



First Research Development focus groups held during October ACS meeting

The first of the Society's new Research Development focus groups were held during the October ACS meeting, Committee Chair Dr. **Walter A. Koltun**, Hershey, PA, reports. Additional focus groups are planned during the time of the Minneapolis Annual Meeting in May.



Dr. Walter Koltun

President Dr. **James W. Fleshman**, St. Louis, proposed the focus groups as a way to steer research towards a consistent approach. "The focus groups give an opportunity for our industry partners to get their questions answered, so their companies can provide the products we

need," he says.

The focus group panels consist of up to 25 ASCRS member experts with research experience, an ASCRS moderator from the Research Development Committee, a moderator from industry, and up to five additional industry representatives. The panels meet for two hours over dinner, with the agenda of defining issues around specific topics, developed by Drs. Fleshman and Koltun, which will result in the creation of research plans. The investment to support a focus group is \$30,000.

Topics considered by the focus groups held during ACS

were:

- Barriers to the adoption of laparoscopy in colorectal surgery, and
- Energy delivery devices in laparoscopic colorectal surgery.

"These sessions were relatively intense two-hour periods of discussion providing the widest possible experience and opinions to the industry supporter. Novel ideas reflecting voids in patient care, imperfect instrumentation, techniques to improve clinical outcomes, and education of trainees were all raised as a result of the diverse opinions represented," Dr. Koltun says.

"The initial task of this committee has been the facilitation of these 'brainstorming' sessions with industry and ASCRS members on specific topics relevant to both colon and rectal surgeons and our industrial partners with the goal of identifying issues and problems relevant to both. These sessions target getting in on the early identification and design of devices, protocols, and therapeutics that can be jointly developed," explains Dr. Koltun.

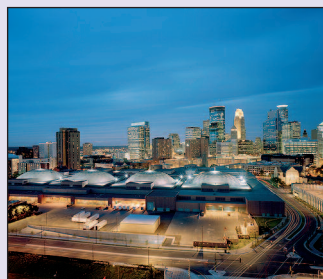
"Any and all topics relevant to the care of the colorectal

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Save the Date: Minneapolis site of 2010 Annual Meeting, May 15-19

ASCRS will host its 2010 Annual Meeting in Minneapolis, MN, at the Hilton Minneapolis Hotel and Minneapolis Convention Center, May 15 - 19.

The state-of-the-art facility features 475,000 sq. ft. of exhibit space, a 3,400 capacity auditorium, 87 meeting rooms, and 28,000 sq. ft. and 55,000 sq. ft ball-



rooms, making it an ideal location to hold the premier meeting for dissemination of scientific information on colorectal disease.

Complete scientific program and registration information will be available on the Society's Website, www.fascrs.org, in February. ✨

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patient are appropriate, but as mentioned, presently the focus has been on topics relevant to both industry and colorectal surgeons, with attention prioritized based on industry interest and sponsorship. Both of the initial focus groups focused on laparoscopic issues and were underwritten by **Ethicon Endosurgery**, but many other companies have expressed interest,”

Dr. Koltun says.

“In the future, as additional ASCRS members are assigned to other topics (for example, genetic testing, virtual skills training/testing, clinical trials support, etc.), we hope to further our members’ involvement in cooperative research efforts with industry partners. The identification of specific research topics and individuals prepared to take the initiative in developing them into research proposals will be refined, converting a ‘consensus by committee’ to an investigator-initiated research proposal that could find funding through several means,” adds Dr. Koltun.

As noted, future focus groups are planned during the ASCRS Annual Meeting. Anyone interested in taking part and providing input into this unique cooperative research

development may contact Dr. Koltun (wkoltun@hmc.psu.edu) or ASCRS Development Director Linda Cullison (lindacullison@fascrs.org).

In addition to Dr. Koltun, members of the Research Development Committee include Vice Chair Dr. **Arden Marie Morris**, Ann Arbor, MI, Council Rep and ASCRS Research Foundation President Dr. **José G. Guillem**, New York, NY, and Drs. **Maher A. Abbas**, Los Angeles, CA, **David E. Beck**, New Orleans, LA, **Robert R. Cima**, Rochester, MN, **Alessandro Fichera**, Chicago, IL, **Julio Garcia-Aguilar**, Duarte, CA, **Susan L. Gearhart**, Baltimore, MD, **Virgilio V. George**, Indianapolis, IN, **Alan J. Herline**,

Nashville, TN, **Terry C. Hicks**, New Orleans, LA, **Matthew F. Kalady**, Cleveland, OH, **Charles F. Littlejohn**, Stamford, CT, **Najjia N. Mahmoud**, Philadelphia, PA, **Matthew G. Mutch**, St. Louis, MO, **Feza H. Remzi**, Cleveland, OH, **Rocco Ricciardi**, Burlington, MA, **Larissa K. F. Temple**, New York, NY, **Martin R. Weiser**, New York, NY, and **Richard L. Whelan**, New York, NY. ✨

“... we hope to further our members’ involvement in cooperative research efforts with industry partners.”

P R E S I D E N T ’ S M E S S A G E

ASCRS takes forceful approach to health care reform legislation

By Dr. James W. Fleshman, Jr.

