Ethical Issues in Surgical Innovations
Ohio Chapter, American College of Surgeons

Executive Committee
Joseph J. Sferra, MD, FACS
Toldeo Surgical Specialists Inc
jsferra@uh.com
President
Alice Ann Bachowski, MD, FACS
Holzer Clinic
adachowski@holzerclinic.com
Vice-President
Jay Johannisman, MD, FACS
University of Cincinnati
jay.johannisman@uc.edu
Secretary
Steven M. Steinberg, MD, FACS
The Ohio State University
steinberg.6@osumc.edu
Treasurer
Michael D. Sarap, MD, FACS
Southeastern Ohio Physicians Inc
msarap@msn.com
Immediate Past President
Christopher McHenry, MD, FACS
MetroHealth Medical Center
cmchenry@metrohealth.org
Past President

District Councilors
Brent Michael Alan Bogard, MD, FACS
Cleveland Clinic
bogard@ccf.org
Northeast
Bruce Avnurbrook, MD, FACS
MetroHealth Medical Center
bauvbrook@metrohealth.org
Northeast
Michael Bielefeld, MD, FACS
Surgical Specialists of Bowling Green LLC
bielefeldldm@netscape.net
Northwest
Peter F. Klein, MD, FACS
TSSI
pklein@tssimed.com
Northwest
David M. Hasl, MD, FACS
Lancaster Surgical Associates
haulhas@yahoo.com
Southeast
J. Allen McElroy, MD, FACS
Surgical Associates of Marietta
jamelroy@mhospitals.org
Southeast
Agapitus Peter Ekeh, MBBS, MPH, FACS
Miami Valley Hospital
peter.ekeh@wright.edu
Southwest
Cari A Ogg, MD, FACS
Cincinnati General Surgeons
agoghusted@hotmail.com
Southwest
ACS Board of Governors, Ohio Members
Linda M. Barney, MD, FACS
Wright State University Dept of Surgery
linda.barney@wright.edu
Alice Ana Bachowski, MD, FACS
Holzer Clinic
adachowski@holzerclinic.com
David W. Linz, MD, FACS
Canton General Surgery Associates
dlinz@nouco.com

Ohio Chapter Committees
Advocacy & Health Policy
Michael E. Stark, MD, FACS
Surgical Partners Inc
mstark@tssimed.com
Chair
James I. Mirtini, MD, FACS
Surgeon
Cleveland Clinic Foundation
mirtini@ccf.org
Vice-Chair
Assn of Women Surgeons Representative
Nancy L. Gantt, MD, FACS
St Elizabeth Health Center
ngant@ohio.com
Chair
Awards
Mark A. Malangoni, MD, FACS
MetroHealth Medical Center
mmalangoni@metrohealth.org
Chair
Bylaws
Gary B. Williams, MD, FACS
Summa Health System
williams@summa-health.org
Chair
CAG Representative
James I. Mirtini, MD, FACS
Cleveland Clinic Foundation
mirtini@ccf.org
Commission on Cancer
Daniel P. McLellan, MD, FACS
Commission on Cancer
d.mclellan.1988@gmail.com
Chair
Valery Mysoyenko, MD, FACS
Legis Inc
vmysyenko@hotmail.com
Vice-Chair
Communications
Scott Michael Wilhelm, MD, FACS
University Hospital Cleveland
scott.wilhelm@uhospitals.org
Chair
Community Hospital
Mary Carey MacDonald, MD, FACS
Samaritan Professional Corp
mcdonald@samaronline.org
Chair
Michael D. Sarap, MD, FACS
Southeastern Ohio Physicians Inc
msarap@msn.com
Vice-Chair
Delegate to OSMR
William C. Sternfeld, MD, FACS
Toledo Clinic
tsfernfeld@toledoclinic.com
Delegate

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Resident Essay Contest
Walter Cho, MD, FACS
MetroHealth
wcha@metrohealth.org
Chair
Resident/Young Surgeons Education
Peter F. Klein, MD, FACS
TSSI
pklein@tssimed.com
Chair
Jeffrey Alan Blatnik, MD
University Hospitals Case Medical Center
j.blatnik@yahoo.com
Vice-Chair
Marie Castillo-Sang, MD
University of Toledo Medical Center
mcastillo-sang@umoh.toledo.edu
Vice-Chair
Committee on Trauma
Charles J. Woyler, MD, FACS
MetroHealth Medical Center
cwoyler@metrohealth.org
Chair
Jonathan M. Saue, MD, FACS
Wright State University
jonathan.m.saue@wright.edu
Vice-Chair

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Advocacy & Health Policy
Michael E. Stark, MD, FACS
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mstark@tssimed.com
Chair
James I. Mirtini, MD, FACS
Surgeon
Cleveland Clinic Foundation
mirtini@ccf.org
Vice-Chair
Assn of Women Surgeons Representative
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mmalangoni@metrohealth.org
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williams@summa-health.org
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mirtini@ccf.org
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Daniel P. McLellan, MD, FACS
Commission on Cancer
d.mclellan.1988@gmail.com
Chair
Valery Mysoyenko, MD, FACS
Legis Inc
vmysyenko@hotmail.com
Vice-Chair
Communications
Scott Michael Wilhelm, MD, FACS
University Hospital Cleveland
scott.wilhelm@uhospitals.org
Chair
Community Hospital
Mary Carey MacDonald, MD, FACS
Samaritan Professional Corp
mcdonald@samaronline.org
Chair
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Southeastern Ohio Physicians Inc
msarap@msn.com
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tsfernfeld@toledoclinic.com
Delegate

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President’s Message

It was my privilege to accept the gavel as president of the Ohio Chapter of the American College of Surgeons at the recent Ohio Chapter Annual Meeting. I appreciate your confidence in me and I am honored to join the body of surgical leaders who have previously held this post. I would like to take a moment and reiterate the thoughts I shared with you at the Annual Meeting in case you were not able to attend.

First, I would like to thank my family for abiding me for the many years that I have traveled back and forth from Toledo to Columbus and the other great Ohio cities for our semi-annual Council meetings. I am greatly appreciative of the friendships that I have developed over the years as an Ohio Chapter member. I would particularly like to recognize fellow Toledans Bill Sternfeld, MD, FACS, and Michael Stark, MD, FACS, who approached me nearly twenty years ago about becoming active in the Ohio Chapter. They have served as role models and have graciously encouraged and supported me over the years. Without their support, I would not be in this position today.

We surgeons are under pressure. We are on the cusp of what has been termed Healthcare Reform. Like it or not, change is upon us! But of course, we know that the field of surgery has been changing since the days of Halstead. It’s not clear how these changes will affect us. How will we approach the next few years?

Frequently, surgeons are asked whether they would choose to go into general surgery again if they could do it all over. How do you respond when asked, “what if…”

What if I were a radiologist sitting in a dark room reading images all day?
What if I were a pathologist with no patient interaction except the dead ones?
What if I were an ophthalmologist with a special interest in the eye?
What if I was running the hypertension clinic?

Ladies and gentlemen, not for me! My mentor from Detroit, Charlie Lucas, MD, once told me when I was discerning what I would like to do with my life after residency, that the community general surgeon is the backbone of American medicine. I love what I do and would do it all over again in a heartbeat! We are very privileged to care for the surgical patient. I am proud to be a surgeon and I am proud to be a general surgeon!

Sir William Osler entitled his farewell address to the University of Pennsylvania “Aequanimitas”—the Latin word meaning equanimity. What is equanimity? It is a complex notion. In short, it is the quality of being calm and even-tempered particularly while stressed…or grace while under pressure. This quality sounds like a great attribute for a surgeon. What do we do when we encounter bleeding? What do we do when the pager starts to go off, the cell phone rings, the temperature in the room is 74 degrees and the clamp slips of the vessel? We strive to respond with equanimity.

As surgeons, we are feeling stressed in a variety of areas. There are downward pressures on our reimbursements, tort reform in Ohio has yet to be tested in the courts; there are changing training paradigms on the horizon; more surgeons are choosing employment; and our field continues to see further specialization and fragmentation.

Our identity as general surgeons is threatened. However, the good news is that the Ohio Chapter remains strong and we remain true to our founding principles!

How will we as surgeons approach the changing healthcare environment? How shall we respond to this litany of aforementioned pressures? Let's remember that we have one of the greatest jobs in the world. We are privileged to care for the surgical patient. Let’s demonstrate our surgical equanimity!

I am enthusiastically looking forward to a great year serving as your president.

Joseph Sferra, MD, FACS
Ohio Chapter President, 2010-2011
Legislators returned to the Statehouse in May following a few weeks of break leading up to the primary elections. Policymakers planned an intense four to six weeks of committee and session work in May and early June before summer recess. During even numbered years, all state representatives and half of the state senators are up for election in their home districts. The Statehouse halls will be quiet over the summer months as legislators refocus their priorities on working in their districts and preparing for general elections. Lawmakers did have some busy days in May with committee hearings and voting sessions to wrap up the least contentious issues before focusing on elections.

The primary elections on May 4 did not produce any significant upsets. The election simply lays the groundwork for a contentious battle for the Governor’s office as former Congressman John Kasich (Republican) challenges incumbent Governor Ted Strickland (Democrat). Both political parties will also be seeking victories in the Auditor’s office and Secretary of State’s office, two critical positions that play roles in redrawing district lines that determine legislative districts for the next ten years. Additionally, a number of races for seats in the Ohio House will be closely watched as Republicans look to shift the 53-46 Democrat majority makeup of this important chamber.

Statehouse Shuffling

Two new legislators recently took their seats in the Ohio House of Representatives in recent weeks. Joe Walter, director of the Lucas County Emergency Management Agency, was elected to fill a vacancy created by Representative Peter Ujvagi. Cynthia Reece, formerly Cincinnati vice mayor and a Cincinnati city councilman, recently replaced Representative Tyrone Yates who was appointed to Hamilton County Municipal Court.

Additionally, a number of House Committees were shuffled to address the restructuring. Representative Tim DeGeeter will now lead the Criminal Justice Committee as chair. Representative Alan Sayre replaced Representative DeGeeter as chair of the Public Utilities Committee. Representative Tracy Heard has been appointed chair of the Public Safety & Homeland Security Committee and Representative Linda Bolon has been appointed as chair of the Finance Transportation Subcommittee.

Bills of Interest to Ohio Chapter

Ohio Chapter continued to monitor and participate in policy discussions on a number of key initiatives, including:

- **HB 451 (Letson)/HB 56 (Miller)/SB 64 (Coughlin)** – Colorectal Cancer Screening Insurance Mandate

  On Wednesday, March 10, Dr. Michael Sarap, OCACS President, joined colorectal cancer advocates for an important advocacy day at the Ohio Statehouse. Dr. Sarap participated with leaders of the Ohio State Medical Association and the American Cancer Society in a press conference on the issue and a legislative hearing on House Bill 451 in the House Insurance Committee. As it is currently drafted, HB 451, sponsored by Representative Tom Letson (D-Warren), would require Ohio insurance companies to cover the complement of colorectal cancer screenings recommended by the American Cancer Society. The Ohio Senate is also considering a companion bill, SB 64, sponsored by Senator Kevin Coughlin (R-Cuyahoga Falls).

  In their advocacy of the bill, Dr. Sarap and other experts reminded legislators that colorectal cancer is the third most common type of cancer, and the second leading cause of cancer deaths in Ohio and the U.S. With early diagnosis, the survival rate is over 90%, but drops to 11 percent when diagnosed in later stages.

  Insurance mandate bills continue to face a challenge in the Ohio General Assembly as the business community has effectively argued that any insurance mandate will drive health insurance premium costs out of reach for many businesses. As will be the case for many key bills, the “lame duck” session following the November elections will be the time to push such proposals before the end of the current General Assembly.

