


## STS Releases E-Learning Modules

**Should a Patient Be Given TAVR Even Though He Is Uninsured?**

- You conclude that by echocardiographic parameters he has moderate aortic stenosis that is not clearly symptomatic.
- His valvular disease is worsening, but does not quite meet the standard indications for TAVR at this time.
- Due to the anatomy of his patent coronary grafts, you deem him a high-risk



The surgical ethics module presents several scenarios that may not have straightforward answers.

Four new e-learning modules are available as part of the Society's effort to create relevant online continuing education materials for cardiothoracic surgeons and their teams.

The topics were chosen after a careful review of continuing medical education (CME) requirements from each state medical board in the United States. Certain states mandate that physicians complete CME in specific topic areas, so STS leaders took those mandates into account and also considered which subjects would most directly impact cardiothoracic surgeons and their patients—now and in the future.

These modules, on surgical ethics, shared decision-making, breaking bad news, and cultural competencies, can be accessed via the STS Learning Center ([sts.org/learningcenter](https://sts.org/learningcenter)). Each will take

approximately 30 minutes to complete, and users will be eligible for either CME credit or a certificate of participation.

### SURGICAL ETHICS

A wide variety of clinical situations present ethical difficulties in surgery. The surgical ethics module addresses four questions related to uses and abuses of technology:

**“The e-learning module on surgical ethics helps surgeons analyze a variety of difficult situations in which more than one option may seem reasonable.”**

*—Robert M. Sade, MD*

1. Should a patient be given an unindicated transcatheter aortic valve replacement before an impending loss of insurance?
2. Does an iatrogenic injury require that an otherwise futile procedure be done?
3. Can a surgeon refuse to operate on an intravenous drug-abusing patient with recurrent aortic prosthesis infection?

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## Don't Wait: Register Today for the Annual Meeting

The STS 55th Annual Meeting is just a few weeks away, but it's not too late to plan to join your colleagues in San Diego, California, for one of the largest cardiothoracic surgery meetings in the world. Save \$100 from onsite pricing by registering on or before January 24 at [sts.org/annualmeeting](https://sts.org/annualmeeting).

Registration provides access to educational sessions on Sunday, January 27, Monday, January 28, and Tuesday, January 29. Additionally, you will receive complimentary access to Annual Meeting Online, a web-based video presentation of most sessions offered at the Annual Meeting that will provide the opportunity to earn more than 100 continuing medical education credits. Separate tickets are required to attend STS University courses and the President's Reception (both on Sunday, January 27). Registration also is separate for Tech-Con 2019, which will be held on Saturday, January 26.

Browse the educational program, save favorite sessions/presentations to your custom itinerary, read scientific abstracts, and more by downloading the STS Meetings app. Search for “STS Meetings” in the Apple iOS App or Google Play stores, or visit [sts.org/mobileapp](https://sts.org/mobileapp). Please note that printed copies of the meeting program will not be distributed onsite.

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# Man – Did It Fly By or What?

Keith S. Naunheim, MD

I realized I had come to the end of my presidential year and still owed the Society one column's worth of "wisdom," but had no idea what to tackle. To help inform my choices, I first reviewed my past editorials. My first column dealt with the issue of gender bias, and my second was about the Society's appropriate role in the opioid crisis. So to summarize:

First column was about sex...

Second column was about drugs...

That must mean I'm overdue for one on rock and roll!

I initially started down that path and actually picked appropriate rock songs for each cardiothoracic subspecialty (see the end of the column for my choices). Then I decided I probably needed to be just a little more mature... for a change.

While reminiscing about the last year, I was reminded about the amount of time and effort required of the STS President and, God knows, I would love to be portrayed as a selfless martyr in the service of a greater good (Saint Keith?). But the real, less altruistic motivation is finally being given the chance to lead. And make a difference. Though our specialty includes surgeons who vary in age, gender, religion, and ethnicity, we all share one characteristic—we are all alpha personalities who want to be in charge and recognized as leaders. There is no small amount of pride (read "ego") in being elected as the "Big Dog" of an organization, and any president who says that's not true is likely fooling him/herself. But after the first month or so, the bloom comes off the rose and you realize that the real joy comes when you get to really make a difference on a larger scale, not just for yourself or your department or your hospital, but for your specialty. To be given that chance is, in and of itself, a great gift; one for which I am grateful.

In preparing this column, I was reminded of a quote from the recently deceased President Bush 41: "There could be no definition of a successful life that does not include service to others."

Has this last year been "successful"?

In 2018, we integrated the Intermacs LVAD registry into the STS National Database, culminating an effort spanning 4 years. In addition, the Society began to confront two major issues by conducting surveys to determine the current status of gender bias, as well as the patterns of opioid utilization within the specialty; these surveys may be just the first steps, but you can't address a problem until you have begun to understand it. Our organization is collaborating with international cardiothoracic surgical societies to jointly provide significant education opportunities for both cardiac and thoracic surgeons in Latin America, hoping to offer affordable courses to surgeons who otherwise would be unable to attend. Domestically, the Society has continued its major education efforts by assisting our members in upgrading their skills with regard to percutaneous valve placement, mechanical circulatory assistance, and robotic surgery.

On the political front, we were a major player in reversing the move toward a CABG bundle and made significant strides in connecting data in the STS National Database with Medicare data, a step that would enable us to establish the true cost effectiveness of our procedures. And efforts in conjunction with the ACC and CMS have helped ensure our ongoing participation in percutaneous valve procedures for the foreseeable future.

Finally, the charitable arm of STS, The Thoracic Surgery Foundation, has provided a record amount of funding (nearly \$900,000) for cardiothoracic surgery research. In addition, TSF continues to underwrite multiple philanthropic cardiothoracic missions to underserved

populations throughout the world.

In just a few weeks, I will get to stand on the podium, deliver a Presidential Address heralding these accomplishments, and nominally

**The real joy comes when you get to really make a difference on a larger scale, not just for yourself or your department or your hospital, but for your specialty.**

take a bow. But I know the real truth, as does every president before me. While we get to act as the face of the specialty, we cannot take credit personally for those accomplishments. We are privileged for a 1-year period of time to be the caretaker of a well-oiled and efficient machine comprising hundreds of volunteer surgeons and staff. They are the ones who do all the work, and they are the ones who deserve all the credit. Let me take this opportunity to thank all of you who, throughout the year, have given your Blood, Sweat, and Tears (rock and roll analogy) to make my presidential year both successful and gratifying. I owe you a huge debt of thanks... as do all of our members and their patients.

