983-2003, after which I transitioned to medical device development for health reasons. I have been working at FDA since 2013. I have a slightly different take on Dr. Reddy's article on transitioning from private practice to employment, as I watched the initial transition in the late 1990s.

While I applaud Dr. Reddy in providing advice on financial and malpractice issues, I am concerned about the primary issue of who becomes the doctor's boss. In my practice, my patient was always my primary boss, the one to whom I dedicated all of my work and efforts. In this brave new world of physician employees, I have been very concerned that like in every other business, the employer becomes the boss of the employee. This may result, in some circumstances, in a significant conflict of interest. If I would ever be fired by my patient, I would simply move on, lesson learned. But if I was faced with being fired by my employer, my job would immediately end and I'd be forced to scramble for new employment. This could result in making decisions that do not necessarily put my patient as my boss.

I think that these issues are of greater concern than the non-compete clauses or compensation structure that were addressed in the article, as they go to the heart of what it means to be a physician and the Hippocratic Oath that we all took when becoming a doctor. I would hope that Dr. Reddy or someone on your staff would address that issue and work to create firewalls that protect physician employees when their interest to their patient comes into conflict with their interest to their employer (and that these are different people).

Thank you,
Murray Sheldon, MD
Associate Director for Technology and Innovation
Center for Devices and Radiologic Health
Food and Drug Administration

Response from the Chair of the STS Standards and Ethics Committee

Dr. Reddy's article is a brief guide to some of the practical concerns that surgeons may encounter in a transition from private practice to being an employed physician. As Dr. Sheldon points out, however, the article doesn't address some of the ethical and legal conflicts that a surgeon may encounter in a new employment model. Dr. Sheldon pays particular attention to the scenario when one's role as a physician is in conflict with one's role as an employee. While he suggests that, in his prior practice model, there is only one "boss", a practicing physician actually has duties or responsibilities to multiple parties, including self, family, colleagues, other patients, the institution within or for which he or she works—whether it be a hospital, health care system, university, or faculty practice plan—and society in general (these responsibilities being termed laws).

The well-respected text, *Principles of Biomedical Ethics*, by Beauchamp and Childress posits four core principles of the physician-patient relationship: veracity, privacy, confidentiality, and fidelity. In the case of fidelity, the ideal situation would be where the physician completely effaces his or her interests, or those of anyone else, to those of the patient. Yet in reality, the job of balancing priorities is not always an easy one, and we make value judgments every day. While the employed physician model does indeed create new potentials for moral and ethical conflict, fee-for-service or private practice also have potential for conflict—they are just different conflicts. To do our jobs well, we must recognize these potential conflicts and manage them appropriately. Yet, regardless of the employment model, our set of professional ethics, as well as our professional liability and licensure laws, require us to put our patients' interests first.

Richard I. Whyte, MD, MBA
Vice-Chair for Quality, Safety and Clinical Affairs, Department of Surgery,
Beth Israel Deaconess Medical Center
Professor of Surgery, Harvard Medical School

These and other employment issues stemming from the changing health care environment will be addressed during the Practice Management Summit at the STS Annual Meeting. See page 3.



Joseph Bavaria Presents Gibbon Lecture

STS First Vice President Joseph E. Bavaria, MD gave the prestigious John H. Gibbon Jr. Lecture at the American College of Surgeons Clinical Congress on October 5 in Chicago. His lecture was titled "The Innovation Imperative in Cardiothoracic Surgery: Lessons from Thoracic Aortic Disease."

John H. Gibbon Jr., MD is recognized widely for his pioneering efforts in surgery and the invention of the heart-lung bypass machine in 1937. The first Gibbon Lecture was presented in 1971 by Michael E. DeBakey, MD. ■

CT Surgery Looks to the Future

General surgery residents and medical students got a glimpse of what it's like to be cardiothoracic surgeons at the 2015 Cardiothoracic Surgery in the Future course, an educational activity jointly presented by STS and the American College of Surgeons. More than 100 people attended the October 5 course, held during the ACS Clinical Congress in Chicago.

After listening to talks on the projected needs of CT surgery and the 6-year integrated CT surgery program, attendees participated in hands-on wet labs covering aortic valve replacement, off-pump coronary artery bypass grafting surgery, video-assisted thoracoscopic surgical lobectomy, chest wall reconstruction, and more. ■



NEW CLINICAL PRACTICE GUIDELINES RECOMMEND MORE ARTERIAL GRAFTS IN CABG SURGERY

STS has released new clinical practice guidelines that recommend an expanded use of arterial conduits rather than use of venous conduits when performing coronary artery bypass grafting surgery in certain patients. The guidelines, posted online in early December, will appear in the February 2016 issue of *The Annals of Thoracic Surgery*.