- **HB 122 (Boyd)/SB 98 (Patton)** – Physician Designation Bill

  The Academy of Medicine of Cleveland and Northern Ohio and the Ohio State Medical Association are working to advance this legislation that would establish standards for physician rating systems established by health insurance companies. The bill would prohibit such systems from being based solely on cost measures. HB 122 was voted out of House in February 2010; SB 98 has had a number of hearings. Both bills are pending a vote in the Senate Insurance Committee.

(continued on page 5)
HB 185 (Book/DeGeeter) – Prohibiting Unilateral Contract Changes

Hearings have stalled in the Ohio Senate on HB 185, legislation sponsored by Reps. Todd Book and Tim DeGeeter to clarify that both parties sign off any changes to a contract between a health insurance company and a provider. As the insurance lobby has stepped up their opposition, it has become clear that the bill will be a hard sell in the Ohio Senate. HB 185 had opponent testimony on February 9, 2010, and has not had a hearing since that time.

House Bill 206 – APN Prescriptive Authority for Schedule II Drugs

House Bill 206 is a bill to grant advanced practice nurses prescriptive authority for Schedule II drugs. Following an active advocacy and media push this spring, the bill passed out of Ohio House on May 19, 2010. It now heads to the Ohio Senate where it has been referred to the Senate Health, Human Services and Aging Committee for additional consideration.

HB 267 – Official Prescription Drug Program

Rep. Clayton Luckie (D-Dayton) bill, HB 267, creates a new prescription drug program in Ohio. The bill requires prescribers in Ohio to purchase tamper resistant pads from the Ohio Board of Pharmacy. The Board would monitor prescription fraud and abuse by using a unique identification number for each prescription. Although HB 267 has not had a hearing for months, Rep. Luckie continues to talk to interested parties about his ideas.

SB 86 (Buehrer) – Physician Qualified Immunity for Emergency and Disaster Care

Legislation to expand qualified immunity for physicians working in emergency departments and those who provide disaster relief services is gaining momentum with a compromise to change the legal standard for physicians in emergency rooms to a slightly lesser standard of “reckless disregard.” Chairman Bill Seitz of the Senate Judiciary – Civil Justice Committee said that the change was needed since care in Emergency Departments is a combination of both compensated and uncompensated care. The bill maintains a higher standard of “willful and wonton” for health care providers working in a disaster relief situation. The bill passed the Ohio Senate in May and now heads to the House for consideration.

SB 361 – Evidence for Damage Awards

On February 2, the House Civil Justice Committee passed HB 361, legislation that would reverse hard-fought tort reform laws with a bill that would elevate damage awards in personal injury and wrongful death lawsuits. The bill would prohibit a jury from considering as evidence, the amounts written-off or waived by medical providers when negotiated with insurance, Medicaid/Medicare, etc. Thus, under HB 361, if a medical bill says the cost was $1,000 but the doctor or hospital accepted $700 as payment in full because of an arrangement with insurance, a jury would apply the higher rate when calculating damages. HB 361 would remove the accuracy of the evidence presented to juries and would compromise the improvements Ohio has seen to medical malpractice insurance due to recent tort reform laws. The bill has not been scheduled for a full House vote. Such a proposal also would likely not be well received by the more conservative, Republican-controlled Ohio Senate.

If you have any questions or concerns about these proposals, contact Dan Jones, Belinda Jones, or Tracy Intihar at Capitol Consulting Group at (614) 224-3855.

Capitol Consulting Group, Ohio Chapter’s lobbying team, continues to work diligently to ensure that the voices of Ohio’s surgeons are heard in policy debates taking place in Columbus.
Advocacy

Ohio Chapter S-PAC Needs You!
By Brad L. Feldman, MPA, CAE, IOM

In order to advance the goals of the profession through political involvement, the Ohio Chapter has a Political Action Committee (PAC).

Having a strong PAC fund assists the Ohio Chapter in forming relationships with legislators who are in-tune with the problems and needs of our profession and patients. Engaging in the legislative process will help the Ohio Chapter to remain proactive and will enable our association to support the key legislators who sustain our profession.

On behalf of the Ohio Chapter, thank you to all members who have contributed to S-PAC in 2010 (As of June 1, 2010):

Silver Level
Joseph Sferra, MD, FACS
Michael Stark, MD, FACS

Bronze Level
Michael Bielefeld, MD, FACS
Nancy Gantt, MD, FACS
Michael Sarap, MD, FACS

General Level
Bruce Averbook, MD, FACS
Walter Cha, MD, FACS
Alice Ann Dachowski, MD, FACS
Brad Feldman, MPA, CAE, IOM
Christopher Grove, MD, FACS
Mark Malangoni, MD, FACS
Christopher McHenry, MD, FACS
Peter Muscarella, MD, FACS

Again, we thank the above individuals for their support and contribution to S-PAC. Together, we will fight the legislative battles for the Ohio surgical profession. To contribute to S-PAC, you can complete the accompanying form or you can contribute online at www.ohiofacs.org. For more information on the Ohio Chapter’s legislative agenda or how you can participate, contact the Ohio Chapter Executive Office at (877) 677-3227 or email ocacs@ohiofacs.org.

Have you been Checking your E-News?

E-News is an email communication sent to members once per month around the 15th regarding surgical news, Ohio Chapter updates, volunteer opportunities, continuing education, and much more. If we do not have your current email address on file, please contact us at ocacs@ohiofacs.org so you can start receiving E-News.

In the past, members have expressed concerns that they were not receiving E-News, yet were signed up for it. If you experience this problem, make sure that ocacs@ohiofacs.org is not getting flagged as spam by your email service provider. Ensure Ohio Chapter E-News reaches your inbox, and add ocacs@ohiofacs.org to your address book.
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* State law requires a home address. Post office boxes are not permitted.

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Please select your contribution amount:

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Name on Card: ____________________________

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The Ohio Chapter, ACS collects credit card information to make it easier for you to register for seminars and events online, as well as paying for other services. The Ohio Chapter, ACS does not use or share credit card information for any other purpose. We retain such information as is needed for standard accounting record keeping requirements. Every step is taken to protect the loss, misuse, and alteration of the information under our control. If you prefer, please use a check or money order to make any necessary payments. Thank you.

When paying with a PERSONAL credit card, the following paragraph must be read and a signature is required or the registration will not be accepted.

By submitting this contribution form, I hereby direct and authorize the Ohio Chapter, ACS to charge my S-PAC contribution to my personal credit card as directed above and hereby declare that the credit card used for this transaction is a personal credit card and not a corporate credit card.

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Signature: ____________________________ Date: ____________________________

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Ethical Issues in Surgical Innovation

By Peter Angelos, MD, PhD, FACS

Introduction

Anyone who pays attention to slogans cannot have missed the way in which innovation is marketed in contemporary society. Most medical institutions refer to themselves as being “innovative” and possessing the latest in “modern technology.” If one turns specifically to surgical practices or departments, the benefits of surgical innovation are widely touted. Most new things are thought to be better. Frequently a new surgical technique is described as a “surgical advance” before there is any data to suggest that it is better for patients. This blind acceptance of the benefits of surgical innovation by the public has prompted self-examination about whether new is always better in surgery.

If one explores the historical record, one sees many examples of changes in surgical practice that all would agree are beneficial to patients. Forty years ago a patient with a diverticular abscess might have been given a three-stage procedure: first, diverting colostomy; second, resection of the affected segment of colon; and third, colostomy take down. Today, many such patients would be treated with percutaneous drainage and eventually a single stage procedure to resect the affected colon. Most would argue that this change and many others have clearly been beneficial to patients.

However, there are other examples of changes in surgical practice that have not proven beneficial to patients. For example, internal mammary artery ligation was advocated by many authorities for years as a treatment of angina. After many patients had been treated this way, it eventually became clear that this was not an effective treatment. In the 1950s and 1960s, many surgeons advocated gastric freezing as a means to treat ulcer disease. Again, eventually evidence showed that this treatment modality was not effective and, in fact, created a number of problems.

What these good and bad results of purported surgical “innovations” suggests is that just because a procedure is new, does not mean it is better. In contrast to new drugs that require approval from the Food and Drug Administration (FDA) based on studies to prove effectiveness, surgeons are allowed significant latitude in the operating room in an attempt to benefit their patient. In fact, there has traditionally been little or no oversight of innovation by surgeons in the operating room. Whether this is a good thing or not depends on how one looks at the current situation. If one sees freedom by surgeons to innovate as a good thing, any restrictions on surgical innovation would be seen as impediments to allowing patients access to the maximal creativity of their surgeons to solve their patients’ problems. In contrast, if one sees such freedom as a bad thing, then the lack of oversight of surgical innovation means that vulnerable patients have little protection from overzealous surgeons. In other words, should we be encouraging more new technology and innovation to help more patients or should we be protecting patients from the unbridled enthusiasm of surgical innovators?

The Regulatory Paradigm and the Innovation Paradigm

For some commentators, the freedom of surgical innovation can best be tempered by the strict oversight that is the hallmark of human subjects’ research. According to this view, ensuring that all surgical innovation is considered to be surgical research that requires review and approval by an Institutional Review Board (IRB) would best protect patients. This position has been described by MacKneally and Daar as the regulatory ethics paradigm.¹ This paradigm involves formal rigorous review and oversight by the IRB. Alternatively, an innovation ethics paradigm would be an informal process with little oversight.¹

The biggest problem with the regulatory ethics paradigm is that it depends on formal IRB review based on Federal regulations for human subjects’ research. This approach, although potentially valuable as a means of protecting vulnerable human subjects, is too cumbersome to be helpful in the context of surgical innovation where creative and innovative ideas may need to be rapidly considered and acted upon in order to benefit a specific patient. As a result, if all surgical innovation required IRB review and approval before being made available to a patient, the pace of surgical innovation would likely draw to a virtual halt.

The SUS Position Paper

In an attempt to be sensitive to the need for speed and flexibility when reviewing surgical innovation, another potential solution has been suggested by the Society for University Surgeons (SUS). In an attempt to provide meaningful oversight, but not significantly slow the pace of surgical innovation, a taskforce on surgical innovation
Ethical Issues in Surgical Innovation

(continued)

was empanelled by the SUS. This group recently published their findings in the journal of the American College of Surgeons.1

Three distinctions were made about potentially new and different procedures. Minor modifications of previously accepted procedures are thought to be completely within the purview of the surgeon. There is no need for disclosure of such minor modifications, nor is there need to obtain informed consent from the patient. An example of such a minor modification would be a surgeon’s decisions about whether to perform a stapled or hand-sewn anastomosis. An innovative procedure is a new or modified procedure that differs from currently accepted local practice. Innovative procedures should be discussed ahead of time with patients if they are planned or immediately afterwards if they are unplanned. Finally, research is a systematic investigation that is designed to contribute to generalizable knowledge. When research is undertaken, the specific regulations for IRB performance hold sway.

Surgical Innovation Committees

In an attempt to avoid the potential problems with utilizing IRBs for the oversight of all surgical innovation, the SUS Taskforce suggested that surgical departments put together Surgical Innovation Committees to review applications for innovative surgery. One could imagine that these surgical innovation committees would be within departments of surgery, but various potential options for the positioning of the committee are possible. Such surgical innovation committees could be freestanding committees or function as credentialing committees within an institution.

Yet another option that has been adopted by the University of Chicago has been to locate the Surgical Innovation Committee within the structure of the Surgical Quality Committee. This option allows the deliberations of the committee to be protected and gives the committee the opportunity to undertake retrospective review of prior cases of surgical innovation. In this fashion, a rational approach to prospective surgical innovations can be developed.