Happy New Year to you all.

## Answers to rock and roll quiz:

**Adult Cardiac:** "The Heart of Rock & Roll," Huey Lewis and the News

**General Thoracic:** "Every Breath You Take," The Police

**Congenital:** "A Hole in My Heart," Cyndi Lauper ■

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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## Learn How Surgeons Can Succeed in a Changing Health Care Landscape

Despite many years of clinical training, most cardiothoracic surgeons aren't provided with sufficient education in a key area of career development—optimizing their value to their organizations.

Speakers at the upcoming Practice Management Summit during the STS Annual Meeting in San Diego on Sunday, January 27, will seek to close that knowledge gap, helping attendees understand their value and obtain appropriate compensation.

"We certainly don't get this education in our training, so we're ill-prepared when starting our careers," said Frank L. Fazzalari, MD, MBA, Chair of the Workforce on Practice Management. "The landscape is evolving very quickly, so cardiothoracic surgeons must adapt."

A major change in the employment environment over the last few years has been the increasing number of surgeons employed by hospitals rather than private practices. During the Summit, attendees will learn how to weigh factors in their local areas when making decisions regarding their employment arrangements.

The US government also has made a number of recent changes that impact reimbursement for cardiothoracic surgical procedures. The Summit will provide an overview of STS efforts to advocate for regulations and programs that fairly compensate surgeons for their work.

#### EXPANDING ROLES

With a greater push for health care quality over quantity, how do surgeons continue demonstrating their value to the hospital administration?

"The work Relative Value Unit model does not value the presence of a cardiothoracic surgeon on a hospital staff," said Workforce member Paul S. Levy, MD, MBA. "Compensational value has to be shown in other ways."

One option is to take a more active role in hospital administration—a path that is especially suitable for surgeons, given their leadership in the operating room. Of course, that means knowing how to negotiate a contract with suitable compensation for these efforts.

"Surgeons may not have a lot of experience with contract negotiation," Dr. Fazzalari said. "It can be difficult to know whether you should accept what you're offered or walk away."

Attendees will hear from a health care attorney on the potential landmines to avoid and important components to address.

#### ANSWERING THE TOUGH QUESTIONS

An important component to this Summit is giving surgeons an opportunity to ask the questions that they may not feel comfortable asking in the workplace, including questions about salary.

**"We certainly don't get this education in our training, so we're ill-prepared when starting our careers."**

*—Frank L. Fazzalari, MD, MBA*

"We'll provide hard numbers regarding what you can expect in compensation," said Dr. Levy. "We'll also share what employers look for when recruiting. The Summit will help you best position yourself for success." ■

**View the full agenda for the Summit in the Program, Registration, and Housing brochure at [sts.org/annualmeeting](http://sts.org/annualmeeting).**

### Get Tips on Excelling Early in Your Career

A new Annual Meeting session on Monday, January 28, will focus specifically on career advice for cardiothoracic surgeons in their first 7 years of practice. Speakers will explain how to balance clinical and research responsibilities, establish a strong mentor-mentee relationship, and connect with colleagues and patients on social media.

The session also will feature ample time for group discussion on hot-button issues facing early career surgeons, including dealing with a difficult job, what to do when you're in over your head, and developing a niche.

"This is often a critical time in one's career, and it can be difficult to access information on navigating challenges outside of the operating room," said Vinay Badhwar, MD, Chair of the Workforce on Career Development. "We'll answer all burning questions, no matter how simple or complex." See page 12 for information on registering for the Annual Meeting.



## On the Way Out

Robert A. Wynbrandt, Executive Director & General Counsel

On January 30, 2012, Mike Mack delivered his STS Presidential Address, titled “If This Were My Last Speech, What Would I Say?,” to an SRO audience at the Society’s 48th Annual Meeting in Fort Lauderdale. To no one’s surprise, Mike knocked it out of the park, touching on themes of pride in being a thoracic surgeon, innovation in the specialty, and collaboration.

As I now prepare to exit the stage as the Society’s chief staff officer in March and compose this final column for STS News, I find myself confronted with a variation on Mike’s topic—just as Keith Naunheim did in his final column as STS President (see page 2); my apologies at the outset for the double-dose of memory lane in this edition, but it couldn’t be avoided.

As we all confront endings, it’s a simple matter of human nature to instinctively recall beginnings. My personal STS beginning occurred in 1987, as one of the Society’s outside attorneys working to secure protections for the organization and its leaders conducting a peer review of a Pennsylvania cardiac surgery unit (the STS peer review program having been a precursor to the National Database in terms of distinguishing the Society among all US medical specialty societies). The real beginning for purposes of this column, however, came on June 1, 2002, when I became an STS employee as the organization began its era of self-management.

Things were not so rosy on June 1, 2002, for the organization or for the specialty. STS financial reserves recently had shrunk, with back-to-back years of substantial losses from operations; moreover, the specialty itself was staring at significant challenges—the volume of PCI procedures was rapidly growing while the volume of CABG procedures was heading south, the federal government was reducing reimbursement for the entire specialty (and threatening to do so even more dramatically), and fewer

medical students were seeking thoracic surgery residency positions.

It was against this backdrop that I went for a run with then STS President Bill Baumgartner just a few months into my new job, while attending an American Society of Association Executives CEO Symposium in Tysons Corner, Virginia. Whether in an attempt to bolster my newly informed/alarmed spirits or just as a function of his eternally optimistic nature, Bill could not have been more positive about the future of thoracic surgery, regaling me with lessons of its past as a specialty that consistently continued to thrive, even after the diseases that had contributed to its growth were in retreat. This positive, can-do spirit of thoracic surgery was also in evidence 4 years later, when Fred Grover chimed in with a 2007 Presidential Address titled “The Bright Future of Cardiothoracic Surgery in the Era of Changing Health Care Delivery,” just as the specialty was by some measures hitting bottom.