The new clinical practice guidelines offer evidence-based recommendations that include using:

- An internal thoracic artery to bypass the left anterior descending artery when bypass is needed;

- A second arterial graft (right internal thoracic artery or radial artery) as an adjunct to the left internal thoracic artery in appropriate patients; and

- A second arterial graft (right internal thoracic artery or radial artery) when grafting coronary targets with severe stenosis.

Read the guidelines at www.sts.org/guidelines or access the document on the STS Clinical Practice Guidelines mobile app, available for free at the iTunes store. ■

TVT Registry Outcomes Report

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The report includes information on 26,414 TAVR procedures performed from January 1, 2012, through December 31, 2014, and recorded in the TVT Registry. The researchers compared outcomes in patients who underwent TAVR in 2012-2013 with the outcomes of patients who underwent the procedure in 2014. When TAVR was first approved, it required cardiothoracic surgeons and cardiologists to use transfemoral access, but later expanded to include transapical, transaortic, and transcatheter access.

“One important change has been the shift from all transfemoral access approaches, to an intermediate period when transapical approaches were used, and now back to transfemoral approaches,” Dr. Holmes said. “The rapidity of that change was quite surprising. I believe that the trend will continue as devices become smaller, more easily deliverable, and usable in patients with peripheral arterial disease.”

Results following the procedures showed that risk for mortality, myocardial infarction, kidney injury, and neurologic complications were low and appeared to be clinically consistent in both groups. The most common complications were vascular and bleeding requiring transfusion, but vascular complications decreased between

2012-2013 and 2014 (5.6% vs. 4.2%) and site-reported stroke rates remained stable at 2.2%.

In addition, the researchers found that more heart teams are now using moderate sedation instead of general anesthesia, which allows for quicker recovery after surgery and shorter procedure durations. It also has the potential to reduce the patient's length of stay in the hospital, which can reduce overall hospital costs.

DEVICE TRACKING ABILITY

As less invasive procedures become more available to patients, the TVT Registry will continue to play an important role in tracking both short- and long-term outcomes, as well as providing surveillance of medical devices once they are approved by the FDA.

“This Registry presents an incredible opportunity for physicians and their teams to be part of a novel post-market surveillance process, enabling STS and ACC to work very closely with regulatory agencies and industry,” said Dr. Grover,

“Patients undergoing TAVR remain primarily elderly and high-risk for surgical replacement, but the predicted risk of mortality has declined over the course of time.”

—David R. Holmes Jr., MD

STS Past President and Vice-Chair of the TVT Registry Steering Committee. “We believe that our work will help the FDA to approve important life-saving devices earlier, knowing that our Registry will be used to carefully monitor patients following device implantation.”

In addition to tracking patient outcomes, this first report from the TVT Registry also allowed researchers to track trends in device utilization over the course of the study period. “For example, one important finding we noticed in this report was that TAVR is currently under-utilized in black patients (less than 5% of TAVR patients were black),” said Dr. Holmes. “Information like this would have been unknown to us before, but because the Registry data were published, we know about the issue and can more easily address it in clinical practice.”

As of December 2015, the TVT Registry had more than 400 participants in 49 states, the District of Columbia, and Puerto Rico. For more information on the TVT Registry, go to www.tvtregistry.org. ■

CODING WORKSHOP PROVIDES ICD-10 HELP

Cardiothoracic surgery coders got the tools they need to successfully navigate the 10th revision of the International Classification of Diseases at the 2015 Coding Workshop, held last November in San Antonio. They received a breakdown of new ICD-10 codes and documentation requirements for each subspecialty and learned how to overcome common coding challenges. The next Coding Workshop will be held November 3-5, 2016, in New Orleans; look for more information at www.sts.org/coding later this year. In the meantime, STS has a series of on-demand ICD-10 webinars specific to cardiothoracic surgery available for purchase at www.sts.org/webinars. ■



Looking to the Future Program Celebrates 10 Years

The Society's Looking to the Future Scholarship Program will celebrate its 10th anniversary at the STS 2016 Annual Meeting by welcoming 60 medical students and general surgery residents to Phoenix.

Initiated in 2006, the program was developed to identify and encourage general surgery residents who are considering, but not yet committed to, a career in cardiothoracic surgery. In 2011, medical students became eligible. Since its inception, the program has awarded 370 scholarships.

"There is now a large number of trainees and ABTS-certified cardiothoracic surgeons who can trace their interest and motivation for perusing cardiothoracic surgery directly to this program. That in itself is a fantastic accomplishment," said Ara A. Vaporciyan, MD, Chair of the Society's Workforce on Thoracic Surgery Resident Issues.