Our major efforts on health care reform during the past few months have built the Society’s reputation as a small organization with a big voice. Working closely with the American College of Surgeons, we’ve learned that you have to be very forceful to be effective in the legislative arena. We moved from telling the Congress what we support to stating unequivocally that we openly oppose certain proposals in the health care reform legislation.



Dr. James Fleshman

ASCRS has supported meaningful health care reform for many years, and we remain committed to reforms that expand patient access to quality surgical care. We openly opposed a number of provisions in the Senate Finance bill. In addition to failing to permanently fix Medicare’s broken physician payment system and failing to include any meaningful proven medical liability reforms, we openly opposed a number of the bill’s provisions, including:

- Creation of a five-member independent Medicare Commission, responsible only to the White House, that would shift responsibility for making difficult Medicare payment and coverage decisions to an unelected

Executive branch agency without appropriate checks and balances;

- Mandatory participation in the seriously flawed Physician Quality Reporting Initiative, a program through which the Centers for Medicare and Medicaid Services (CMS) is attempting to address systemic problems dating back to 2007;
- Reimbursement changes disguised to improve patient access to certain physician services, but through payment cuts to all other physicians, thereby exacerbating workforce shortages.

We agreed to some concessions on payment of consulting fees for seeing patients in the office in exchange for adjustment in E&M rates for new patients. The result would be a wash financially for surgeons.

With ACS, we openly opposed proposals that would finance increased payments for primary care through reductions in payments for surgical care. It is our responsibility to represent your best interests in an intense debate in which there has been much give and take. The latest Senate bill did not deal with the sustainable growth rate used to calculate Medicare physician payments, though the House bill did.

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President's Message ...continued from previous page

We said we will continue to openly oppose any legislation that does not deal with the sustainable growth rate.

Guidelines for industry relationships

New voluntary ethical guidelines governing relationships between industry and health care professionals, published during the year, have slowly started to clear the way for companies to support our Annual Meeting. These guidelines restrict many past marketing practices, but they definitely allow for support of third party educational programs.

Annual Meeting Preparations

Preparations for the Annual Meeting in Minneapolis, May 15-19, are well underway. We received 650 scientific abstracts, and I can assure you that the quality of the program will exceed even the Society's high standards. We visited the site, and I'm sure you will be pleased with the facilities at the Hilton Minneapolis Hotel and Minneapolis Convention Center. It is compact and will work very well for our meeting. I have always thought of our Annual Meeting as a gathering of friends, and the information that is delivered to us during that meeting is very relevant to the care of patients and advancement of our management of colorectal disease. We will provide a complete report on program highlights in the next newsletter.

Agreement with CBS HealthWatch™

One activity that is sure to enliven our Minneapolis meeting will be the presence of CBS HealthWatch™

crews offering a live Webchat from the floor. The Society has signed a letter of agreement with CBS HealthWatch for a colorectal cancer awareness campaign to extend from March with National Colorectal Cancer Awareness month to May, covering Digestive Disease Week, May 1-5, and the Annual Meeting. We have asked many of our friends in industry to join us as sponsoring partners in this campaign.

Statistics now show that colorectal cancer screening compliance in adults 50 and older has increased from 53.9% in 2002 to 60.8% in 2006.

There is still plenty of work to do in minimizing the effect of colorectal cancer, as these statistics confirm that 4 of 10 people in the age group most at risk still are not being screened. The campaign will include public service announcements hosted

by CBS News anchor Katie Couric and much more media exposure.

Again, I would like to thank all of our hard-working members and fellows, who work throughout the year to make the ASCRS the best society in surgery. Even though we are a small group, we support surgery as a whole, and our contribution is out of proportion to our numbers and resources.

I wish all of you a happy and prosperous new year. I look forward to working with each one of you, and I know our Society will continue to thrive. 🌟

"With ACS, we openly opposed proposals that would finance increased payments for primary care through reductions in payments for surgical care."

Facebook helps Society communicate with membership, patients, public

ASCRS has joined the social media revolution by launching its own Facebook page, reports Website Committee Chair Dr. **David A. Margolin**, New Orleans, LA.

Current Facebook users are invited to become "fans" of the page by searching for "ASCRS" while logged on to their accounts. Non-Facebook members are encouraged to join. A link to the page is available at the ASCRS Website, www.fascrs.org. Users must join Facebook in order to become fans of ASCRS.

The Society's Facebook page offers informational feeds from the American Cancer Society and *Diseases of the Colon & Rectum*. It also features links to other medical organizations, information about ASCRS activities and upcoming events, opportunities for surgeons to participate in discussions on topics of their choosing, and much more.

"Facebook offers ASCRS another avenue to communicate with its members, the patients we serve, and the public,"

Dr. Margolin explains. "Engaging in this type of social media – and leveraging the interconnectivity of these kinds of online communities – will help us communicate directly with the audiences we want to reach. I'm sure that we will continue to discover new opportunities to promote the Society and its mission through our page." 🌟



Traveling Fellowship offers ‘fantastic’ professional, social opportunities

By Dr. Matthew F. Kalady, 2009 ASCRS Traveling Fellow

I had the privilege of spending two weeks in Ireland and the United Kingdom as the 2009 ASCRS Traveling Fellow, a journey that included a podium presentation at the Annual Meeting of the Association of Coloproctology of Great Britain and Ireland in Harrogate, England. Overall, the experience was fantastic.