Thankfully, both the organization and the specialty have persevered and succeeded since those early days of my tenure. That said, all is not rosy for thoracic surgery as we enter 2019 (is it ever?). The hospital employment model has taken hold in the United States, with many of its longer term ramifications still unknown; competition within the specialty has only increased with the advent of third party rankings that capture the public’s (and hospital administrators’) attention; quality vs. access questions abound; and thoracic surgery—like the rest of medicine—remains vulnerable to the whims of political forces beyond its control, in Washington and throughout the world. With insight gained over the course of 16+ years since that run with Bill, however, I too am confident that thoracic surgery is well-equipped to successfully face these and other challenges going forward.

As for the organization, I would like to think it’s in a better place in 2019 than it was in 2002. And for that, the list of people I wish to acknowledge and thank is simply too long to detail here. I will, however, take the prerogative of highlighting a few, as is customary in farewell columns like this one. Special thanks go to Mark Orringer, for being a role model for the kind of professional I’d want to work closely with and for if I were to leave my private law practice; to the late Gordon Murray for composing a well-timed “carpe diem” editorial for CTSNet that inspired me; to Doug Mathisen, for articulating in my initial STS job interview a new vision of partnership for STS volunteer leaders and staff that has sustained me and my now-70+ colleagues in an environment of mutual respect and collaboration; to all of the other Presidents, Secretaries, and other volunteer leaders with whom I’ve been privileged to work closely; to Cheryl Wilson, for being my professional partner since agreeing to serve as the legal secretary for a reputedly tough customer in 1997 and then taking that pivotal plunge with me to a new career 5 years later; to the rest of our terrific STS staff, past and present; and to an engaged and loyal membership, without whom there would be no STS.

And so to answer Mike’s question as it pertains to this column—and as is particularly fitting with the holiday season now coming to an end, I will say what Fred Grover (perhaps the best ambassador for the specialty and the Society I’ve encountered since 1987, and winner of the Houston Academy of Medicine’s 2019 John P. McGovern Compleat [sic] Physician Award for “extraordinary contributions to medicine and humanity”) has said to me at the end of virtually every conversation between us for at least 25 years: “peace” — and best wishes to you and yours for the New Year on behalf of the entire staff.

See you in San Diego! ■



## Member News



### PROFESSORSHIP NAMED AFTER BOVE; OHYE IS FIRST RECIPIENT

**Edward L. Bove, MD** (right) has been honored for his pioneering work in congenital heart surgery with the establishment of the Edward L. Bove Professorship of Cardiac Surgery at the University of Michigan in Ann Arbor. Dr. Bove currently serves as the Helen F. and Marvin M. Kirsh Professor of Cardiac Surgery at Michigan and was the inaugural Chair of the Department of Cardiac Surgery from 2011 to 2018. He has been an STS member since 1983. **Richard G. Ohye, MD** is the first recipient of the Professorship. He is the Associate Chair of the Department of Cardiac Surgery, Head of the Section of Pediatric Cardiovascular Surgery, and Co-Director of the University of Michigan C.S. Mott Children's Hospital Congenital Heart Center. Dr. Ohye has been an STS member since 2003.



### RUSCH BECOMES ACS PRESIDENT-ELECT

**Valerie W. Rusch, MD** is the 2018-2019 President-Elect of the American College of Surgeons. She also is the recipient of the College's 2018 Distinguished Service Award—its highest honor. Dr. Rusch is the Vice Chair of Clinical Research and holds

the Miner Family Chair in Intrathoracic Cancers at Memorial Sloan Kettering Cancer Center in New York City. She has been an STS member since 1988.



### CHEN IS CHIEF AT CHOP

**Jonathan M. Chen, MD** has joined the Children's Hospital of Philadelphia as Chief of Pediatric Cardiothoracic Surgery and Co-Executive Director of the Cardiac Center. He also holds the Mortimer J. Buckley Jr. Endowed Chair in Pediatric Cardiothoracic

Surgery. Previously, Dr. Chen was Chief of Congenital Cardiac Surgery at Seattle Children's Hospital, as well as Co-Director of the Heart Center and Professor of Surgery at the University of Washington School of Medicine. He has been an STS member since 2004.



### BHORA ELECTED AS ECTSS PRESIDENT

**Faiz Y. Bhora, MD** is the new President of the Eastern Cardiothoracic Surgical Society. He also is President of the New York General Thoracic Surgical Club. Dr. Bhora is Chief of Thoracic Surgery at Mount Sinai West and Mount Sinai St. Luke's Hospitals in New York

City. He has been an STS member since 2005.



### WEKSLER APPOINTED SYSTEM DIRECTOR

**Benny Weksler, MD, MBA** has been named System Director of General Thoracic Surgery at Allegheny Health Network in Pittsburgh. Previously, Dr. Weksler was Chief of the Division of Thoracic Surgery, Professor of Surgery, and the Eastridge-Cole Endowed

Professor of Thoracic Oncology at the University of Tennessee Health Science Center in Memphis. He has been an STS member since 2001.



### LEE MOVES TO GEORGIA

**Richard Lee, MD** is the new Chief of the Division of Cardiothoracic Surgery at the Medical College of Georgia at Augusta University. Previously, Dr. Lee was Co-Director of the Center for Comprehensive Cardiovascular Care at St. Louis University

School of Medicine. He has been an STS member since 2005 and chairs the Society's Workforce on Annual Meeting.



### VARGHESE TAPPED AS MASTER SURGEON EDUCATOR

**Thomas K. Varghese Jr., MD, MS** was elected as an Associate Member of the American College of Surgeons' Academy of Master Surgeon Educators. Members of the Academy work closely with the College to identify trends in surgical education and

foster innovation in the field. Dr. Varghese is the Chief Value Officer at the University of Utah's Huntsman Cancer Institute in Salt Lake City. He has been an STS member since 2006 and chairs the Society's Workforce on Clinical Education. ■



### MARSH PROMOTED TO DIRECTOR

**Dale H. Marsh, MD** has been named Director of the Cardiovascular Interventional ICU Team at the Cleveland Clinic. Previously, he was a Cardiothoracic Intensivist at the Clinic. Dr. Marsh has been an STS member since 2013.

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

## STS Releases E-Learning Modules

→ continued from cover

4. Is an experienced surgeon performing a robotic lobectomy for the first time ethically obligated to include his/her limited experience in the informed consent discussion?

“The e-learning module on surgical ethics helps surgeons analyze a variety of difficult situations in which more than one option may seem reasonable, or in which there is disagreement between the surgeon and patient or family on how to proceed,” said one of the module developers, Robert M. Sade, MD, former Chair of the STS Committee on Standards and Ethics and the 2012 recipient of the Society’s Distinguished Service Award.