Peter Angelos, MD, PhD, FACS, is professor and chief of endocrine surgery and associate director of the MacLean Center for Clinical Medical Ethics at the University of Chicago.
The American Cancer Society and the American College of Surgeons’ Commission on Cancer have a long history of working together to improve the quality of life of cancer patients and their families. One way the American Cancer Society can help reach Commission on Cancer standard 6.1 is through its Cancer Resource Network.

As a health care provider working with cancer patients, your time and energy are focused on treating your patients. But as you know, people fighting cancer need help every step of the way—especially outside of the hospital and medical office environment. The American Cancer Society can provide your patients with vital information for understanding their cancer, managing their lives through treatment and recovery, and finding the emotional support they need. We are here to help your patients through the entire experience.

The American Cancer Society provides programs and resources to meet those needs and improve the quality of life for patients, caregivers, and survivors of cancer. The ACS Cancer Resource Network is a free resource available to everyone, offering 24-hour access to the latest cancer information, patient assistance programs, emotional support, and if necessary, referrals to other community resources offering day-to-day guidance and assistance.

The American Cancer Society understands that dealing with cancer is difficult, and makes help easy to find and use. The Society provides many ways for patients and caregivers to connect with survivors and other volunteers—one-on-one or in groups—to share experiences, learn about certain forms of cancer and gain encouragement. Programs such as Look Good Feel Better, Reach to Recovery, and Man to Man help improve the patient’s quality of life during his/her cancer journey. Volunteer drivers provide transportation for patients to and from treatment appointments (Road to Recovery SM). American Cancer Society patient navigators guide patients and their families through every step of the cancer experience, helping them understand their range of options and make the most out of the complex health care system.

The Society can also help with financial and insurance questions, referrals to appropriate clinical trials, and assistance finding lodging during treatment that is far from home, including at our Hope Lodge®. Cancer Resource Network programs and services meet needs that may arise from the day of a diagnosis through years after completing treatment.

All American Cancer Society services are offered free of charge, and information is available 24 hours a day, seven days a week. Anyone seeking information can find it at www.cancer.org, or can speak to a trained cancer information specialist at the Society’s National Cancer Information Center anytime by calling 1-800-ACS-2345 (1-800-227-2345).

John Alduino is the senior director for early detection for the Ohio Division of the American Cancer Society.
Ohio Partners for Cancer Control

By Valeriy Moysaenko, MD, FACS

As co-chair with Dr. McKellar of Ohio’s Cancer Liaison Physicians, I have been involved with the Ohio Partners for Cancer Control. This organization fosters collaboration among organizations and individuals that are interested in reducing the cancer burden on Ohio’s citizens. The member organizations are all well known to you and include the American Cancer Society, Ohio Cancer Registrars Association, Ohio Department of Health, American College of Surgeons Commission on Cancer and many others of equal or greater stature. The questions about the effectiveness of an organization always arise. Has the organization or its membership made a measurable difference?

As chairman of the Treatment and Care Taskforce of the OPCC, I have been asked to improve the access to healthcare for Ohioans and to improve the quality of care. Allow me to address access to care. As you know, access to care may have any one or all the following barriers: lack of physicians and medical facilities in the area, lack of funds or insurance, cultural attitudes or racial barriers, lack of health awareness, etc.

Let us look at some indirect data that provides an intuitive glimpse about access to care by comparing the data on Stage at Diagnosis for colorectal cancer in 2000 and 2006. This data is from the National Cancer Data Base that is maintained by the Commission on Cancer, a Division of the American College of Surgeons. The National Cancer Data Base is accessible to all of you if your hospital is a Commission on Cancer accredited cancer program. The data reflects the work done by Commission on Cancer accredited cancer programs in Ohio and in the United States. All Commission on Cancer accredited programs have active community outreach programs. About 80% of all eligible cancer programs in Ohio are Commission on Cancer accredited. About 25% of all eligible cancer programs in the United States are Commission on Cancer accredited and provide about 70% of all cancer care in the United States.

First, was there a shift to earlier stage at diagnosis for the overall Ohio population as a result of our activities? Probably not. The earliest AJCC Stages for colorectal cancer are Stage 0 and Stage I. The overall proportion of Stage O and I colon cancers detected in 2000 for Ohio was 27.4% and in 2006, the overall proportion of Stage O and Stage I cancers was 25.5%. (See Table I). For the United States, the rate for the year 2000 was 28.2% and for the year 2006 the rate was 26.3%, indicating an approximate 2% decline in early stage colon cancer detection for both Ohio and the United States.

Second, let’s look at insurance status as a proxy determinant of access to care. Looking at the proportion of Stage O and I at diagnosis in Ohio for the years 2000 and 2006, we find the following: For uninsured/Medicaid patients, the detection rates of Stage O and Stage I were 18.9% in 2000 and 20% in 2006. While the proportion of early stage colon cancer among uninsured/Medicaid patients has increased slightly in Ohio from 18.9% to 20% (a hopeful sign for Ohio), it has declined across the US from 18% in 2000 to 15.1% (not an encouraging sign).

Among private insurance patients, the detection rates of Stage O and I were 27.8% in 2000 and 25% in 2006. The proportion of patients with private insurance who present with early Stage colon cancer has declined in Ohio, but has remained relatively stable across the United States. This may be worrisome. Have coverage plans changed? Is this a question of the effectiveness of public awareness/education or community outreach? For Medicare insurance patients (with and without supplemental coverage) the detection rates of Stage O and Stage I colorectal cancer were 28% in 2000 and 27% in 2006 in Ohio, reflecting a slight decline (See Table I). The decline throughout United States for the Medicare population was 1.3%.

Table I

PERCENTAGE OF EARLY STAGE (O, I) COLON CANCER PATIENTS BY INSURANCE STATUS

<table>
<thead>
<tr>
<th></th>
<th>Year 2000</th>
<th>Year 2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>OHIO</td>
<td>US</td>
<td>OHIO</td>
</tr>
<tr>
<td>All Patients</td>
<td>27.4%</td>
<td>28.2%</td>
</tr>
<tr>
<td>Uninsured/Medicaid</td>
<td>18.9%</td>
<td>20%</td>
</tr>
<tr>
<td>Private</td>
<td>27.8%</td>
<td>28.7%</td>
</tr>
<tr>
<td>Medicare (+/- Supplement)</td>
<td>28%</td>
<td>28.2%</td>
</tr>
</tbody>
</table>

(continued on page 12)
The proportion of early stage colon cancer at diagnosis for the uninsured and Medicaid populations versus the Medicare insured population of Ohioans in 2006 (20% vs. 27% respectively) illustrates: There is a barrier to accessing colorectal screening for the uninsured/Medicaid population in the Ohio. This disparity in rates is also true for the United States in general (15.1% vs. 26.9%).

The proportion of early stage colon cancer at diagnosis for the privately insured and Medicare insured (with or without supplement) suggests that even the insured are not accessing colorectal cancer screening fully. The data also shows a slight decline in the proportion of early stage colon cancer detection even in this population when comparing 2006 data with 2000 data.

Is there anything we as Ohio physicians can do to improve access to care? Probably. We can 1) work with our hospital cancer committees to provide effective cancer screening programs for our communities; 2) educate our public about importance of colon cancer screening; 3) formulate outreach programs to our underserved; and 4) help our primary care colleagues establish office protocols to identify patients that need colorectal cancer screening regardless of insurance status.

Valeriy Moysaenko, MD, FACS, is Ohio co-chair of the American College of Surgeons Commission on Cancer.
The 2010 Annual Meeting – A Great Success!
By Brad L. Feldman, MPA, CAE, IOM

The 2010 Ohio Chapter, ACS Annual Meeting wrapped up Saturday, May 8 with attendees descending upon the Hyatt Regency Columbus. Thank you to all of the attendees for your support during the Annual Meeting; we hope the sessions were productive and enjoyable for you.

We’re pleased to report the Executive Office has received positive feedback on the meeting sessions and activities. We also would like to thank all participants for being part of the Annual Meeting! Without the tremendous support from our members, this meeting could not take place.

Our Speakers
The Ohio Chapter is very honored to have had the caliber of speakers present this year at the Annual Meeting. On behalf of the chapter I would like to express a special note of thanks to the presenters at the 55th Annual Meeting:

John Alduino, MS Ed
Peter Angelos, MD, PhD, FACS
Charles Balch, MD
Margaret Dunn, MD, MBA, FACS
Timothy Fabian, MD, FACS
Jerry Friedman, JD
Nancy Gantt, MD, FACS
Jonathan Higgins, MD
David Hoyt, MD, FACS
Dan Jones, MBA
Mary McCarthy, MD, FACS
Valeriy Moysaenko, MD, FACS
Steven Stain, MD
Jean Stevenson, MD, FACS
Charles Yowler, MD, FACS

Your contribution to the success of the meeting is truly appreciated.

What Participants Had to Say
Just listen to what our 2010 participants had to say about the Annual Meeting to know what a wonderful benefit it is to our members.

“Well constructed, diverse program”
“Facility/food service/meeting rooms/temperature all excellent – would return”
“Congratulations to the program committee – well done”
“Great program – excellent outside speakers”

Annual Meeting Exhibitors and Grants Appreciated
And last, but definitely not least, I would like to thank the following supporters and exhibitors, without whom the Annual Meeting would not have been possible.

Unrestricted Educational Grants
Ethicon Endo-Surgery
Olympus Corporation of Americas

Sponsors
Frederick M. Douglas Foundation
Holzer Clinic

Exhibitors
American Cancer Society
ACS Foundation

Plan to Attend
If you could not personally attend this year, please mark your calendar for the next Ohio Chapter, ACS Annual Meeting on May 6-7, 2011 in Cincinnati at the Hyatt Regency. It is definitely worth the trip!
Chapter News

I Want My *Pulse NOW*!

Attention members!

*Pulse NOW!* features all the news you need to know in a clear, concise, two-to-three-page fax bulletin. Each edition of *Pulse NOW!* is released on a monthly basis and is packed with the latest Ohio Chapter news and hot legislative updates.

Please ensure that the Executive Office has your correct fax number to be sure you don’t miss out on this valuable member resource. Please call us at (877) 677-3227 or email us at ocacs@ohiofacs.org to let us know if you need to update your contact information.

Submit an Article for the Next Edition of *Pulse* – Deadline is November 1

The next issue of *Pulse* is in need of your article or news item relevant to the Ohio Chapter members. If you have a story relevant to surgery in Ohio, but no time to write it, contact the Executive Office and we’ll do the follow-up. Keep in mind that this issue of *Pulse* will be printed and mailed to every Ohio Chapter member. This is your opportunity to be heard!

Contact the Ohio Chapter, ACS Executive Office by email ocacs@ohiofacs.org or by telephone at (877) 677-3227.
The following is an exhibitor listing that was provided to the participants of the 2010 Ohio Chapter Annual Meeting. We thought it would be helpful for our members to see the vendor support from the meeting and be able to have a list of representatives from each company. So as an added benefit to your membership, please feel free to contact those companies listed for products and services that you may find beneficial to your practice. Also please see the Ohio Chapter website homepage at www.ohiofacs.org for links to each exhibitor, sponsor, and unrestricted education grantor’s website.

American Cancer Society
5555 Frantz Rd
Dublin, OH 43017
John Alduino, Senior Director
Early Detection
(888) 227-6446 x 8401
john.alduino@cancer.org
The American Cancer Society is the world’s largest voluntary health organization dedicated to the elimination of cancer.

American College of Surgeons Foundation
633 N St Clair St
Chicago, IL 60611
Martin Wojcik, Interim Executive Director
Richard Reiling, MD, FACS, Vice Chair, ACS Foundation Board of Directors
(312) 202-5376
mwojcik@facs.org
ACS Foundation is dedicated to securing the philanthropic resources necessary to advance the mission and programs of the college.