For 2016, the number of scholarships awarded was increased to 30 general surgery residents and 30 medical students.

Nine resident scholars were selected when the LTTF program was first established. The number of scholars has risen steadily over the years due to interest in the program and the specialty overall.

"We had an incredibly strong and diverse applicant pool of about 80 residents and 80 medical students," said LTTF Task Force Chair Rishindra M. Reddy, MD.

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

"In the programs we've developed for our scholarship winners, we discuss many different aspects of a career in cardiothoracic surgery, ranging from lifestyle, residency/fellowship applications,

and more," Dr. Reddy said. "Students and residents learn how to become cardiothoracic surgeons and navigate an increasingly competitive application process."



Scholarship recipients mingled with STS members during a networking reception at the 2015 Annual Meeting.

Dr. Reddy stressed the importance of the LTTF program to cardiothoracic surgery and the Society.

"I think the scholarship program has kept STS accessible to schools and residency programs that don't have a strong cardiothoracic surgery presence within their faculty. It has raised the profile of our specialty in many places where trainees get little to no exposure to our field," he said. "Over the years, we have had scholarship winners from 71 different medical schools

and 118 different general surgery residency programs."

STS member and cardiothoracic surgeon Peyman Benharash, MD, from the University of California Los Angeles, agreed. "We have interviewed so many applicants who cite this award as the key moment in their surgical careers. STS is absolutely essential to our future as cardiac and thoracic surgeons," he said.

"[Looking to the Future] has raised the profile of our specialty in many places where trainees get little to no exposure to our field."

—Rishindra M. Reddy, MD

Dr. Vaporciyan added that the mentorship aspect of the LTTF program has been very effective at encouraging interest in cardiothoracic surgery.

"The LTTF program has at its core not only the identification of the best and the brightest, but the linkage of those individuals with mentors," he said. "Many of the prior recipients are now volunteer mentors themselves. The LTTF program is now, in a sense, self-supporting

through the creation of graduates who experienced the value of mentorship. It is that widespread culture of mentorship that will ensure that we thrive and grow as a profession."

To view a list of the 2016 scholarship winners, visit www.sts.org/lttf. For information regarding the LTTF program, contact Rachel Pebworth, Senior Coordinator, Affiliate Organizations, at rpebworth@sts.org or (312) 202-5835. ■

Register Today for the STS Annual Meeting

The STS 52nd Annual Meeting in Phoenix, Arizona, is only weeks away, but it's not too late to join your colleagues at one of the largest international educational events in cardiothoracic surgery. You can still register at www.sts.org/annualmeeting, as well as onsite in Phoenix.

New offerings at the 52nd Annual Meeting include a "how to" session featuring intraoperative videos of common cardiac surgery procedures and a session about a unique protocol for the resuscitation of patients who arrest after cardiac surgery. The registration process also has been simplified. A Weekend Pass is available so that attendees can sample the wide variety of weekend courses, and Tuesday's Early Riser sessions no longer require a separate fee.

Additionally, access to the STS 52nd Annual Meeting Online is included with meeting registration at no additional cost. This added perk will allow you to earn continuing medical education credit in the comfort of your home or office after the meeting has ended. The Online Product also will be available for purchase by those who cannot attend the meeting.

You can view course descriptions and agendas for educational sessions, as well as oral and poster abstracts, in the STS 52nd Annual Meeting Abstract Book, now available at www.sts.org/annualmeeting.

SESSIONS SPAN THE GLOBE

The upcoming meeting will strengthen ties with international cardiothoracic surgery associations.

A session presented on Monday, January 25, by STS, the Canadian Association of Thoracic Surgeons, and the Canadian Society of Cardiac Surgeons will provide actionable information on the topics of online physician marketing, "physician review" websites, and the application of three-dimensional printing in cardiothoracic surgery.



STS is partnering with the American College of Chest Physicians to offer a session on endobronchial ultrasound and interventional bronchoscopy during the Annual Meeting.

A Weekend Pass is available so that attendees can sample the wide variety of weekend courses.

On Tuesday, January 26, the Society will team with the European Association for Cardio-Thoracic Surgery in a session on aortic valve repair and aortic root reconstruction for insufficient tricuspid and bicuspid pathology.

Later that day, STS will join with the European Society of Thoracic Surgeons to discuss controversial issues in general thoracic surgery, including the

management of high-risk patients diagnosed with early stage lung cancer, solitary pulmonary nodules/ground glass opacities, achalasia, and paraesophageal hernias.

INNOVATIVE RESEARCH TO BE PRESENTED

The Annual Meeting is your chance to learn about cutting-edge research being conducted in each discipline. The meeting's scientific research sessions will begin on Monday morning with the presentation of the J. Maxwell Chamberlain Memorial Papers and the Richard E. Clark Memorial Papers.