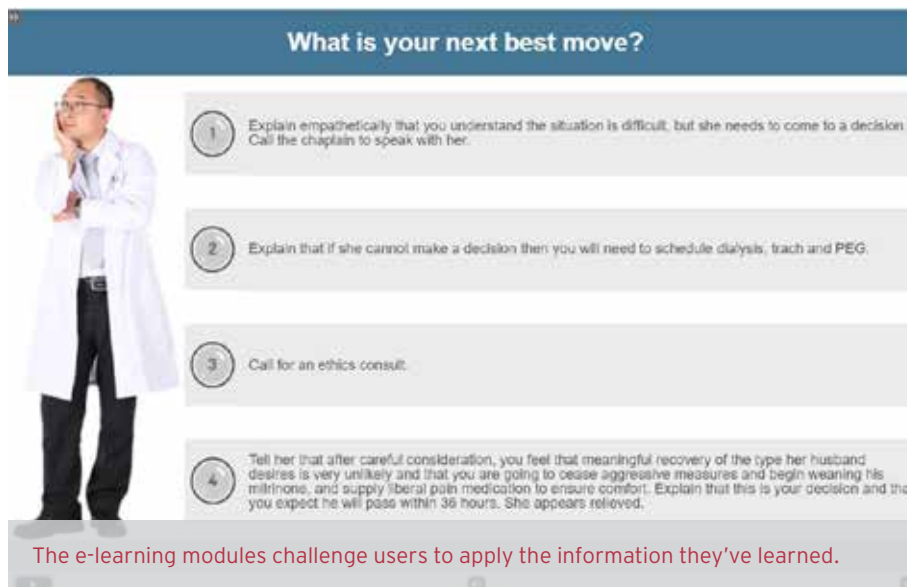
### SHARED DECISION-MAKING

The shared decision-making module helps cardiothoracic surgeons understand the importance of involving patients when making decisions about treatment options.

“Surgeons need education to overcome misconceptions about shared decision-making; there are several inhibitors to its adoption,” said James R. Edgerton, MD, a member of the Society’s Clinical Practice and Member Engagement Council Operating Board who helped create the module. “Surgeons may believe that the practice will lead to incorrect decisions or that they don’t have the time for it. Further, they simply may not be familiar with the process. But a patient’s active participation is a key factor in establishing a strong physician-patient relationship and may improve outcomes.”

The module looks at three scenarios that may be challenging, especially for a surgeon who is new at shared decision-making:

1. A 45-year-old diabetic woman with complex coronary disease is afraid of pain from a sternotomy and wants a minimally invasive procedure combined with medical therapy, which the surgeon feels is a poor decision.
2. A 50-year-old man diagnosed with a stage I non-small-cell carcinoma in his lung chooses to forgo the surgeon’s



**What is your next best move?**

- 1 Explain empathetically that you understand the situation is difficult, but she needs to come to a decision. Call the chaplain to speak with her.
- 2 Explain that if she cannot make a decision then you will need to schedule dialysis, trach and PEG.
- 3 Call for an ethics consult.
- 4 Tell her that after careful consideration, you feel that meaningful recovery of the type her husband desires is very unlikely and that you are going to cease aggressive measures and begin weaning his milrinone, and supply liberal pain medication to ensure comfort. Explain that this is your decision and that you expect he will pass within 36 hours. She appears relieved.

The e-learning modules challenge users to apply the information they've learned.

recommended treatment because he’s worried about losing his job if he takes too much time off from work.

3. An 87-year-old man who experienced a postoperative stroke has become ventilator- and dialysis-dependent; the surgeon recommends that his wife withdraw aggressive care, but she is unable to make the decision.

The module also explores factors that impact a patient’s ability to participate in shared decision-making, including age, socioeconomic status, and disease status. Surgeons will be given tools and techniques to aid patients in the process.

### BREAKING BAD NEWS

The breaking bad news module provides guidance on discussing end-of-life care with patients and their families. It outlines a complicated situation in which a patient’s advanced directive gave medical power of attorney to his wife, who had been institutionalized for several years with dementia.

Surgeons will be provided with specific steps to take and language to use when they encounter similarly challenging situations in the future.

### CULTURAL COMPETENCIES

The cultural competencies module examines how surgeons can deliver care that addresses not only patients’ medical needs, but also their social and cultural needs. It addresses topics such as sensitivity to religion, gender differences, distrust of the health system, and language barriers.

“As cardiothoracic surgeons, we need to have a better understanding of our patients’ expectations based on their beliefs so that optimal care is delivered,” said Subroto Paul, MD, MPH, one of the module developers. ■

To purchase the modules, visit [sts.org/learningcenter](http://sts.org/learningcenter). If you have questions, contact the STS Education Department at [education@sts.org](mailto:education@sts.org).

## CT Surgery Residents Prepare for Jeopardy Title

Cardiothoracic surgery residents from Europe and North America will face off at the STS 55th Annual Meeting in the ultimate cognitive challenge—the STS Cardiothoracic Surgery Jeopardy Championship.

Qualifying competitions were held at the European Association for Cardio-Thoracic Surgery Annual Meeting in October 2018 and the

Southern Thoracic Surgical Association Annual Meeting in November 2018. The winners, representing the Hospital Santa Cruz in Lisbon and the University of Rochester in New York, respectively, will compete for international bragging rights on Sunday, January 27, at 4:45 p.m. in the Exhibit Hall at the San Diego Convention Center. ■



Paulo Oliveira, MD and Pedro Magro, MD (second and third from left, respectively) from Hospital Santa Cruz in Lisbon, Portugal, won the European Jeopardy competition.



Amber Melvin, MD (left) and Bartholomew Simon, MD from the University of Rochester in New York won the North American Jeopardy competition.

## Staff Updates

**Amanda Wright** joined the Society on November 5 as its Senior Coordinator, E-Learning after filling the role on a temporary basis since July. She contributes to the creation, development, and implementation of e-learning education initiatives, including e-books, webinars, and standalone activities. Previously, Amanda was a Learning and Development Designer at the Coca-Cola Bottling Company in Charlotte, North Carolina. She holds a bachelor of arts degree in communications from Queens University of Charlotte. To contact Amanda, email [awright@sts.org](mailto:awright@sts.org).