American Express
6060 Perkins Ln
Westerville, OH 43082
Joni Lyon, Sales Representative
Gina Juni, Sales Representative
(614) 599-3412
joni.lyon@amexoa.com
Gold, Platinum and Plum charge cards exclusively for medical professionals.

Baxter Health Care
One Baxter Pkwy DF3-2E
Deerfield, IL 60015
Alyson Johnson, Territory Business Manager
Gary Hunter, Regional Sales Manager
(800) 423-2090
alyson_johnson@baxter.com

Cardinal Health Inc
7000 Cardinal Pl
Dublin, OH 43017
Tiger Thiel, Senior Marketing Manager
(614) 757-5000
tiger.thiel@cardinalhealth.com
LiquiBand, the UK market leader, is the newest topical skin adhesive to hit the US. LiquiBand is manufactured by MedLogic and distributed by Cardinal Health.

Cook Medical
PO Box 489
Bloomington, IN 47402
David Petrokey
(812) 339-2235
For surgeons performing soft tissue repair throughout the body, Cook Medical offers Biodesign Advanced Tissue Repair Products, a unique and versatile material that combines the best attributes of synthetic mesh and biologic grafts. Cook Medical also offers a wide range of products to assist with general surgery, as well as cholangiography, common bile duct exploration, dialysis, parenteral nutrition, pediatric surgery and doppler blood flow monitoring for reconstructive surgery.

Davol Inc
100 Crossings Blvd
Warwick, RI 02886
Jay Fazzone, Territory Manager
Becca Scocchetti, Territory Manager
Cory Jonke, Territory Manager
Scott Archer, Territory Manager
(401) 825-8478
Davol offers a variety of surgical solutions featuring fixation products and synthetic and biological mesh for hernia repair and other soft tissue reconstruction.

Ethicon Endo-Surgery
4545 Creek Rd
Cincinnati, OH 45242
Jim Massey, Account Manager
Chip Franklin, Account Manager
(812) 339-2235
jmassey@its.jnj.com
Develops and markets the leading advanced medical devices for minimally invasive and open surgical procedures. We aim to transform patient care through innovation.

Genzyme BioSurgery
55 Cambridge Pkwy
Cambridge, MA 02142
Marty Williard
(617) 591-5919
martin.willard@genzyme.com
Seprofilm

Glaxo SmithKline Pharmaceuticals
Five Moore Dr
Research Triangle Park, NC 27709
Angee Acquista, CCAM
Tina Willard, CCAM
(404) 921-5182
Entereg, Argatroban, Arixtra, Advair

I-Flow Corporation
20202 Windrow Dr
Lake Forest, CA 92630
Douglas Cloran, Sales Representative
(949) 206-2700
About ON-Q Post-Op Pain Relief System - The On-Q Post-Op Pain Relief System provides automatic and continuous infusion of a local anesthetic to the patient’s surgical site area or adjacent nerves immediately following surgery, getting patients back on their feet faster. It reduces patients’ need for narcotics and decreases potential of breakthrough pain. Also, simple, yet elegant and requires little to no management or intervention by the patient or caregiver. The device is completely portable and can be carried in a pouch or attached to a patients’ clothing.

(continued on page 16)
Chapter News

2010 Exhibit Directory

(continued)

Karl Storz Endoscopy-America Inc
2151 E Grand Ave
El Segundo, CA 90245
John Gigliotti, Territory Manager
(424) 218-8100
jgigliotti@ksea.com
The product range from Karl Storz includes rigid and flexible endoscopes, instruments for the entire field of human medicine.

KCI - Active Healing Solutions
4190 Fisher Rd
Columbus, OH 43228
Don Champer, Account Executive
Dale Heuy, District Manager
(614) 670-3934
champerd@kci1.com
A leading global medical technology company devoted to the discovery, development, manufacture and marketing innovative high-technology therapies and products for the wound care, regenerative medicine. KCI’s products include V.A.C. Therapy and ABThera.

Lifecell Corporation
One Millenium Way
Branchburg, NJ 08876
Doug King, Territory Manager
Carrie Johnston, Territory Manager
(908) 947-1100
Strattice Reconstructive Tissue Matrix and AlloDerm Regenerative Tissue Matrix are acellular tissue matrices that are used in a wide variety of reconstructive applications such as berna repair and breast reconstruction post mastectomy.

Masimo
40 Parker
Irvine, CA 92618
Jim Lake, Account Manager
Maureen Leach, Account Manager
(949) 297-7000
jlake@masimo.com
Masimo—a global medical technology company that develops and manufactures innovative noninvasive technologies, medical devices and sensors that may enable earlier detection and treatment of potentially life-threatening conditions—offers numerous award-winning patient monitoring solutions, including Masimo SET, Masimo Rainbow SET noninvasive and continuous hemoglobin (SpHb), acoustic respiration rate (RRa) and Masimo Patient SafetyNet.

MedFlight
2827 W Dublin Granville Rd
Columbus, OH 43235
Todd Bailey, Director of Business Development
(614) 734-8027
tbailey@medflight.com
MedFlight provides air and ground critical care transportation for Ohio through a patient focused, high level of care and quality. MedFlight is proud to serve our patients and physicians for more than 15 years.

Merck, Global Human Health
Mid America Hospital Region
One Merck Dr
PO Box 100
Whitehouse Station, NJ 08889
Pamela Bellas Karrer, Senior Executive Hospital Customer Representative
(800) 737-2088 x 41765
Pamela_belas_karrer@merck.com

Nestlé Healthcare Nutrition
2150 E Lake Cook Rd
Riverwalk 1 Ste 800
Buffalo Grove, IL 60089
Chris Bartosik, District Manager
Heather Hamilton, District Manager
(847) 808-5353
christina.bartosik@us.nestle.com
Nestlé Healthcare Nutrition delivers science-based, medically recognized nutritional solutions that improve the health, well being, and quality of life of consumers and patients.

Olympus Corporation of Americas
3500 Corporate Pkwy
Center Valley, PA 44012
Matt Allen, Regional Sales Director
Rob Tanagho, Sales Representative
(513) 313-6549
matt.allen@olympus.com
Olympus—a global medical technology company that develops and manufactures innovative noninvasive technologies, medical devices and sensors that may enable earlier detection and treatment of potentially life-threatening conditions—offers numerous award-winning patient monitoring solutions, including Masimo SET, Masimo Rainbow SET noninvasive and continuous hemoglobin (SpHb), acoustic respiration rate (RRa) and Masimo Patient SafetyNet.

Organogenesis
150 Dan Rd
Canton, MA 02021
Kristen Barnett,
Tissue Regeneration Specialist
Dave Osborne,
Tissue Regeneration Specialist
Lori Sample,
Tissue Regeneration Specialist
(888) 432-5232
kbarnett@organo.com
Apligraf is the only bi-layered living cell therapy with an FDA indication to heal venous leg and diabetic foot wounds. Apligraf has positive reimbursement with Medicare and more than 1,500 private carriers. Apligraf can be applied in the O.R., clinic, or office setting.

Synovis Surgical Innovations
2575 University Ave W
St Paul, MN 55114
Dwight Gaines, Territory Sales Representative
Joe Prendergast
dwight.gaines@synovissurgical.com
(651) 796-7316
Synovis Surgical Innovations, a division of Synovis Life Technologies, Inc., will feature Veritas, Collagen Matrix, a biomaterial for soft tissue repair that is rapidly revascularized and repopulated by surrounding host tissue. Synovis will also display Peri-Strip Dry with Veritas Collagen Matrix, its biologic circular and linear staple line reinforcement, for gastric, small bowel, and mesentry applications.

ZymoGenetics
1201 Eastlake Ave E
Seattle, WA 98102
Chris Sealy
(513) 504-8785
csea@zgi.com
Recombinant topical thrombin (Recothrom) to help control bleeding during surgery.
During the 55th Annual Meeting, the Ohio Chapter officers were installed for the coming year. Meet your 2010-2011 members of the Ohio Chapter Executive Committee:

**Joseph J. Sferra, MD, FACS — President**

Dr. Sferra earned his medical degree at The Ohio State University in 1986 and completed his residency at Wayne State University-affiliated hospitals in Detroit, Michigan in 1991. Since then, he has enjoyed many clinical and academic appointments, serving at institutions such as St. Luke Hospital, St. Anne Mercy Hospital, and the University of Toledo College of Medicine. He currently holds positions at Promedica, Toledo Surgical Specialists Incorporated, and the St. Vincent Mercy Medical Center, among others. Dr. Sferra has been an active member of the Ohio Chapter since 1996. First elected as Northwest Ohio District Councilor in 1998, he has served in a leadership position for more than a decade. He currently lives in Sylvania with his wife Chrisann. They have three children – Stephanie, Joseph, and Emily.

**Alice Ann Dachowski, MD, FACS — President-Elect**

A native of Pottsville, Pennsylvania, Dr. Dachowski earned her medical degree from the Washington University School of Medicine in St. Louis, Missouri. She completed her residency at the University of Cincinnati Medical Center. Dr. Dachowski currently serves as a general surgeon at Holzer Clinic in Gallipolis and attending physician at Holzer Medical Center. She is also assistant professor at the volunteer clinic for the University of Cincinnati’s Department of Surgery.

**Jay Johannigman, MD, FACS — Secretary**

Dr. Johannigman earned his medical degree from Case Western Reserve University in 1983 and completed his residency at the University of Cincinnati in 1988. He received his certification in 1989 from the American Board of Surgery. Dr. Johannigman is currently an associate professor and chief of the Division of Trauma and Critical Care at the University of Cincinnati. He is the recipient of numerous awards including the Bronze Star for meritorious achievement as deputy commander of 332nd Expeditionary Medical Group, 332nd Air Expeditionary Wing, Talil Air Base, Iraq, 2004; the multiple Silver Apple Teaching Awards from the University of Cincinnati College of Medicine; Cincinnati Business Courier Health Care Hero – Provider in 2000; Cincinnati Magazine “Top Doc” in November 2000; Best Teaching Resident, University of Cincinnati, Department of Surgery; President, Alpha Omega Alpha Society; and the Case Western Reserve University Upjohn Award for Excellence in Clinical Pharmacology.

**Steven Steinberg, MD, FACS — Treasurer**

Dr. Steinberg was born and raised in Toledo, Ohio. He attended The Ohio State University for his undergraduate and medical school education. He did his surgical residency at University Hospitals in Columbus. From there, he entered a career in academic medicine, first at the State University of New York at Buffalo and then at Tulane University. He returned to The Ohio State University in 1999 as vice-chair for clinical affairs in the Department of Surgery. He currently holds that position as well as director of the Division of Critical Care, Trauma and Burn; associate chief medical officer for patient safety; and trauma medical director for the Ohio State University Medical Center’s Level I Trauma Center.

**Michael D. Sarap, MD, FACS — Immediate Past President**

Dr. Sarap earned his medical degree from the University of Cincinnati College of Medicine. He is the chairman of the department of surgery at Southeastern Ohio Regional Medical Center in Cambridge, Ohio, where he is also the co-director of Trauma Service, and hospital cancer liaison for the American College of Surgeons. Dr. Sarap spearheaded the American College of Surgeons Level III Trauma Verification Status. In addition, he has published many papers throughout his career in national and international surgical journals. Dr. Sarap’s community work is just as impressive as his professional accomplishments. He is on the Board of Directors at the Hospice of Guernsey County, the Board of Directors of the Guernsey County Board of Mental Retardation, the Kiwanis Club, and the Guernsey County Youth Leadership Program.