The Chamberlain paper in adult cardiac surgery will report how the timing between myocardial infarction and coronary artery bypass grafting surgery impacts in-hospital mortality. The general thoracic surgery paper will discuss how adhering to quality standards for surgery in early stage non-

small-cell lung cancer can affect long-term survival. And the congenital heart surgery paper will describe clinical experience with the bifurcated Y-graft Fontan procedure.

The Clark papers highlight research made possible by the STS National Database. The general thoracic surgery paper will explore the relationship between body mass index and outcomes after lung resection. For congenital heart surgery, the chosen paper will look at the prevalence of noncardiac and genetic abnormalities in neonates undergoing surgery for congenital heart disease. Finally, the adult cardiac paper will report on a new risk prediction model for mortality and major morbidity after isolated tricuspid valve surgery.

And that's just the tip of the iceberg. The Annual Meeting will feature dozens of oral abstract presentations, along with invited talks by renowned speakers, lively debates, and surgical videos. You also can get a preview of innovative therapies and technologies in adult cardiac and general thoracic surgery at STS/AATS Tech-Con 2016.

Don't miss this opportunity. If you have questions about registration, contact the Society's official registration partner, Experient, at (800) 424-5249 (toll free), 00-1-847-996-5829 (for international callers), or sts@experient-inc.com. ■

Jeopardy Competition Will Put CT Surgery Residents to the Test

Cardiothoracic surgery residents from Europe and the United States will face off at the STS 52nd Annual Meeting in a Jeopardy-style championship game organized by the Joint Council on Thoracic Surgery Education, Inc.

Two teams will compete for international bragging rights. Qualifying competitions were held at the European Association for Cardio-Thoracic Surgery Annual Meeting in October 2015 and the Southern Thoracic Surgical Association Annual Meeting in November 2015. The winners from each meeting will take the stage in Phoenix.

The winners of the EACTS competition are András Durkó and Karoly Szabo from the University of Debrecen in Hungary. The STSA winners are Ashley Fratello and Katherine Khvilivizky from the University of Southern California.

"This will pit the best of the North American residents against the best of the European residents," said Nahush A. Mokadam, MD, a member of the JCTSE Simulation Committee who is the lead surgeon organizing the competition.

Competitors for the qualifying games were selected based on scores from a 60-question online screening exam completed last summer.

"This is a good learning tool for our residents because the content for the questions is directly derived from the Thoracic Surgical Curriculum," said Dr. Mokadam. In the educational literature, this strategy is called gamification, which motivates students by using game elements in learning environments.

"Many meetings have a resident poster competition, and JCTSE developed Top Gun several years ago for a resident technical challenge," said Dr. Mokadam. "The idea behind the Jeopardy-style competition was that we wanted to balance it out and have a cognitive challenge for the residents."

The first JCTSE Jeopardy competition was held at the American Association for Thoracic Surgery Annual Meeting in April 2015. It was such a success that JCTSE leaders decided to develop the international championship.

"It generated a buzz unlike any I've ever seen before at a national meeting," Dr. Mokadam said. "Everybody in the audience was trying to see if they could answer the questions."

Come cheer on the competitors and see how many answers you know yourself during Round 1 at 5:10 p.m. on Sunday, January 24, and Round 2 at 3:30 p.m. on Monday, January 25, in the Exhibit Hall at the Phoenix Convention Center. ■

TEST YOURSELF

The following questions were used during the first JCTSE Jeopardy competition. How would you fare if you were a competitor?

- 1) This procedure consists of an end-to-side anastomosis of the PA to the aorta for patients with single ventricle and TGA.
- 2) Exercise termination occurs at this point due to overwhelming symptoms associated with metabolic demands at the limits of oxygen delivery and muscle oxidative capacity.
- 3) This is a proliferation of B-cells after immunosuppression.

Answers: 1) What is the Damus-Kaye-Stansel procedure? 2) What is maximal oxygen consumption or $\dot{V}O_2 \text{ max}$? 3) What is lymphoproliferative disorder?

PLAN YOUR PHOENIX VACATION

Make sure to arrive in Phoenix a few days prior to the Annual Meeting, or stick around afterward—there's plenty to do! STS member and Phoenix resident Andrew H. Goldstein, MD shares his favorite local destinations—including a botanical garden, an art museum, and two hiking spots—in an article at www.sts.org/phoenix.



The Grand Canyon is just a few hours away by car from Phoenix.