**Meagan Reichstein** joined STS on November 26 as its Exhibit Manager. She manages all trade show and exhibit functions in conjunction with the STS Annual Meeting, Tech-Con, and standalone meetings. Previously, Meagan was an Exhibit Manager at Corcoran Expositions in Chicago. She holds a bachelor of general studies degree in communication studies from the University of Kansas in Lawrence and also is certified in exhibition management. To contact Meagan, email [mreichstein@sts.org](mailto:mreichstein@sts.org).

**Adelaide Dolan** joined STS on December 3 as its STS National Database Coordinator after filling the role on a temporary basis since August. She assists with the daily administrative functions of the Society's quality and patient safety activities, especially for the STS National Database. Previously, Adelaide was an Events and Social Media Intern with the InsideOut Literary Arts Project

in Detroit. She holds a bachelor of science degree in biopsychology, cognition, and neuroscience from the University of Michigan in Ann Arbor. To contact Adelaide, email [adolan@sts.org](mailto:adolan@sts.org).

**Simone Townsend** joined STS on December 3 as an Editorial Assistant for *The Annals of Thoracic Surgery* after filling the role on a temporary basis since August. She coordinates the journal's continuing medical education activities and assists with the peer-review process, among other editorial duties. Previously, Simone was a Transfer Initiatives Assistant to the Associate Registrar at Columbia College Chicago. She holds a bachelor of arts degree in music from Columbia. To contact Simone, email [stownsends@sts.org](mailto:stownsends@sts.org).

**Adam Doty** joined the Society on December 10 as its Senior Manager, Governance and Membership. He manages activities central to STS governance, including the annual leadership appointment and nomination processes, as well as oversees the Society's membership application, admission, and customer service activities. Previously, Adam held several positions at Rotary International and The Rotary Foundation, including Programs and Alumni Relations Manager. He earned a master of public policy degree from The University of Chicago and a bachelor of arts degree in Russian Language and Literature from Grinnell College in Iowa. ■



## LISTEN TO NEW PODCAST SERIES

The Society has expanded its Surgical Hot Topics podcast series with a new program called "Beyond the Abstract." Hosted by Thomas K. Varghese Jr., MD, MS, *Annals* Deputy Editor, Digital Media and Digital Scholarship, the program explores the "whys" behind recent articles in *The Annals of Thoracic Surgery* and discusses next steps with authors and thought leaders. In the first episode, David M. Shahian, MD and Keith S. Naunheim, MD join Dr. Varghese to discuss the motivation for developing surgeon-level outcomes metrics and why it's important, as outlined in the October 2018 *Annals* article, "Individual Surgeon Performance in Adult Cardiac Surgery." Subscribe to Surgical Hot Topics via your favorite podcast app, or listen at [sts.org/podcast](https://sts.org/podcast). ■

## THE ANNALS OF THORACIC SURGERY

## Beyond the Abstract Surgical Hot Topics

## Read Clinical Practice Documents on Pulmonary Metastasectomy, Management of Malignant Pleural Effusions

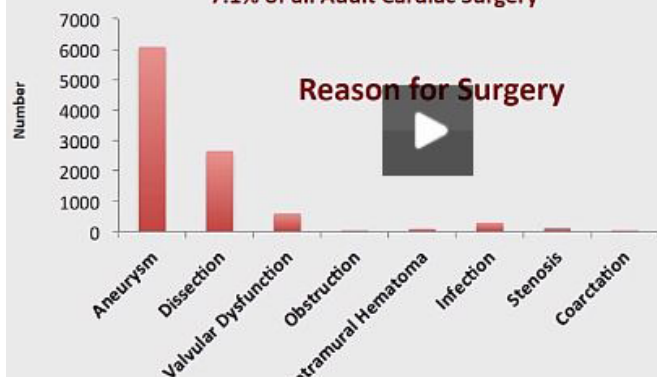
Although pulmonary metastasectomy has been performed for decades, there has been a lack of clinically relevant guidance, particularly with regard to timing and indications. As a result, STS convened a multidisciplinary group of general thoracic surgeons, radiation oncologists, and medical oncologists to create a consensus statement. Written by John R. Handy, MD and colleagues, the "STS Expert Consensus Document on Pulmonary Metastasectomy" is currently available online and will be published in the February issue of *The Annals of Thoracic Surgery*. Read the statement at [sts.org/expertconsensus](https://sts.org/expertconsensus).

Additionally, STS, the American Thoracic Society, and the Society of Thoracic Radiology have developed a new clinical practice guideline designed to help manage patients with malignant pleural effusions. "Management of Malignant Pleural Effusions: An Official ATS/STS/STR Clinical Practice Guideline" uses evidence-based recommendations from a multidisciplinary panel that included Malcolm M. DeCamp, MD as the STS representative. Read the document at [sts.org/endorsed-documents](https://sts.org/endorsed-documents). ■

## Aorta 2.9: First look!

July 1, 2017 to Dec 31, 2017

**Aortic Procedures: 10 286 cases in 6mos**  
**7.1% of all Adult Cardiac Surgery**



AQO Online provides access to all presentations from the 2018 meeting in Los Angeles.

## AQO Online Now Available

If you missed the 2018 Advances in Quality & Outcomes (AQO): A Data Managers Meeting, you can still experience the exceptional meeting content through AQO Online. AQO Online provides unlimited, on-demand viewing of meeting presentations with audio, is compatible with computers and mobile devices, and—**new!**—offers the ability to earn CE or CEU credit. Purchase access to specific sessions or a complete set, which includes all Database components. Those who attended AQO 2018 receive free access to the online products that correspond to the sessions for which they were registered; log in with the credentials that were used to register for the meeting. Visit [sts.org/AQOonline](https://sts.org/AQOonline) for details. ■



## SCHOLARSHIPS ENCOURAGE CT SURGERY CAREERS

The Society's Looking to the Future (LTTF) Scholarship Program will bring 30 general surgery residents and 30 medical students, each with an interest in exploring a career in cardiothoracic surgery, to the upcoming STS 55th Annual Meeting in San Diego.

More than 150 medical students and residents applied for the 2019 scholarships.

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 Society has awarded 550 scholarships.

During the meeting, educational programs for medical students and residents provide targeted information about cardiothoracic surgery as a profession, life as a cardiothoracic surgeon, and the application processes for training programs. In addition, each scholarship recipient is assigned a surgeon mentor to provide one-on-one insights.