Congratulations to the new Ohio Chapter leadership! A complete listing of Ohio Chapter Council can be found on the inside cover of this edition.
Planned as part of the Ohio Chapter Annual Meeting, residents in Ohio surgery and surgery specialty programs were encouraged to enter the Annual Resident Research Forum and Poster Session. All residents and fellows enrolled in general surgery or surgical specialty residency training programs in the state of Ohio who had not completed training before 2010 were eligible to enter. The competition included an abstract presentation and a poster session. Resident essays will appear in this and the next edition of Pulse. See page 26 for the first place presentations.

This year’s resident essay award winners are:

**Basic Science**

*First Place*

Damage Control Resuscitation with a 1:1 Ratio of Plasma to Packed Red Blood Cells Attenuates Systemic Inflammation Following Hemorrhage In Mice. Makley AT, Goodman MD, Friend LA, Dorlac WC, Johannigman JA, Lentsch AB, Pritts TA. University of Cincinnati Department of Surgery

*Second Place*

Ethanol Treatment After Traumatic Brain Injury Decreases Cerebral MIP1α and Serum Neuron Specific Enolase In Mice. Campion EM, Goodman MD, Makley AT, Lentsch AB, Pritts TA. University of Cincinnati Department of Surgery

**Clinical Science**

*First Place — Stanley O. Hoerr Award*

Pre-Injury Polypharmacy as a Predictor of Outcomes in Trauma Patients. DC Evans, CV Murphy, AT Gerlach, JM Christy, AM Jarvis, DE Lindsey, YM Thomas, ML Whitmill, CH Cook, SM Steinberg, SP Stawicki. The Ohio State University College of Medicine

*Second Place*

The Presence But Not the Location of an Appendicolith Affects the Success of Interval Appendectomy in Children with Ruptured Appendicitis. Iyore A. Otabor, Stephen Druhan, Donna A. Caniano, Gail E. Besner. Nationwide Children’s Hospital and The Ohio State University College of Medicine

**Oncology**

*First Place — John P. Minton Award*

Radiofrequency Ablation of Liver Tumors in the Geriatric Population: As Safe as Younger Patients? Justin Fox, Minia Hellan, James Oullette, Thay Thambipillai. Department of Surgery, Division of Surgical Oncology, Wright State University Boonshoft School of Medicine

*Second Place — Holzer Clinic Award*

Pancreatic Resection in the Ninth Decade of Life: Not Always a Safe Option for Malignancy. I Hatzaras, C Schmidt, P Muscarella, WS Melvin, EC Ellison, M Bloomston. The Ohio State University College of Medicine, Department of Surgery

Congratulations to all who took part in the Annual Resident Research Forum and Poster Session.
Member Spotlight
By Peter Klein, MD, FACS

What is your educational background and experience?
Medical School- Medical College of Ohio, now University of Toledo
General Surgery- St. Joseph Mercy Hospital, Ann Arbor, Michigan
Colorectal Surgery- Presbyterian/ Parkland Hospitals Dallas, Texas

Where did you start your career?
Toledo, Ohio

How did you become interested in your profession?
In high school, for a senior project I spent two weeks with an orthopedic surgeon. This sparked my interest in medicine and surgery. My experiences in medical school drew me to general surgery, and my residency experiences convinced me to pursue colorectal surgery.

Who were your professional mentors? What did you learn from them?
Dr. Verne Hoshal was the director of my general surgery residency. He taught me that knowing when not to operate is sometimes more important than knowing when to operate. He also demonstrated the need to take time with patients so that they understood the reasons for a plan of action and what was expected.

How did you decide to join/start your practice?
My wife and I are both from Toledo. She very much wanted to return to Toledo and I was lucky to be contacted by one of the colorectal practices in Toledo. We hit it off, and I have been working with them since.

What has been your greatest joy in your career? Greatest frustration?
It seems simple, but I am always excited to hear that a patient feels great, and they are better than before surgery. I am always frustrated by unrealistic expectations of patients. Despite spending time reviewing the risks and potential problems, and explaining that we as physicians don't always know why things happen. Some patients can't accept that something bad happened to them or that we can't explain why.

What do you feel separates you from “the rest of the pack” of physicians or surgeons? In other words, what makes you unique?
I'm not sure there is anything that makes me unique. I enjoy my work and I try to do what I would want done for one of my family members.

If you were not a surgeon, what other career path(s) would you have taken?
I enjoy playing golf and soccer. I have three children and that leaves little time for any hobbies.

How have you applied your roles with the Ohio Chapter to community involvement?
After becoming part of Council, I realized that one must be active if they want change to occur. I have become much more active in practice administration and hospital administration.

What can the Ohio Chapter do for young surgeons? Any advice for surgeons just getting started?
The Chapter is a great way to become involved in organized medicine. It will quickly demonstrate the results that can be achieved when people are willing to volunteer some of their time to a cause. My advice to surgeons just starting out is to treat everyone including staff, employees, and patients with courtesy and respect. Think of asking for help before you really need it. Be willing to tell patients you don’t know or you are not sure.

Why should other surgeons join the Ohio Chapter?
Very simple; the Chapter represents the interests of surgeons and the more members the Chapter has, the louder the voice.

Do you have any unique hobbies or interests?
I enjoy playing golf and soccer. I have three children and that leaves little time for any hobbies.

What are your upcoming major goals, both professionally and personally?
At this time, I have no major ambitions except to have my practice continue to grow and help improve how we practice. Personally, I’m very happy watching and helping my kids grow up.
President's Report, May 2010  
*Submitted by Michael Sarap, MD, FACS*

The Ohio Chapter continues to be a very active and vibrant organization that works for the betterment of surgeons and surgical patients in Ohio. The chapter remains on solid ground both financially and in terms of membership levels. The chapter renewed our management contract with Mr. Brad Feldman and BLF Management, Ltd until 2015 with the consent of Council members. Brad has brought even more value to our business relationship with his new management contracts with the Florida and Washington DC Chapters.

The Annual Meeting has met the goal of providing interesting, diverse and cutting-edge information to surgeons in Ohio this year. The Program Committee is to be congratulated for putting together a national panel of experts. For a state chapter to have both the executive director of the ACS and the chair of the American Board of Surgery on the same faculty is astounding. We have brought together an incredible number of educational and social activities for the meeting and involved multiple different groups to our mutual benefit.

Throughout the year the chapter has been involved in advocacy efforts. We have written multiple letters commenting on legislation pending at state and national levels. I had the opportunity to partner, on behalf of the chapter, with the American Cancer Society, and the OSMA to testify in support of colonoscopy screening legislation.

I would like to take this opportunity to thank the members of the Council and Brad Feldman and staff for all your guidance, help, support and hard work over the past year. The year has been interesting and gratifying and I have appreciated the opportunity to serve the chapter. Allowing me, a rural community surgeon, to serve as president of your chapter reaffirms that the Ohio Chapter indeed represents the interests of all surgeons in Ohio.

Michael Sarap, MD, FACS  
Ohio Chapter President, 2009-2010

Commission on Cancer Report  
*Submitted by Valeriy Moysaenko, MD, FACS*

This report is a brief summary of the activities of the Commission on Cancer of the Ohio Chapter of the American College of Surgeons.

- Dr. McKellar and I have communicated on a quarterly basis via email with all of Ohio’s Cancer Liaison Physicians. The quarterly newsletter performs the following functions: updates on Commission on Cancer Initiatives, new compliance requirements for Commission on Cancer Standards, Cancer Program best practices, Refinements of the role of the Cancer Liaison Physician, Use of NCDB benchmark reports, Use of the CP3R, CoC educational resources, Ohio Cancer Control Activities, best practices in cancer control.
- I have written two articles for the Pulse using NCDB data: *Disparities in Colorectal Cancer Screening Based on Insurance Status and Use of CP3R Data to Improve the Quality of Cancer Care in Ohio.*
- I have co-authored a brief for Center for Health Affairs (Cancer Care Quality) with Toni Hare and Deanna Moore dealing with how to improve the quality of cancer care. This brief has been distributed at the recent ACCC meeting and will be distributed to Center for Health Affairs member hospitals.
- John Alduino, American Cancer Society Health Initiatives Director, local American Cancer Society Health Initiatives staff and I have been visiting newly appointed CLPs. We welcome them to the fellowship.

(continued on page 21)
We review the CLP duties and responsibilities. We review the uses of NCDB data, NCDB Benchmark Reports, the CP3R, and the uses of registry data to direct cancer program activities and to improve a cancer program. We review the opportunities and benefits of collaboration with the ACS Health Initiatives Staff. We encourage engagement between the ACS and the cancer program through the Collaborative Action Agreement.

- As a member of the executive committee of the Ohio Partners for Cancer Control, which had formulated the original cancer control plan, I am actively involved in the restructuring of the organization since the administrative support which had been provided by the ACS Ohio Division has been withdrawn. It is also time to reformulate Ohio’s cancer control plan. The new plan is currently in redevelopment by the membership of the Partners.

- The Commission on Cancer has been in the process of reworking its cancer program Standards. I have been actively working with the following taskforces: Registry Operations, Accreditation and Cancer Liaison.

- Presentations to Cleveland Ohio Registrars: Standard 4.3

- Annual Commission on Cancer Surveyors Meeting

**Ohio Cancer Control**

- American Cancer Society, Ohio Division: As secretary of the Ohio Division Board of Trustees, I have been attending quarterly board meetings, actively participating in finance and audit committee meetings, actively exploring a new concept in promoting access to clinical trials for Ohioans and actively participating in the process of evaluating a possible merger of the Ohio and Pennsylvania ACS Divisions (This process hopefully will bring together resources, enhance operations through synergy and reduce the cost basis).

- I am an active member of the ACS Quality of Life Taskforce. The Taskforce has been working to improve the efficiency of the Road to Recovery program thereby providing better access to transportation for cancer patients seeking treatment. The taskforce is also evaluating the Reach for Recovery Program that has not been well utilized. ACS has also interviewed me for ideas to enhance and expand the programs.

- Ohio Colorectal Cancer Coalition: Colorectal cancer screening rates as self reported stand at about 50-55%, as a member of the Ohio Colorectal Cancer Coalition (membership includes the ACS, Ohio Department of Health, Race for Hope, Ethicon, Key-Pro etc.) I have been trying to encourage CLPs to focus some of their cancer program screening activities on colorectal cancer. The organization is trying to bring together community organizations, local medical facilities and payers to improve colorectal cancer screening.

- Through the ACS CAN (Cancer Action Network) I have been active in lobbying for cancer issues with the Ohio State Legislature.

**ACS Board of Governors Report**

*Submitted by Alice Dachowski, MD, FACS*

The leadership of the American College of Surgeons sent notice to House Speaker Nancy Pelosi (D-CA) noting the College’s official opposition to H.R. 3590 for historical purposes. The College opposed this legislation entitled the Patient Protection and Affordable Care Act.

On June 3, 2010, the new American College of Surgeons building at 20F Street in Washington, DC was officially opened. This state of the art building will serve as a physical representation of the College as THE House of Surgery, presenting a united front to lawmakers on Capitol Hill on behalf of surgeons and their patients.

The first ACS Comprehensive General Surgery Review Course is scheduled for Chicago on June 17-20, 2010. It will be a four-day intensive review of the essential content areas in general surgery helpful for board recertification.

Alice Dachowski, MD, FACS, is an ACS Board of Governors representative for Ohio and is the president-elect for the Ohio Chapter.
Advocacy and Health Policy Committee Report
Submitted by Michael E. Stark, MD, FACS

Most of the recent legislative attention has been of the federal level. However, there are several issues on the state level that hold interest to the surgical community. It is interesting that the recently passed and signed health insurance reform law was supported by the American Medical Association but opposed by the Ohio State Medical Association and the house of surgery including The American College of Surgeons. At the time of this report, Congress has delayed the Medicare SGR payment adjustment through the end of May, 2010.