SIGN UP FOR STS UNIVERSITY

Don't miss this opportunity to gain hands-on experience from leaders in the field. Fourteen STS University courses will be offered on Wednesday, January 27, in Phoenix—the most ever at an STS Annual Meeting. You can register for two courses: one during the 7:00 a.m. – 9:00 a.m. session and another during the 9:30 a.m. – 11:30 a.m. session. You also can review course lectures online ahead of the meeting at www.sts.org/annualmeeting.

Course 1: Essentials of TAVR

Course 2: TEVAR and Aortic Arch Debranching Procedures

Course 3: Mitral Valve Repair

Course 4: Valve-Sparing Aortic Root Replacement

Course 5: Aortic Root Enlarging Procedures

Course 6: ICU/ECHO

Course 7: VATS Lobectomy

Course 8: Advanced Open Esophageal and Tracheal Procedures

Course 9: Chest Wall Resection and Adult Pectus Surgery

Course 10: Atrial Fibrillation (Maze Procedure)

Course 11: Aortic Valve Leaflet Reconstruction

Course 12: Advanced Aerodigestive Endoscopy

Course 13: Adult Congenital Pulmonary Valve Replacement

Course 14: TSDA Cardiac Surgery Simulation Curriculum*

*This course will run once from 7:00 a.m. to 10:30 a.m.

JANUARY 23-27, 2016 | PHOENIX, ARIZONA

STS 52nd Annual Meeting Program at a Glance



Indicates that a ticket is required to attend.

FRIDAY, JANUARY 22, 2016

3:00 p.m. – 6:00 p.m.

Registration: STS/AATS Tech-Con and STS Annual Meeting

SATURDAY, JANUARY 23, 2016

7:00 a.m. – 6:00 p.m.

Registration: STS/AATS Tech-Con and STS Annual Meeting

8:00 a.m. – 12:30 p.m.

STS/SCA: Integrating Perioperative Echocardiography Into Cardiac Surgical Clinical Decision Making

8:00 a.m. – 3:00 p.m.

STS/CHEST: Primer on Advanced and Therapeutic Bronchoscopy—Theory and Hands-On Session

12:00 p.m. – 6:30 p.m.

STS/AATS Tech-Con Exhibits

1:00 p.m. – 2:30 p.m.

Cardiopulmonary Bypass Simulation Course

1:00 p.m. – 3:30 p.m.

STS/AATS Tech-Con Adult Cardiac Track I: Mitral Valve Technology

STS/AATS Tech-Con General Thoracic Track I: Lung Surgery of the Future

3:30 p.m. – 5:00 p.m.

STS/AATS Tech-Con Adult Cardiac Track II: Heart Failure Technology

STS/AATS Tech-Con General Thoracic Track II: Advances in Robotic Tools and Technology

5:00 p.m. – 6:30 p.m.

STS/AATS Tech-Con Reception

SUNDAY, JANUARY 24, 2016

7:00 a.m. – 6:30 p.m.

Registration: STS/AATS Tech-Con and STS Annual Meeting

7:00 a.m. – 1:15 p.m.

STS/AATS Tech-Con Exhibits

7:45 a.m. – 9:30 a.m.

STS/AATS Tech-Con Adult Cardiac Track III: Aortic Valve and Aortic Disease

STS/AATS Tech-Con General Thoracic Track III: OR of the Future

7:50 a.m. – 12:00 p.m.

Acquired and Congenital Heart Surgery Symposium: Challenges in Adult Congenital Heart Disease

Practice Management Summit

STS/AATS Critical Care Symposium: Quality and Value in the CT ICU

10:15 a.m. – 12:00 p.m.

STS/AATS Tech-Con Joint Session: "Shark Tank"—Rapid-Fire Elevator Pitches of Revolutionary Technology

1:00 p.m. – 4:00 p.m.

Residents Symposium: Transitioning From Residency to a Successful Practice

1:15 p.m. – 4:30 p.m.

ACC @ STS

NEW! How To: Technical Tricks and Pitfalls to Simplify Cardiac Surgery Procedures

Parallel Surgical Symposium: Congenital

Parallel Surgical Symposium: General Thoracic

NEW! Resuscitation of Patients Who Arrest After Cardiac Surgery**2:00 p.m. – 6:30 p.m.**

Scientific Posters

2:30 p.m. – 4:30 p.m.

CT Surgery Interprofessional Education Symposium: Multidisciplinary Team Approach to Patient Safety, Quality, Outcomes, and Reimbursement

4:30 p.m. – 6:30 p.m.

Opening Reception in STS Exhibit Hall

MONDAY, JANUARY 25, 2016

6:30 a.m. – 5:00 p.m.

Registration: STS Annual Meeting

9:00 a.m. – 4:30 p.m.Exhibit Hall
Scientific Posters**7:00 a.m. – 7:15 a.m.**

Opening Remarks

7:15 a.m. – 8:15 a.m.