To view a list of the 2019 scholarship recipients, visit [sts.org/lttf](https://sts.org/lttf). For information regarding the LTTF program, contact Rachel Pebworth, Affiliate Manager, Awards and Operations, at [rpebworth@sts.org](mailto:rpebworth@sts.org) or 312-202-5835. ■



### VIEW PHOTOS FROM CT SURGERY IN THE FUTURE COURSE

In an effort to help recruit medical students and general surgery residents into the specialty, the Society offers an annual Cardiothoracic Surgery in the Future Course in conjunction with the American College of Surgeons Clinical Congress. The 2018 course, which took place on October 22 in Boston, was a huge success with record-breaking attendance. Check out the course photos featuring approximately 150 eager attendees getting hands-on experience with six different cardiothoracic surgical procedures at [sts.org/2018CTfuturephotos](https://sts.org/2018CTfuturephotos). ■

## STS Engages the General Public via Press Release Program

As part of its continuing effort to raise public awareness about the Society, cardiothoracic surgery, and the role that cardiothoracic surgeons play in the health care arena, STS issued one press release October 12–December 18, 2018. A brief recap can be found below. To read the full press release, visit [sts.org/media](https://sts.org/media).

December 18: **“Brain Health Not Affected by Major Heart Surgery”** described a study in *The Annals of Thoracic Surgery* showing

that patients who undergo coronary artery bypass grafting surgery do not experience major memory changes—either better or worse—when compared with those who have minimally invasive cardiac catheterization.

For more information on the Society's press release program and other public outreach efforts, please contact [media@sts.org](mailto:media@sts.org). ■



Mark your calendar. February 22 is  
National Heart Valve Disease Awareness Day.

Learn more at [ValveDiseaseDay.org](https://ValveDiseaseDay.org).

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## Latin America Conference Gains Momentum

In its second year, the STS/EACTS Latin America Cardiovascular Surgery Conference saw growth in both the number of attendees and the number of countries represented.



The Thoracic Surgery Foundation offered 25 scholarships to attend the conference. This photo depicts 16 of the scholars.

More than 300 people from 33 countries attended the 2018 meeting, held November 15-17 in Cartagena, Colombia, compared to approximately 230 attendees from 23 countries in 2017.

“The second edition of this conference consolidated an educational tool for those who practice in Latin America and have no chance to attend the STS or EACTS annual meetings,” said course director Jose L. Pomar, MD, PhD, from Barcelona, Spain, who is an EACTS Past President.

Other course directors included Juan P. Umana, MD, from Bogota, Colombia, Vinod H. Thourani, MD, from Washington, DC, Nestor F. Sandoval, MD, from Bogota, Colombia, Manuel J. Antunes, MD, PhD, DSc, from Coimbra, Portugal, and STS Past President Joseph E. Bavaria, MD, from Philadelphia, Pennsylvania.

**“The second edition of this conference consolidated an educational tool for those who practice in Latin America and have no chance to attend the STS or EACTS annual meetings.”**

*—Jose L. Pomar, MD, PhD*

The 2.5-day conference featured invited lectures, scientific abstract presentations, Stump the Professor sessions, and how-to videos that concentrated on the multidisciplinary approach to coronary artery disease, valvular heart disease, thoracic aorta disease, atrial fibrillation, and the surgical management of heart failure. A congenital heart disease component was added this year as well.

An exciting and well-attended literature review session was held Friday morning, during which panelists discussed the transcatheter mitral valve revolution and insights from COAPT, MITRA-FR, and other related trials.

“It was important to put these trials into context and explain what they mean for the cardiothoracic surgical community; we need to have more of these sessions next year,” said Dr. Bavaria.

STS and EACTS representatives are already hard at work planning the 2019 meeting.



Jose L. Pomar, MD, PhD gave the keynote speech, “Antoni Gaudi and the Mitral Valve.”



The STS/EACTS Latin America Conference featured faculty from three continents.

“The course format will continue to evolve. In the future, we hope to further integrate with other specialties, such as cardiology and imaging,” Dr. Pomar said. ■

For more photos from the meeting, view the STS Flickr album at [sts.org/LatinAmericaPhotos](https://sts.org/LatinAmericaPhotos).



# Don't Wait: Register Today for the Annual Meeting

→ continued from cover

## THE BEST FORUM FOR SCIENTIFIC RESEARCH

The meeting schedule has been reorganized, and the opening plenary session will be held on Sunday afternoon instead of Monday morning. This session will include presentation of the J. Maxwell Chamberlain Memorial Papers, which represent some of the top-rated abstracts at the meeting.

The Chamberlain paper for adult cardiac surgery examines the relationship between a hospital's surgical aortic valve replacement volume and its transcatheter aortic valve replacement outcomes. The congenital heart surgery paper reviews patient-perceived functional health status for adults who underwent transposition of the great arteries repair as children during the transition from atrial to arterial

repair. And the general thoracic surgery paper takes a look at whether thoracic surgery regionalization within an integrated health care system

improves outcomes of major pulmonary resections for lung cancer.

The Richard E. Clark Memorial Papers highlight research utilizing data from the STS National Database. These papers will be featured during specialty-specific parallel sessions on Monday and Tuesday. The Clark paper for adult cardiac surgery looks at reoperative surgical aortic valve replacement for bioprosthetic failure. The congenital heart surgery paper describes outcomes of the Fontan operation with and without Down syndrome, and the general thoracic surgery paper evaluates survival for lobectomy versus segmentectomy for clinical stage IA lung cancer in elderly patients.

## HEAR FROM EXPERTS AROUND THE WORLD

The STS Annual Meeting brings together surgeons from across the globe to share their unique experiences and also features

a number of joint sessions with international medical societies.

A session to be presented on Sunday by STS, the Canadian Association of Thoracic Surgeons, and the Canadian Society of Cardiac Surgeons will review trends in the utilization of minimally invasive surgical techniques for anatomic pulmonary resection, including both video-assisted thoracoscopic and robotic surgery.

On Monday, the Society will team with the European Association for Cardio-Thoracic Surgery in a session on alternatives to the standard classic repair for DeBakey type I aortic dissection. Experts will discuss the outcomes of innovative extended arch repair techniques, including the distal aortic

frozen elephant trunk, novel branched arch endografts, and valve retention root reconstructive surgery.