Beyond what is discussed by Capitol Consulting, a few bills require mentioning in this report:

1. HB 442 – Alternative Health Care. This bill creates a statutory framework for the provision of complementary or alternative health services. A similar bill introduced a couple years ago was opposed by the Chapter and never came to a floor vote. The current bill is much weaker than its predecessor. Many of the previous objections have been removed; therefore, the current bill does not seem to be threatening to the public. I recommend a neutral stance with technical advisement if needed.

2. HB 451 – Colorectal Cancer Screening. This bill mandates insurance plans provide the benefit for the expense of colorectal cancer screening. The Chapter actively supported a previous bill and we have supported the current bill with lobbying efforts. I recommend we continue to actively support this bill.

3. HB 415 – Texting While Driving. This bill prohibits driving a vehicle while texting messaging on a mobile communication device. This bill does not address calling on a mobile device while driving, especially during emergency situations. The data as to the dangers of texting while driving is compelling and the Chapter should actively support this bill.

4. SB 200 – CRNAs Perioperative Authority. This bill allows CRNAs to write perioperative orders without consultation with the collaborating or supervising physician. This is a scope of practice issue, many of which arise every year. The Ohio State Medical Association opposes this bill. There have been differing opinions among the surgical community since many surgeons serve as the supervision physician. This bill deserves discussion.

Liability issues are still discussed. There are no tort reform bills currently being debated. Ohio has made great progress since passage of SB 281 in 2003. Since then, professional liability costs have stabilized and in many cases decreased. Since 2006, premiums have decreased by an average of 22%. The most recent Ohio data was published in the Ohio Medical Professional Liability Closed Claim Report – 2008 [http://www.insurance.ohio.gov/Legal/Reports/Documents/MedMal_Closed_Claim_2008.pdf]. Medical liability closed claims are down 40% and four out of five claims are closed without any indemnity being paid to the plaintiff.

However, SB 281 has never been constitutionally challenged. It is believed that the present Supreme Court of Ohio would not determine the law to be unconstitutional. This current mid-term election finds all of the 99 Ohio House positions and 11 of the 33 Ohio Senate positions are up for election. There are three Supreme Court positions up for election, with one race unopposed. The makeup of the Ohio Legislature and the Supreme Court could easily change the liability reform that Ohio has appreciated the last few years. This demonstrates the vital importance of being engaged in this legislative process. The Ohio Chapter S-PAC maintains active involvement in this process. However, this cannot happen without the support of Chapter members. We are all solicited constantly to support many organizations, candidates, and issues. It is frustrating that the hard work and support of a relatively small group benefits all, even those who do not participate in any way. Unfortunately, those are the facts of politics and advocacy. If all Chapter members contributed something to the S-PAC, it would give us the tools to support candidates who understand the importance of public health and medical environment issues.

The next Council meeting will be held after the election so the results of our efforts will be known. As always, your Advocacy and Health Policy Committee appreciates all opinions and help from members. Above all, please vote on November 3, 2010.

Michael E. Stark, MD, FACS, is chair of the Ohio Chapter Advocacy and Health Policy Committee and an Ohio representative of the ACS Board of Governors.
May Council Meeting Committee Reports

(continued)

Ohio Committee on Trauma Report

Submitted by Charles Yowler, MD, FACS

The Ohio Committee on Trauma (OCOT) met on May 8, 2009, in conjunction with the Ohio Chapter of the American College of Surgeons Annual Meeting in Cleveland, Ohio. The Committee on Trauma sponsored a continuing medical education lecture by Dr. Michael Rotondo, MD, FACS, and chairman of the East Carolina University Department of Surgery. He spoke on The Impact of Rural Trauma in America.

The fall meeting of the Ohio Chapter Committee on Trauma was held on November 7, 2009 in Columbus. During that meeting, the 2009 paper competition of the OCOT was held with presentation of four papers.

The education activities of the Ohio Committee on Trauma include the annual trauma lecture given during the annual meeting of the Ohio Chapter of the American College of Surgeons and the paper competition. In the area of quality, the Ohio Committee on Trauma has assisted the Trauma Sub-Committee of the state EMS Board and its review of the state trauma system. The vice chairman of the Ohio Committee on Trauma continues to be active in this area. The chairman of the Ohio Committee on Trauma was also involved in the development of a Burn Surge Plan for the State of Ohio as required the Department of Homeland Security. The Burn Surge Plan has been approved at the state level, but requires funding that has not become available as of this date.

In the area of advocacy, the Ohio Committee on Trauma helps fund the lobbying efforts of the Ohio Chapter of the American College of Surgeons. We have actively supported bills prohibiting texting while driving and qualified immunity for emergency room physicians in declared national disasters. In 2009, the Ohio General Assembly passed legislation requiring booster seats with restraints for older children.

Finally, I would note that the State of Ohio currently has 45 trauma centers, the most of any state. These consist of 11 Adult Level I Trauma Centers, 11 Adult Level II Trauma Centers, 17 Adult Level III Trauma Centers, 3 Pediatric Level I Trauma Centers and 3 Pediatric II Trauma Centers. Due to this, membership in the Ohio Committee on Trauma remains high with 75 members and 24 associate or advisory members.

If you are interested in joining the Ohio Committee on Trauma, please contact Charles Yowler via email at cyowler@metrohealth.org.

Charles Yowler, MD, FACS, is the chair of the Ohio Committee on Trauma, American College of Surgeons.

Delegate to Ohio State Medical Association Report

Submitted by William Sternfeld, MD, FACS

I had the pleasure of representing the Ohio Chapter ACS at the annual meeting of the Ohio State Medical Association on April 9-11, 2010. The highlights are as follows:

There was a lengthy and very complete presentation made by Dr. Jeremy Lazarus, the Speaker of the House of Delegates of the American Medical Association. He summarized the process that occurred over the past year with the resulting passage of President Obama’s health care legislation. He made the point repeatedly and very concisely that the American Medical Association felt that they needed to be at the table to be able to continue to dialogue with Congress regarding health care. The American Medical Association had eight principles that they felt were important to be represented in the legislation. Six of those eight principles were incorporated into the legislative reform package. The American Medical Association continues to work on a permanent solution for sustainable growth rate and national malpractice reform.

The second major item was a proposal to separate state and county membership in the Ohio State Medical Association. The Ohio State Medical Association has always required that a physician who wishes to be a member of the Ohio State Medical Association must also be a member of the county society. The Ohio State Medical Association Council put forward a proposal for separate. The Reference Committee discussed this extensively on the floor of the House on Saturday and Sunday as well. The proposed resolution passed, but failed by eleven votes to gain approval, as this was a bylaws change.

The third item was election of officers for the American Medical
It is my pleasure to report that communications for the Ohio Chapter of the ACS are in excellent shape. For any of you who have utilized the website in the last year, I think you can see how functional and up-to-date the website is. The efforts of the Executive Office make our website extremely attractive in general appearance as well as being in line with the appearance of the ACS homepage.

In the last six months, I have reviewed several other chapter websites. I am pleased to report that ours clearly stands out among other websites currently available. However, I found two new areas that can be added to our webpage to enhance its utility.

• I would suggest that we add a link to all of the other state chapters of the ACS. This was found on the Southern California site and provides members with the opportunity to link easily to all other U.S. state chapters. The current link is http://www.socalsurgeons.org/acs/pages/links.html. This can be reformatted on our page.

• The Colorado Chapter has an online survey for its chapter members to assess individual member’s views on legislature, resident education, and the annual state chapter meeting. I found this to be a useful tool. The web link is http://www.coloradoacs.org/whatsnew/2007membersurvey.pdf.

Finally, on our own webpage, under the RESOURCES tab—under residents, we have a link to the Ohio residency programs. Some of the contacts for the Residency Education Committees are out of date. I will work with Brad to get communication out to all residency programs to update this information.

Our chapter remains one of the strongest in the U.S. and we should continue to project that image. Lastly, the position of vice-chair of the Communications Committee remains open. If anyone has nomination suggestions, please let me know by e-mail at scott.wilhelm@uhhospitals.org.

Scott M. Wilhelm, MD, FACS, is the chair of the Ohio Chapter Communications Committee.
GENERAL INFORMATION (Please print or type)
Name: ________________________________
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Work Address: _________________________
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Work Phone: ___________ Fax*: _______
Web Address: _________________________
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ADMINISTRATIVE CONTACT PERSON
If you have a support person who the Chapter may contact when you are in surgery, please provide his/her information:
Name: ________________________________
Phone: ________________________________
Email: ________________________________

TYPE OF MEMBERSHIP
☐ $ 245 Fellow - Must have met all of the requirements and been formally admitted into Fellowship of the American College of Surgeons.
☐ $ 115 Associate Fellow - Must be recognized by the American College of Surgeons as an Associate Fellow.
☐ $ 25 Retired - Must have been granted retired status by the American College of Surgeons.
☐ $ 125 Affiliate - Non-FACS Physician, Allied Health Care Professionals, and Nurses.
☐ $ 0 Resident - Surgical residents and surgeons in research or surgical fellowship programs who meet the American College of Surgeons requirements for participation.
☐ $ 0 Medical Student - Medical students in accredited allopathic or osteopathic medical schools, who meet the American College of Surgeons requirements for participation.

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Columbus, Ohio 43216-1715

Or fax to (877) 835-5798

The mission of the Ohio Chapter of the American College of Surgeons is to educate its members and the public about surgical care within the state of Ohio, and to support the mission and goals of the American College of Surgeons.

Payment of dues or other contributions to the Chapter are not tax deductible as charitable contributions for income tax purposes. They may, however, be tax deductible as ordinary and necessary expenses to the extent not allocated to lobbying expenses. The OCACS estimates that the non-deductible portion of your dues is 15%.

The Ohio Chapter of the American College of Surgeons (OCACS) collects credit card information to make it easier for you to register for seminars and events online, as well as paying for other services. OCACS does not use or share credit card information for any other purpose. We retain such information as is needed for standard accounting and record keeping requirements. Every step is taken to protect the loss, misuse, and alteration of the information under our control. If you prefer, please use a check or money order to make any necessary payments. Thank you.

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BASIC SCIENCE — FIRST PLACE
Damage Control Resuscitation with a 1:1 Ratio of Plasma to Packed Red Blood Cells Attenuates Systemic Inflammation Following Hemorrhage in Mice. Makley AT, Goodman MD, Friend LA, Dorlac WC, Johannigman JA, Lentsch AB, Pritts TA. University of Cincinnati Department of Surgery, Cincinnati, Ohio

Background: Hemorrhage and resuscitation are associated with a dysfunctional systemic inflammatory response. The resuscitation strategy used to treat severe hemorrhagic shock may potentially modulate this inappropriate inflammation, either exacerbating or reducing the development of later complications. Resuscitation with a high ratio of plasma to packed red blood cells (plasma:pRBCs) is associated with improved clinical outcomes, but the effect of this resuscitation on inflammation is unknown. We hypothesized that a high ratio of plasma:pRBCs would attenuate inflammation and organ injury following hemorrhage.

Methods: Mice underwent femoral cannulation and hemorrhage to a systolic blood pressure (SBP) of 25±5mmHg for one hour. Mice were resuscitated to a target SBP of 80±5mmHg with ratios of plasma and pRBCs collected from donor mice, separated and stored in citrate phosphate double dextrose and additive solution-3. Plasma, pRBCs, and 2:1, 1:1, and 1:2 ratios of plasma:pRBCs were used for resuscitation. Serum was collected for cytokine analysis by ELISA. Ileum, colon, and lung were harvested to measure capillary leak by Evans blue technique.