J. Maxwell Chamberlain Memorial Papers

8:15 a.m. – 9:00 a.m.

Richard E. Clark Memorial Papers

9:00 a.m. – 9:40 a.m.**BREAK**—Visit Exhibits and Scientific Posters**9:40 a.m. – 9:50 a.m.**

Introduction of the President: Joseph E. Bavaria

9:50 a.m. – 10:50 a.m.

Presidential Address: Mark S. Allen

10:50 a.m. – 11:30 a.m.**BREAK**—Visit Exhibits and Scientific Posters**11:30 a.m. – 12:30 p.m.**

(8 parallel sessions)

Adult Cardiac Session: Arrhythmia

Basic Science Research: Adult Cardiac

Basic Science Research: General Thoracic

Congenital Session: Adult Congenital

Critical Care

General Thoracic Session: New Technology

Quality Improvement Initiatives in Thoracic Surgery

STS/CATS/CSCS: Adding New Dimensions to Your Surgical Practice—Optimizing Your Internet Presence and Understanding the Emerging Role of 3-Dimensional Printing in Cardiothoracic Surgery

12:30 p.m. – 1:30 p.m.**BREAK**—Visit Exhibits and Scientific Posters**1:15 p.m. – 5:15 p.m.**

Redefining Practice Through Quality and Evidence: What's New?

1:30 p.m. – 3:30 p.m.

(7 parallel sessions)

Adult Cardiac Session: Aorta I

Adult Cardiac Session: Ischemic

Congenital Session: Pediatric Congenital I

General Thoracic Session: Lung Cancer I—Diagnosis and Staging

General Thoracic Session: Lung Transplantation

SVS @ STS: Sharing Common Ground for Cardiovascular Problems

30th Anniversary Celebration of Women in Thoracic Surgery: Innovations and Contributions of WTS and STS Members

3:30 p.m. – 4:15 p.m.**BREAK**—Visit Exhibits and Scientific Posters**3:30 p.m. – 5:30 p.m.**

International Symposium & Reception: The Ethics and Practicality of Using New Technologies to Treat Cardiothoracic Diseases in Different Parts of the World

4:15 p.m. – 5:15 p.m.

Surgical Motion Picture Matinees: Adult Cardiac, Congenital, and General Thoracic

5:00 p.m. – 6:30 p.m.

Scientific Posters and Wine

5:30 p.m. – 6:25 p.m.

Business Meeting (STS Members Only)

6:30 p.m. – 7:30 p.m.

STS-PAC Reception

7:00 p.m. – 10:30 p.m.

STS Social Event: Corona Ranch

TUESDAY, JANUARY 26, 2016

6:30 a.m. – 4:30 p.m.

Registration: STS Annual Meeting

9:00 a.m. – 3:30 p.m.

Exhibit Hall

9:00 a.m. – 5:00 p.m.

Scientific Posters

7:30 a.m. – 8:30 a.m.

Early Riser Sessions

Early Riser Health Policy Forum: MIPS: The New Medicare Fee-for-Service and What It Means to You

9:00 a.m. – 10:00 a.m.

Thomas B. Ferguson Lecture: Scott Parazynski

10:00 a.m. – 10:45 a.m.**BREAK**—Visit Exhibits and Scientific Posters**10:45 a.m. – 11:00 a.m.**

Award Presentations

11:00 a.m. – 12:00 p.m.

C. Walton Lillehei Lecture: Gary Taubes

12:00 p.m. – 1:00 p.m.**BREAK**—Visit Exhibits and Scientific Posters

Ethics Debate: An Advance Directive Limits Postoperative Care—Should Surgeons Accept Limits on Care?

Residents Luncheon

1:00 p.m. – 3:00 p.m.

(7 parallel sessions)

Adult Cardiac Session: General

Adult Cardiac Session: Mitral Valve

Congenital Session: Pediatric Congenital II

General Thoracic Session: Esophageal

General Thoracic Session: Lung Cancer II—Treatment

Patient Safety Symposium: When Bad Things Happen to Good CT Surgeons—Human Error and the Impact on You, the "Second Victim"

EACTS @ STS: Aortic Valve Repair and Aortic Root Reconstruction for Insufficient Tricuspid and Bicuspid Pathology

1:00 p.m. – 3:30 p.m.

JCTSE: Accountable Surgical Education—How Can Cardiothoracic Surgery Move Forward?

1:00 p.m. – 5:30 p.m.