Also on Monday, STS will join the

European Society of Thoracic Surgeons to discuss controversial issues in general thoracic surgery, including invasive staging in early stage lung cancer, multimodal approaches for the treatment of stage IIIA/IIIB lung cancer, and the use of induction therapy in patients with T2N0 esophageal cancer.

Finally, STS and the International Society for Heart and Lung Transplantation will hold a symposium on Monday looking at how ventricular assist devices are utilized in European and Asian populations, as well as the latest innovations in univentricular and biventricular support.

And that's just the tip of the iceberg. The Annual Meeting will feature dozens of oral abstract presentations, invited talks by renowned speakers, lively debates, and surgical videos.

If you are not registered for the Annual Meeting, you can register online at [sts.org/annualmeeting](https://sts.org/annualmeeting) or onsite in San Diego beginning Friday, January 25. ■

## Put Knowledge into Practice at STS University

STS University, a popular series of hands-on learning activities, will take place during two sessions on Sunday morning, January 27. Several courses still have space available, so add one or more to your schedule. Each course is \$175.

These courses feature both didactic lectures, to be viewed online before January 27, and hands-on experiences in a wet lab or on a simulator in San Diego. You can view the lectures for all STS U courses at [sts.org/stsuniversity](https://sts.org/stsuniversity).

**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 - Reimplantation

**Course 5:** Aortic Root Enlargement Procedures and Aortic Valve Leaflet Reconstruction

**Course 6:** VATS Lobectomy

**Course 7:** Advanced Open Esophageal and Tracheal Procedures

**Course 8:** Complex Chest Wall Issues for the Thoracic Surgeon: Reconstruction After Tumor Resection, Pectus Deformities, and Rib Fractures

**Course 9:** Minimally Invasive Aortic and Mitral Surgery

**Course 10:** Peroral Endoscopic Myotomy (POEM) Skills

**Course 11:** Robotic Lobectomy

**Course 12:** VATS Sleeve Lobectomy

**Course 13:** Percutaneous Transseptal Access, Transcatheter Mitral Valve Repair, and Mitral Valve-in-Valve Replacement



## Keynote Lecturers to Address Immunotherapy, Artificial Intelligence

Two intriguing and inspiring keynote lectures are planned for the Annual Meeting. In a change from previous years, the lectures will be presented on separate days—Sunday afternoon and Tuesday morning.



### THOMAS B. FERGUSON LECTURE LAURIE H. GLIMCHER, MD

SUNDAY, JANUARY 27, 3:30 p.m.

Dr. Glimcher is an immunologist who has made seminal discoveries in cancer immunology research, particularly in the fields of transcriptional regulation, lymphocyte differentiation, immunology, and osteobiology. She is President and CEO of the Dana-Farber Cancer Institute in Boston—the first woman to hold that position—and also is Principal Investigator and Director of the Dana-Farber/Harvard Cancer Center, as well as the Richard and Susan Smith Professor of Medicine at Harvard Medical School. Her address is titled “Cancer Immunotherapy: The End of the Beginning.” ■



### C. WALTON LILLEHEI LECTURE ERIC TOPOL, MD

TUESDAY, JANUARY 29, 9:45 a.m.

Dr. Topol is a cardiologist and geneticist specializing in the use of artificial intelligence, “deep” data, and smart technology for individualized treatment approaches. He holds the Gary and Mary West Endowed Chair of Innovative Medicine at Scripps Research, is the Director and Founder of the Scripps Research Translational Institute, and is Chief Academic Officer of Scripps Health in La Jolla, California. His talk will explore “High-Performance Medicine: The Convergence of Artificial Intelligence and Health Care.” ■

## THANK YOU!

The Society of Thoracic Surgeons gratefully acknowledges the following companies for providing educational grants for the STS 55th Annual Meeting.

*This list is accurate as of January 3, 2019.*

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Visit [sts.org/mobileapp](https://sts.org/mobileapp) to download now.  
The 2019 meetings app is supported by Medtronic.

# How to Live Tweet from the STS Annual Meeting

Jessica G.Y. Luc, MD, University of British Columbia, Vancouver, Canada  
Mara B. Antonoff, MD, The University of Texas MD Anderson Cancer Center, Houston



Using Twitter for communication and information dissemination at major medical conferences such as the STS 55th Annual Meeting allows for real-time international conversations, critical appraisal, and networking. Discourse via Twitter broadens the discussion venue for scholarly activity by engaging those attending a meeting, as well as those who are unable to attend. Best of all, these conversations often continue even after the meeting adjourns.

Just in time for the upcoming Annual Meeting in San Diego, here is a how-to guide for utilizing Twitter to maximize your conference experience and expand the reach of the exciting science presented at the meeting.

## PREPARE BEFORE THE MEETING

If you don't already have one, sign up for a Twitter account. When creating a username, use your full name and designate yourself as a physician. Include a professional picture, your occupation, academic/hospital affiliations, and biography to improve the credibility of your content. You'll need to make your profile public so that anyone attending the STS Annual Meeting can see your tweets. If it's private, only those who you have approved to follow you will see your tweets.

You'll also want to follow individuals in the cardiothoracic surgery community, as well as organizations such as STS (@STS\_CTSurgery). Familiarize yourself with Twitter's key features, including liking, retweeting, and replying to tweets. In addition to tweeting your own thoughts, you can interact with other Annual Meeting attendees by responding to their posts.

## ENCOURAGE DISCUSSION OF YOUR WORK

If you're presenting at the STS Annual Meeting, tweet about your talk in advance to build anticipation. You also can schedule tweets to be sent out during your presentation using a third-party app. You may want to include your Twitter handle and your institution's handle on your slides, as well as the conference hashtag (#STS2019). Create slides that are designed to be tweeted, like a visual abstract or summary slide. Assume by default that data are no longer private once presented.