Results: Mice resuscitated with 1:1 showed decreased macrophage inflammatory protein-2 (MIP-2), MIP-1α, and keratinocyte-derived chemokine (KC) compared to other ratios of blood products (Figure). In the intestine, mice resuscitated with 1:1 demonstrated decreased vascular permeability compared to mice resuscitated with plasma (8.9±0.6µg/g ileum vs. 13.2±1.2µg/g ileum, 1:1 vs. plasma, p<0.05 and 5.9±0.4µg/g colon vs. 10.4±1.5µg/g colon, 1:1 vs. plasma, p<0.05). Mice resuscitated with 1:1 exhibited decreased pulmonary capillary leak compared to mice resuscitated with pRBCs (8.5±0.9µg/g lung vs. 15.2±2.3µg/g lung, 1:1 vs. pRBCs, p<0.05).

Conclusions: Mice resuscitated with a 1:1 ratio of plasma:pRBCs showed significantly less inflammation and organ specific vascular leak as compared to mice transfused with other ratios. Following severe hemorrhagic shock, the ideal resuscitation strategy may be components transfused in a ratio most closely approximating whole blood.

CLINICAL SCIENCE — STANLEY O. HOERR AWARD (FIRST PLACE)
Pre-Injury Polypharmacy as a Predictor of Outcomes in Trauma Patients. DC Evans, CV Murphy, AT Gerlach, JM Christy, AM Jarvis, DE Lindsey, YM Thomas, ML Whitmill, CH Cook, SM Steinberg, SP Stawicki. The Ohio State University, Columbus, Ohio

Background: One of the defining characteristics of modern medicine is the management of chronic health conditions. Intimately associated with the long-term control of chronic disease is the increasing utilization of multiple medications and resultant polypharmacy. This study was designed to characterize the impact of polypharmacy on outcomes in trauma patients 45 years and older.

Methods: Patients >45 years old were identified from our institutional trauma registry. Detailed review of medical records was performed, including the following variables: home medications, co-morbid conditions, injury severity score (ISS), Glasgow Coma Score (GCS), morbidity and mortality, hospital length of stay (LOS), intensive care unit (ICU) LOS, functional outcome measures (FOM), and discharge destination. Polypharmacy patients were grouped by number of medications: 0-4 (minor polypharmacy), 5-9 (major polypharmacy), or >10 (severe polypharmacy). Age- and ISS-adjusted analysis of variance and multivariate analyses were performed for these groups. Comorbidity-polypharmacy score (CPS) was defined as the number of home medications plus comorbidities.

Results: 323 patients were identified (mean age 62.3±12.9, 56.1% male, mean ISS 10.3). Age- and ISS-adjusted mortality (continued on page 27)
was similar in the three groups. In multivariate analysis, only age and ISS were found to be contributory to mortality. Increasing polypharmacy was associated with more comorbidities, lower arrival GCS, more complications, and lower FOM scores for self-feeding and expression-communication. Hospital and ICU LOS were longer for patients with severe polypharmacy. Multivariate analysis demonstrated that advanced age, female gender, total number of injuries, number of complications, and CPS were independently associated with discharge to a facility (p<0.02).

ONCOLOGY — JOHN P. MINTON AWARD (FIRST PLACE)

Radiofrequency Ablation of Liver Tumors in the Geriatric Population: As Safe as Younger Patients? Justin Fox, Minia Hellan, James Oullette, Thav Thambipillai. Department of Surgery, Division of Surgical Oncology, Wright State University Boonshoft School of Medicine, Dayton, Ohio

Background: Radiofrequency ablation (RFA) is used to treat liver tumors deemed unresectable or in those unable to tolerate resection. While frequently affecting geriatric patients, limited data exist on long-term morbidity. The purpose of this study is to compare morbidity at initial admission, 30 days, and one year between elderly patients and a younger cohort.

Methods: We reviewed all patients who underwent RFA of liver tumors at our institution between April 2006 and October 2009. Patients were divided into age groups: over or under 65 years. Operative, 30-day, and one-year outcomes and readmissions were recorded.

Results: Seventy patients underwent RFA with or without resection: 33 over and 37 under 65 years. The groups were similar between gender, diagnoses, surgical approach, and frequency/degree of liver resection. The elderly population had a lower average BMI and fewer (3.38 v 2.16), but larger lesions per procedure (2.8 v 4.0 cm). Blood loss (161 v 200 cc, p 0.40) and hospital stay (7.4 v 6.2 days, p 0.42) were similar between groups. In-house morbidity related to the surgical procedure, hospitalization, bile leaks, and liver abscesses were similar (p values NS). The ability showed a non-significant trend toward more frequent home health care in the elderly group. At 30 days and 1 year, re-admission rates were similar, however, as time from surgery increased, the dominant cause for readmission changed from surgery and hospitalization-related to disease and patient factors.

Conclusions: RFA of liver tumors can be performed in the over 65 population with morbidity and mortality similar to younger patients. While not statistically significant, older patients did have a trend toward more hospitalization-related complications.

Posters

This year's Annual Resident Research Forum and Poster Session drew a large number of submissions. Thanks to all who participated, and special thanks to the following presenters, who along with this year's award winners, presented their poster abstracts during this year's Annual Meeting:

Christina B. Ching, MD — Comparing Open Bilateral Partial Nephrectomies to Laparoscopic Bilateral Partial Nephrectomies.

Judy Jin, MD — Disparity in the management of Graves' disease observed at an urban county hospital; a decade long experience.

Kevin R. Kasten, MD — The Hypoxia Inducible Factor-1a deletion in T cells improves survival in a murine model of sepsis in association with increased interferon-gamma production.

Ricardo Quarrie, MD — Ischemia-Reperfusion Injury Dissipates Mitochondrial Membrane Potential Through Increased Proton Leak.

Residents in Ohio surgery and surgery specialty programs are encouraged to enter the 2011 Annual Resident Research Forum and Poster Session. The competition is planned as part of the Ohio Chapter's 56th Annual Meeting, May 6-7, 2011 at the Hyatt Regency Cincinnati.

All residents and fellows enrolled in general surgery or surgical specialty residency training programs in the state of Ohio who have not completed training before 2011 are eligible to enter. The competition includes an abstract presentation and a poster session. Stay tuned to the Ohio Chapter website, www.ohiofacs.org, for details as they become available.
District Councilor Reports

Below, please find a summary of the district activity as reported at the Ohio Chapter Council Meeting held in May, 2010.

Northwest Ohio District
Submitted by Michael J. Bielefeld, MD, FACS

St. Luke’s Hospital, in Maumee, Ohio, has entered discussions with Promedica Health System regarding a merger or acquisition. St. Luke’s Hospital is currently the metro Toledo area’s last independent hospital while Promedica Health System is the area’s largest health system.

Wood County Hospital, in Bowling Green, recently became northwest Ohio’s first accredited Bariatric Center of Excellence by both the ACS and the ASMBS. The hospital also completed a 48 million dollar expansion that includes all new inpatient rooms and surgical suites.

Over the past year, malpractice rates continue to remain stable with slight reductions noted in the premium.

With the poor economy and significant loss of manufacturing jobs in Northwest Ohio, the number of patients who are unable to pay for care continues to increase. They primarily access the health care system via the emergency room and then become the responsibility of those surgeons who take ER call. Although some larger hospitals do compensate for call coverage, most smaller hospitals do not. The ACS consensus statement for ER call coverage states that the surgeon both deserves and should be compensated. It would be beneficial to many chapter members if both the state and national chapters strongly promoted this concept to OHA and other decision level healthcare administrators.

After many years of product line expansion, many facilities are now reducing or eliminating some services including wound care, wellness programs and hours of availability of imaging and labs.

Michael J. Bielefeld, MD, FACS, is the northwest Ohio district councilor.

Northeast Ohio District
Submitted by Victoria Van Fossen, MD, FACS

Akron General Medical Center has deployed McKesson’s electronic medical record to physician practices.

Cleveland Clinic Foundation opened the first regional Phase I/Phase II clinical trial at associated hospitals to increase participation in clinical trials.

Medina Hospital received a large donation to be used to upgrade information technology to the MyChart EMR system by the end of 2010.

Mercy Medical Center in Canton is now solely owned by Sisters of Charity Health System. It will have a Federal 501(c)(3) nonprofit status.

MetroHealth Medical Center has had an improved financial performance in 2009 with a net revenue of $710 m. This reflects $253 m in charity care charges, a 5.2% increase over the prior year. Governmental support for charity care fell short of the cost of care by $30 million.

Summa Akron City Hospital has earned the Gold Seal of Approval form the Joint Commission for primary stroke centers. Summa ranked as a distinguished hospital for clinical excellence for eight consecutive years- one of only three hospitals in Ohio to do so.

Victoria Van Fossen, MD, FACS, is the northeast Ohio district councilor.
Pulse Throughout Ohio

District Councilor Reports

(continued)

Southwest Ohio District
Submitted by A. Peter Ekeh, MD, FACS

Hospitals in the Greater Dayton area have continued to trim jobs in light of the current economic situation. The ongoing shifts in the region’s “payer mix” – with dwindling numbers of individuals covered by third party health insurers and an increased uninsured population – has been cited for these job losses.

Kettering Health Network is in the process of building a 35-acre medical campus in Beavercreek which would include a freestanding emergency center, research and education operations and a surgical center. This $125 million project is scheduled to open in 2012. Meanwhile, both Kettering Medical Center and Miami Valley Hospital are completing large additions to their facilities both scheduled to open later this year.

The chair of the Wright State University Department of Surgery, Dr. Alex Little, recently retired from his position that he had held for the last few years. Dr. Mary McCarthy started as the interim chair of the department in April 2010. The department has more than 20 full time faculty members and a surgical residency program that finishes 7-8 residents annually – involving a consortium of the six main hospitals in Dayton (Miami Valley Hospital, Kettering Medical Center, Good Samaritan Hospital, Children’s Medical Center, Wright Patterson Air Force Base Medical Center, and the Veterans Administration Medical Center).

The Dayton Heart and Vascular Hospital finally closed its doors late last year, as Good Samaritan Hospital, Dayton had acquired them for $55 million. The heart hospital has moved its entire operations to the new $31 million four-floor addition to Good Samaritan. In addition to the open heart procedures, primarily cardiologists and radiologists perform endovascular procedures.

A. Peter Ekeh, MD, FACS, is the southwest Ohio district councilor.

Southeast Ohio District
Submitted by David Hasl, MD, FACS

At Fairfield Medical Center in Lancaster, Ohio (32 miles southeast of Columbus on US-33), we were able to add five surgeons to our staff this past summer. In addition to the two general surgeons mentioned above (Drs. Martin and Sawyer), FMC added David Vaziri, MD, to the orthopedic department and a couple who both completed their training in Chicago, Krishna Mannava, MD (vascular surgeon) and his wife Deepa Reddy, MD (ophthalmology).

In the operating room, we have added an advanced laparoscopic suite, termed the “boom room” as all of the laparoscopic equipment, is mounted on booms suspended from the ceiling. The most recent addition to the hospital radiology department is a digital mammography unit and renovation of the ultrasound department into a mammography suite. This houses the digital mammogram machine, ultrasound equipment, added space for interventional procedures and an expanded waiting area with private rooms.

David Hasl, MD, FACS, is the southeast Ohio district councilor.
Southeast Ohio Surgeon Inducted Into Ohio Senior Citizens Hall of Fame

By Brad L. Feldman, MPA, CAE, IOM

The Ohio Department of Aging recently inducted thirteen members into the Ohio Senior Citizens Hall of Fame. Mel P. Simon, MD, FACS, from Gallipolis was inducted as a member of this year’s class.

Ohio Chapter, ACS President-Elect Alice Dachowski, MD, FACS, described her colleague by saying, “Volunteerism is of pivotal importance to the American College of Surgeons. Dr. Mel Simon’s professional identity is closely entwined with volunteerism in our local community in rural Southeastern Ohio and Western West Virginia, as well as the global community in the missions of the Philippine Islands. As his neighbor and as a medical colleague in Gallipolis, Ohio, I can personally testify to his altruism and applaud him on receiving this well-deserved honor.”