Advanced Therapies for End-Stage Heart Disease

3:00 p.m. – 3:30 p.m.**BREAK**—Visit Exhibits and Scientific Posters**3:30 p.m. – 5:30 p.m.**

(7 parallel sessions)

Adult Cardiac Session: Aorta II

Adult Cardiac Session: Aortic Valve

Cardiothoracic Surgical Education

Congenital Session: Pediatric Congenital III

General Thoracic Session: Mediastinal/Pulmonary

ESTS @ STS: Controversial Issues in General Thoracic Surgery—Perspectives From Europe and North America

SCA @ STS: Perioperative Evaluation and Management of Circulatory Shock

WEDNESDAY, JANUARY 27, 2016

6:30 a.m. – 9:30 a.m.

Registration: STS University

7:00 a.m. – 9:00 a.m.

STS University

9:30 a.m. – 11:30 a.m.

STS University (courses repeated)

THANK YOU

The Society of Thoracic Surgeons gratefully acknowledges the following companies for providing educational grants for the STS 52nd Annual Meeting.

STS PLATINUM BENEFACTOR

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Abbott Vascular

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Medtronic

This list is accurate as of December 16, 2015.

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STS Members Receive Scholarships toward Ethics Education

Two STS members have been awarded scholarships for use in studying biomedical ethics.

The scholarships were offered by the Cardiothoracic Ethics Forum, a joint project of the Society and the American Association for Thoracic Surgery that is responsible for ethics education in cardiothoracic surgery.



Darshan Reddy, MD (right)

The Cardiothoracic Ethics Forum provides scholarships of up to \$10,000 to help interested surgeons obtain formal education and training in biomedical ethics through any of several programs offered by leading ethics centers in North America.

Leslie J. Kohman, MD, Medical Director of the Upstate Cancer Center in Syracuse, N.Y., is one scholarship winner this year. Dr. Kohman first became interested in ethics education when studying for board certification in hospice and palliative medicine.

“The mental challenge of looking at conflicts from many different points of view engages me and makes me want to learn more about the best way to make such decisions,” she said.

Dr. Kohman was a member of the STS Standards and Ethics Committee for 6 years and currently serves on ethics

committees for AATS and the International Association for the Study of Lung Cancer. She plans to use the scholarship to attend Georgetown University’s Intensive Bioethics Course in June 2016.

She said that as leaders in their institutions, cardiothoracic surgeons often are called upon

to balance conflicting and competing demands on resources, and having ethical expertise will result in more durable and accepted decision making.

“Hospital administrators and policymakers rely on our guidance with regard to policy and planning, and these decisions should be based on sound biomedical ethics principles.”

— *Darshan Reddy, MD*

“Knowledge of biomedical ethics can help a surgeon apply expertise to difficult situations, such as when to offer new and possibly unproven treatments, how to handle requests from referring physicians when there is

disagreement about the best way to handle a patient’s problem, and what to do when plans go awry,” Dr. Kohman said.

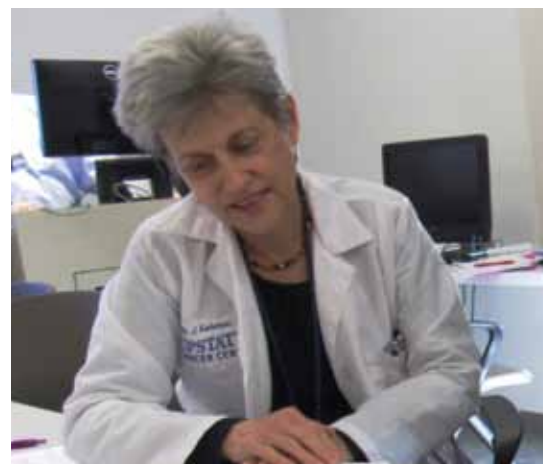
Formal ethics education also can help surgeons when making decisions about whether to engage in palliative surgery and handling end-of-life decisions, she added.

Darshan Reddy, MD, a Consultant Cardiothoracic Surgeon at Nelson R. Mandela School of Medicine in Durban, South Africa, is another scholarship recipient. Dr. Reddy also plans to attend the Georgetown course.

“In resource-scarce environments, such as sub-Saharan Africa, difficult bioethical decisions regarding the distribution of resources and the selection of patients for surgery often fall to the cardiothoracic surgeon for the final word,” he said. “Hospital administrators and policy-makers rely on our guidance with regard to policy and planning, and these decisions should be based on sound biomedical ethics principles.”

With the knowledge he will gain from the Georgetown course, Dr. Reddy plans to establish a local cardiothoracic surgery ethics committee to support and guide surgeons faced with these difficult decisions.

For more information about the Society’s ethics activities, visit www.sts.org/about-sts/ethics. ■



Leslie J. Kohman, MD

An Interview with Rep. Charles Boustany

Not only is Charles Boustany, MD a member of the House of Representatives, but he's also a cardiothoracic surgeon and an STS member, which gives him a unique perspective on the challenges facing the health care industry today. Rep.