### KEY STS HANDLES FOR THE 2019 ANNUAL MEETING

The Society of Thoracic Surgeons	@STS_CTSurgery
<i>The Annals of Thoracic Surgery</i>	@annalsthorsurg
STS Advocacy	@STS_Advocacy
STS Workforce on Career Development	@CTSurgCareers
The Thoracic Surgery Foundation	@CTSurgeryFdn

### KEY HASHTAGS

#STS2019	STS Annual Meeting 2019
#CTCareers	Cardiothoracic surgery careers
#CTSurgery	Cardiothoracic surgery
#CVICU	Cardiovascular intensive care unit
#ERAS	Enhanced recovery after surgery
#Radialfirst	Radial artery first
#LCSM	Lung cancer social media
#FOAMed	Free open access medical education
#meded	Medical education
#SoMe4Surgery	Social media for surgery
#TSSMN	Thoracic Surgery Social Media Network

## CRAFT THE PERFECT CONFERENCE TWEET

Once you arrive in San Diego, start sharing your meeting experience! You can highlight sessions that you're looking forward to attending or share something interesting that you heard during a presentation.

Construct your tweets carefully to have the highest impact. Essential components include:

- **Hashtags** – Using the meeting hashtag, #STS2019, ensures that anyone who is following the meeting feed will see your tweet. Your tweets also could appear in the STS Meetings app or the STS Meeting Bulletin. Additional hashtags that may be relevant are shown in the above chart.
- **Speaker tags** – If you're tweeting about a specific presentation, tag the speakers and their institutions by typing @ in front of their usernames. This will notify the speakers that you've tweeted about their presentation; they may retweet, reply to, or like your tweet.
- **Quotes** – Differentiate your personal views from those of the speakers by using quotations.
- **Additional resources** – Make your tweet more interactive by linking to relevant studies mentioned in the presentation or including a photo of key slides. (Note that taking photos of slides during Tech-Con 2019 is not permitted.)

## FOLLOW APPROPRIATE TWITTER ETIQUETTE

It's important not to disturb your fellow meeting attendees while you're tweeting. Turn down your phone brightness and volume, and do not obstruct the view of other attendees. In addition, respect intellectual property if requested by the presenter. And keep in mind that while controversy is acceptable, don't attack someone who may hold different views than you do. Keep your conversation civil.

If you have any questions, please reach out to either of us on Twitter (@JessicaLuc1, @maraantonoff) or in person in San Diego. We look forward to your participation at #STS2019! ■

## What the Midterm Election Results Mean for Cardiothoracic Surgery

The results of the midterm elections this past November in the United States will provide new opportunities and challenges for STS advocacy. Although Congress is now divided, the election was a successful one for cardiothoracic surgery, as 91% of the candidates supported by STS-PAC won their elections.

Republicans expanded their majority in the Senate and Democrats now control the House, with a net gain of 40 seats.

House Democrats already have signaled that they intend to kick off the new year by addressing important health care issues, including health insurance protections for preexisting conditions and drug pricing. They also are expected to actively wield oversight powers when it comes to the Executive Branch. This may prove useful to STS when, for example, the Society believes a proposed regulation would be too onerous for cardiothoracic surgeons or would threaten patient safety; STS regularly comments on proposed rules and regulations issued by the Administration.

### PUSH FOR BIPARTISANSHIP

As many new members of Congress begin their terms, there may be a renewed emphasis on bipartisanship in hopes of passing substantial

legislation. STS surgeon leaders and staff in Washington, DC, will work to take advantage of that bipartisan mindset and leverage relationships with those elected officials; the Society's unique, nonpartisan priorities may strike a chord with them.

**Although Congress is now divided, the election was a successful one for cardiothoracic surgery, as 91% of the candidates supported by STS-PAC won their elections.**

In addition, STS will continue to strengthen its relationships with the current co-chairs of the bipartisan Problem Solvers Caucus, Reps. Tom Reed (R-NY) and Josh Gottheimer (D-NJ), and make sure that the issues important to cardiothoracic surgeons are heard and carefully considered.

### GET INVOLVED TODAY

With health care on the agenda so soon in the new Congress, STS members are strongly encouraged to meet with their representatives early in 2019, especially with freshman members who will be eager to forge relationships with surgeon constituents. If you are interested in connecting with your representatives, sign up as an STS Key Contact at [sts.org/advocacy](https://sts.org/advocacy). ■

## ANNUAL MEETING SESSIONS HIGHLIGHT STS ADVOCACY



Visit the STS booth to learn about advocacy efforts.

You'll have a number of opportunities to learn more about the Society's advocacy efforts—and how you can help—at the upcoming STS 55th Annual Meeting in San Diego, January 27-29.

On Sunday, January 27, the Key Contacts: Advocates for Cardiothoracic Surgery session will provide you with the tools to become involved. Experienced Key Contacts will share their perspectives from the front lines of STS advocacy, as well as role-play a meeting with a member of Congress—showing how to make things go well and explaining what to do if they don't. Speakers also will discuss the Society's advocacy priorities, focusing especially on health care issues that will be facing the new Congress.

The Health Policy Forum on Tuesday, January 29, will delve into the intricacies of the Merit-Based Incentive Payment System (MIPS), which affects Medicare payments

for cardiothoracic surgeons. MIPS assesses physicians in four categories—quality, resource use, participation in clinical practice improvement activities, and use of electronic health records. You'll learn what you are required to report and how you can achieve maximum scores in all four categories. In addition, Alternative Payment Models and bundled payments for coronary artery bypass grafting surgery will be reviewed.

Please stop by the STS booth in the Exhibit Hall (#601), where staff from the Washington, DC, office will be available to discuss the legislative and regulatory issues that most directly impact you and your practice. You also can hear about STS-PAC, the only political action committee that exclusively represents cardiothoracic surgery.

Get more details about the Annual Meeting program on page 1, or visit [sts.org/annualmeeting](https://sts.org/annualmeeting). ■

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## MARK YOUR CALENDAR

### Upcoming STS Educational Events

**Coding Workshop**

San Diego, California  
January 25-26, 2019

**Tech-Con 2019**

San Diego, California  
January 26, 2019

**STS 55th Annual Meeting**

San Diego, California  
January 27-29, 2019

**Workshop on Robotic Cardiac Surgery**

Atlanta, Georgia  
March 29-30, 2019

**TEVAR Symposium**

Chicago, Illinois  
April 4-5, 2019

**Workshop on Robotic Thoracic Surgery**

Atlanta, Georgia  
May 16-18, 2019

**Advances in Quality & Outcomes:**

**A Data Managers Meeting**  
New Orleans, Louisiana  
October 23-25, 2019

Find out more at  
[sts.org/meetings/live-courses](http://sts.org/meetings/live-courses).

# Thank You!



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