The press release from the Ohio Department of Aging details a few of the reasons for honoring Dr. Simon with this award and corroborates Dr. Dachowski’s comments. Dr. Simon is described as an active, passionate and involved member of the medical community, and an invaluable contributor to both the Gallipolis community and the global community. He is immediate past president of the medical staff of Pleasant Valley Hospital in Point Pleasant, WV, as well as a member of the executive committee of the board of trustees of the University of Rio Grande, where he is a major contributor to the science and chemistry department. He also is an honorary professor in surgery at Marshall University School of Medicine in Huntington, WV.

Dr. Simon has served as president of the Central Ohio Urological Society, the Society of Philippine Surgeons in America, the Tri-State Medical Association of Ohio, Kentucky and West Virginia and of the Mason County Medical Society. Most recently, he, along with his Board of Directors, formed a free clinic, serving qualified patients in Gallia County.

Since 1985, Dr. Simon has lead medical missions to perform free surgeries for indigent patients in remote areas of the Philippines. He and a team of medical personnel he recruited have performed more than 400 surgeries a year. For his work in the Philippines, he received the award for Rotary Volunteers in Action and was awarded the highest recognition in Rotary International, “Service Above Self.” He is a multiple Harris Fellow, benefactor and a major donor. In 2004, he was recognized by Chairman James Lacy of the Rotary Foundation Trustees for promoting world understanding and peace.

The surgical ward of a 400-bed hospital in northern Philippines was named the “Dr. Mel P. and Lydia Simon Ward.” The University of Rio Grande chemistry lab was named “Dr. Mel and Lydia Simon Chemistry Laboratory.”

In addition to his annual surgical mission to the Philippines, Dr. Simon continues to work as a physician and urologist in his semi-retired private practice and as a volunteer physician at the French Five Hundred Free Clinic in his community and surrounding counties.

Since 1977, more than 350 individuals have been inducted into the Ohio Senior Citizens Hall of Fame. Native-born Ohioans or state residents for at least ten years are nominated based on service to others and achievements after age 60 and for lifetime achievements that represent positive aging.

The Ohio Chapter extends our congratulations to Dr. Mel Simon on this well deserved recognition!

“Volunteerism is of pivotal importance to the American College of Surgeons. Dr. Mel Simon’s professional identity is closely entwined with volunteerism in our local community in rural Southeastern Ohio and Western West Virginia, as well as the global community in the missions of the Philippine Islands...”
Where Do You Practice?
By Christopher Grove, MD, FACS

“Where Do You Practice” is a Pulse series that highlights where our Ohio surgeons practice, in what type of setting, and why they made the decisions they did. We would like to thank Dr. Christopher Grove for his willingness to be highlighted.

Tell us briefly about you:
I am 40 years old and have been practicing as a general surgeon in Miami County, Ohio for almost nine years since completing my general surgery residency at Wright State University in 2001. My wife Becky and I live in Troy with our two children (Abby, 3 years old and Ben, 5 months old). I am originally from Piqua, Ohio and enjoy practicing in the town that I grew up in. I am very involved with the Boy Scouts. I serve on the local Council Executive Board for the Boy Scouts in addition to serving on the Central Region Executive Board and Executive Committee. I also serve on the National Order of the Arrow Committee (which is Scouting’s National Honor Society). I have served as the membership chairman for the Ohio Chapter of the American College of Surgeons since 2005. Prior to that, I served as the chairman of the Young Surgeons committee for the 2004-2005 year. In my spare time, I enjoy spending time with my family at the lake and playing racquetball.

Name of your practice/group/institution:
Miami County Surgeons, Upper Valley Professional Corporation, Upper Valley Medical Center

How long have you practiced in that setting?
4 1/2 years

Where and how long did you practice before your current practice/group/institution?
Miami County Surgeons, Inc. (private practice), Piqua, Ohio for 4 1/2 years

Describe your current practice/group/institution:
We are a five surgeon general surgery practice employed by Upper Valley Professional Corporation and practice almost exclusively at Upper Valley Medical Center in Troy, OH. We do a variety of general surgery. We offer hand-assisted laparoscopic colectomy, laparoscopic Nissen fundoplication, surgery of the thyroid and parathyroid, advanced breast cancer care, as well as routine general surgery cases. Two of my partners do vascular cases. Upper Valley Medical Center has 139 acute care beds.

Why did you choose to practice in this setting?
Being an employee offers me the opportunity to return to the practice of medicine and defer the “business of medicine” to the business men and women of the corporation. I feel that a lot of the burdens of the business aspect have been relieved and I am free to do my best at what I was trained to do.

What do you see as any disadvantage of such a practice/group/institution?
You do lose some autonomy. We are never told how to practice medicine, but you do lose some control over your office and how the day-to-day operations go. Some of the things that apply to the “big institution” may not be what is best for the smaller office. One size does not “fit all”. You can also have problems with motivation of all to work unless you are on a productivity-based reimbursement.

What aspect of your practice/group/institution are you most proud?
We are a stable group. All of the partners get along well and we all work hard. We provide quality care close to home without having to send our patients to an urban facility. We also have one of the best group of office staff that we could ask for. In addition, the relationship that we have with the administration of the professional corporation and the hospital is extremely cordial and symbiotic.

What advice would you offer your colleagues based on your experience thus far in your career?
I think that the employment model is the physician work model of the future. I would encourage anyone coming out of residency to consider this as the standard. The business of medicine has become so complicated that a physician cannot be expected to be an excellent business persona and superb doctor.
at the same time. Being employed puts your patients back at the center of your attention and takes any business issues to the background.

I wish someone had taught me more about the business of medicine and how to better negotiate when I was in residency. This has developed over time, but it took me a few years to get a sense of the business of medicine and to know that I couldn’t possibly run a successful practice and be a good doctor in today’s ever changing medical environment.

If you have any questions you would like to ask Dr. Grove, he can be reached at:
Christopher A. Grove, MD, FACS
Miami County Surgeons Inc
200 Kienle Drive
Piqua, OH 45356
cgrove@wob.rr.com

Where Do You Practice?
(continued)

Each spring, the Ohio Chapter of the American College of Surgeons hosts their Annual Meeting to promote the learning and development of statewide doctors, fellows, and residents in surgery programs. This two-day event has grown over the years into an interactive experience for all learning levels to promote various fields of surgery including plastics, cardiac, wounds, orthopedic, and vascular to gain knowledge and insight about procedures that are happening around the state. With the variety of surgeons that join the speaking panel each year, participants are guaranteed to leave the Annual Meeting with insight and tools to use in their everyday work.

Along with the in-depth learning sessions that all participants will benefit from, students enrolled in residency programs in Ohio are invited to submit their research to the Poster Abstract Contest sponsored by the Ohio Chapter of American College of Surgeons. This contest allows members of the Ohio Chapter to see cutting edge research that is taking place in the schools, but also promotes relationships between members and residents that can last for years to come. While attending the Annual Meeting, be sure to stop and see the resident posters … you may find your next bright idea there!

Since the medical profession is always looking towards the future, we at the Ohio Chapter of American College of Surgeons are doing the same for your annual meetings. Be sure to mark your calendars for the 2011 Annual Meeting date to hear what meeting attendees consistently call “great speakers.”
“Leadership from all angles” is the theme for this year’s Leadership Conference for Young Fellows and Chapter Leaders, which will take place July 24-25, at the Hyatt Regency Washington on Capitol Hill. The conference will begin with a welcoming reception hosted by the Washington, DC, Chapter, on Saturday, July 24, beginning at 5:00 pm.

Wiley W. Souba, MD, ScD, MBA, FACS, will present the keynote address on Sunday, July 25, and the program will conclude with a Town Hall Meeting featuring the College’s leaders. The agenda for the 2010 Leadership Conference—including topics and speakers and the registration form—can be viewed at www.facs.org. You can call the Chapter Hotline at (888) 857-7545 to register as well.

The third annual Joint Surgical Advocacy Conference (JSAC) will be held July 25-27, immediately following the Leadership Conference. The JSAC offers the surgical community an opportunity to work together to present a united front on Capitol Hill and to develop the skills necessary to become effective surgeon advocates year-round. Hundreds of provisions in the recently passed health reform law directly affect surgeons and surgical patients. There is much work to be done to ensure that these measures are implemented and fine-tuned with the surgical community’s input and expertise.

Cosponsored by the American College of Surgeons and 21 other surgical specialty groups, JSAC participants for the first time can earn continuing medical education (CME) credits. Program participants will learn from seasoned political speakers, such as pundit Charlie Cook, and participate in beginner or advanced advocacy training sessions. The conference will culminate with meetings between surgeons and their senators and representatives. Register before June 21 to receive a discounted rate. Contact the Division of Advocacy and Health Policy at the Washington, DC office by phone at (202) 337-2701 or by email at ahp@facs.org for further information.

You can also register for either of these events linked off our chapter website at www.ohiofacs.org, under Events. See you there!
From the College

The American College of Surgeons Foundation Needs You!
By Martin H. Wojcik, CFRE

The founders of the American College of Surgeons (ACS), led by Franklin H. Martin, MD, FACS, established the organization in 1913 with one overarching goal: to ensure that surgeons would have the knowledge and skills they would need to provide surgical patients with safe, high-quality care. Approaching its centennial year, the College has remained steadfast in its commitment to fulfilling and expanding on Dr. Martin’s vision. The College’s mission statement says it best: “The American College of Surgeons is dedicated to improving the care of the surgical patient and to safeguarding standards of care in an optimal and ethical practice environment.”

The College and its Fellows are unwaveringly dedicated to the tenets set forth by the organization’s founders. Yet while the College’s mission has remained constant, surgical care has evolved dramatically in the last century, and the profession is on the precipice of even greater change. To ensure that its members have the technical and cognitive competencies necessary to their future, the American College of Surgeons has continually expanded the variety and scope of its activities and adapted to its members’ evolving needs. Among the highest priorities are programs to ensure optimal surgical care to every patient, enhancing surgeons’ skills and preserving their professional identity.

Quality – Education – Professional Advocacy

The American College of Surgeons Foundation is charged with securing the philanthropic resources necessary to advance these programs. Voluntary gifts have been a tradition of the College since its inception, when the leadership of the College initiated a membership campaign to establish an endowment fund. Today, that spirit of philanthropy continues through gifts of all sizes from the College’s Fellows, foundations, corporations and friends. As we prepare for centennial, the Foundation is expanding its outreach to chapters, specialty societies and grateful patients, while demonstrating the value and impact of those gifts within the College.

The College’s Executive Director, David B. Hoyt, MD, FACS, an Ohio native, has stated: “We must use our innate leadership abilities to advocate for the surgical patient. The infrastructure being developed by the College to facilitate achievement of this goal needs to be expanded.” Relying on dues and fee increases alone to underwrite these initiatives is unrealistic and, for some, untenable. In the best tradition of American not-for-profit entrepreneurship, the College is looking to its Foundation to identify and secure the resources needed to sustain and develop programs that add real value to the portfolio of services for our constituents.

Attendees at the recent Ohio Chapter meeting saw an ACS Foundation exhibit featuring a current list of Fellows who enjoy the benefits and recognition that benefactors receive. Since the inception of philanthropy efforts by the College, Ohio Chapter Fellows have given 1,356 gifts totaling $386,865. We sincerely - and with gratitude for your ongoing generosity - encourage the Ohio Chapter to continue and to expand its support of the American College of Surgeons and its programs.

Martin Wojcik, CFCE, is interim executive director for the ACS Foundation.
This is NOT a gag order.

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