Boustany (R-LA), who recently announced his campaign for Louisiana's open Senate seat in 2016, shares his thoughts about how being a cardiothoracic surgeon prepared him for Congress, important legislative and regulatory issues concerning the specialty, and how STS members can help ensure that their needs are well represented.

How has your training as a cardiothoracic surgeon prepared you to serve in Congress?

It takes a lot of stamina to train and practice as a cardiothoracic surgeon. So I actually find this schedule very easy in terms of the time commitment. I've been on the House floor at night and heard members of Congress complaining about how many hours they've worked, and it's almost laughable considering how hard we work as cardiothoracic surgeons. The intellectual demands of being a cardiothoracic surgeon prepared me very well to deal with the intellectual demands of being a Congressman. My training as a surgeon also has helped me significantly in understanding how to manage stress.

Cardiothoracic surgeons also are very well known for listening to their patients in a very acute way with empathy to understand a patient's problem. I think that kind of training translates well into being a member of Congress. The art of listening is important.

What would you say is the single most important legislative issue that you'd like to solve?

In the context of health care specifically, I am deeply concerned about a rapidly accelerating trend to erode the doctor-patient relationship. You're seeing the interposition of different bureaucratic entities interfering with that relationship. There should be no daylight



STS-PAC presented Rep. Boustany (center) with a check during a Legislative Fly-In last October, where he met with STS members, including Alan M. Speir, MD and Raymond L. Singer, MD.

between the doctor and the patient. It's a relationship built on trust. So whatever we do in terms of health care needs to keep that primary focus. We want to solidify and strengthen the doctor-patient relationship, not create separation. That's the key to getting high-quality medicine and, I believe, to keeping costs down.

Which issues should cardiothoracic surgeons be most concerned about in the near term?

Cardiothoracic surgeons are operating within a very complicated health care environment. We managed to pass monumental legislation that repealed the Sustainable Growth Rate and put the framework in place for a new payment system that would shift to reimbursement for quality, rather than for procedures and patient encounters. The key now is to provide the right oversight to ensure that this is being implemented with the intent Congress had.

I'm also very concerned about how the role of cardiothoracic surgeon is being eroded in patient care, whether it's because of mergers occurring in the health system or in the insurance arena or the heavy hand of CMS. We want to make sure that we work to maintain the cardiothoracic surgeon's independence in this process because the surgeon is the one who's most focused on patient care and quality. Whether it's the health delivery system, reimbursement, or any aspect of health care, the key is to make sure that cardiothoracic

surgeons are empowered to do the very best for their patients.

I'm also very concerned about what's happening in our training programs. The training of a cardiothoracic surgeon is very lengthy and carries a high level of debt. How do we mitigate that and continue to attract the best and brightest?

What can cardiothoracic surgeons do to help you resolve these issues?

It's very important for the cardiothoracic surgery community to develop relationships with their members of Congress. I think cardiothoracic surgeons are the most suited to help drive health care policy because we're the leaders in developing registries and databases and putting quality first. Cardiothoracic surgeons also deal with the entire spectrum in health care, from the smallest infants to the elderly, with some of the most expensive and complicated disease processes. So I think the information that cardiothoracic surgeons bring to the table can be very helpful to members of Congress.

How has the Society in particular contributed to your achievements in Congress?

I've had a lot of support from STS members, and I'm proud to be

"The key is to make sure that cardiothoracic surgeons are empowered to do the very best for their patients."

— Rep. Charles Boustany, MD

a member. STS-PAC has been a good vehicle to support members of Congress who have worked to solve some of these health care issues. The Legislative Fly-Ins, which enable cardiothoracic surgeons to come to the Hill and develop relationships with members of Congress, are very effective. All of these factors help bring good information from the field to the halls of Congress. And that's a win-win for patients.

For more on what Rep. Boustany has to say about his legislative achievements and the importance of STS-PAC, visit www.sts.org/boustany.

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MARK YOUR CALENDAR

Upcoming STS Educational Events

**STS/AATS Tech-Con
2016**

Phoenix, Arizona

January 23-24, 2016

**STS 52nd Annual
Meeting**

Phoenix, Arizona

January 23-27, 2016

**STS/ELSO
ECMO Symposium**

Tampa, Florida

March 11-13, 2016

**Advances in Quality
& Outcomes**

Baltimore, Maryland

September 28-30, 2016

Coding Workshop

New Orleans, Louisiana

November 3-5, 2016

**STS 53rd Annual
Meeting**

Houston, Texas

January 21-25, 2017

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

Thank You!



**The Society
of Thoracic
Surgeons**

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