My first stop was St. Vincent’s Hospital in Dublin, where Prof. Ronan O’Connell hosted me. The Traveling Fellow from the University of Otago in Christchurch, New Zealand, Mr. **Tim Eglinton**, was also there at the same time. Professor O’Connell was a gracious host, inviting us both to his beautiful home for dinner with his wife and children. I spent the following day in the St. Vincent’s operating theater, observing several sacral nerve stimulation procedures and a laparoscopic sigmoidectomy.

That evening, we were honored guests at a dinner at a great Dublin restaurant. Attendees included colorectal surgeons from St. Vincent’s and Mater Misericordiae University Hospital, the other University-based hospital in Dublin. The next morning, I presented some of my work as an invited guest during Grand Rounds, which was attended by a variety of surgical disciplines. I also participated in the Colorectal Cancer Multidisciplinary Tumor Board for discussion on patient management.

On my one free day, I toured the town and visited some of Dublin’s traditional streets and locales. The itinerary included a visit to the world-famous Guinness Storehouse, where I enjoyed a pint in a 360-degree glass-wall bar overlooking the city, the countryside, and the North Sea.

My next stop was London, where I visited Profs. **Robin Philips** and **Sue Clark** at St. Mark’s. I enjoyed learning about the traditions of St. Mark’s and meeting people from various disciplines. I spent most of my time with Professor



2009 ASCRS Traveling Fellow Dr. Matthew Kalady explores London along the River Thames.

Philips in the theater, on rounds, and discussing cases. I also attended their grand rounds and tumor board meetings, and a continuing medical education course on enhanced postoperative recovery.

One of the highlights of my visit to St. Mark’s was sharing tea and cake with the institution’s hereditary colorectal cancer registry staff. Hereditary cancer is one of my interests and I learned a great deal about how they run their registry and their research program.

I left London by train, bound for the quaint northern spa town of Harrogate, England, for the ACPGBI meeting. It was nice to see some old friends and colleagues from the States there, and to reunite with my new friends from Dublin. The meeting is similar in content to the ASCRS meeting, but it was very interesting to hear the European perspective and experience on such topics as postoperative care maps, laparoscopic colorectal surgery, and surgical education and training.

The day was filled with academic talks and debate. The evening social program was entertaining and provided another opportunity for social interaction. I presented my research at a special session dedicated to the Traveling Fellows. I was also invited to the Council Dinner and had the privilege of sitting at a table with Prof. **Jon Nichols** of London and Prof. **Michael Solomon** from the University of Sydney in Australia.

The last leg of my journey took me to Edinburgh, Scotland. Again, I took a short train ride north that offered a fabulous view of the English countryside and coast. My host in Edinburgh was Prof. **Malcolm Dunlap** at the Western Hospital. Professor Dunlap is a world-renowned colorectal cancer genetics researcher and an active,



Dr. Kalady with Prof. Robin Phillips (right) after a day in the operating theater.

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Traveling Fellowship ...continued from previous page

respected colorectal surgeon. I spent time with him in clinic and attending their group's multidisciplinary conference on management of inflammatory bowel disease.

Along with my clinical observations there, I spent an afternoon with several members of his laboratory and clinical research team. I was fortunate to learn firsthand about the remarkable things they are doing in their colorectal cancer research laboratory. Professor Dunlap was a gracious host

as well, introducing me to Scottish food and drink in downtown Edinburgh.

Overall, my travels were outstanding. I only wish I could have stayed longer and seen more, but I needed to get back to my very understanding wife and four children in Cleveland. I offer my humble gratitude to the Society and the Executive Council for allowing me this unique opportunity. ✨

Community Impact Award nominations due

ASCRS is accepting nominations for its annual Community Impact Award, which recognizes important volunteer work by Society members in their communities, ASCRS President Dr. **James W. Fleshman**, St. Louis, MO, announced. Nominations must be submitted by March 1.

Instructions for submitting nominations, and additional information on the award, are available on the ASCRS Website, www.fascrs.org.

The Society welcomes nominations from the general membership, ASCRS regional societies and affiliated International Societies. Nominees must be an ASCRS member or fellow in good standing.

The Public Relations Committee will review all submitted nominations and select one nominee as recipient of the Community Impact Award. Nominations will be graded on the following criteria:

- Community impact;
- Humanitarianism;
- Long-term effect;
- Number of people served;
- Length of service;
- Organizational leadership;
- Frequency of service.

Submit nominations electronically to ascrs@fascrs.org by March 1. Nominations should include the nominee's name and address, the name of the person or organization submitting the nomination, and a one-page summary of the nominee's community service activity.

The winner will be announced at the Annual Meeting in

Minneapolis, MN. The award recipient will receive a commemorative plaque and a \$1,000 donation by the Society for the physician's charity of choice. The Society will develop a news release announcing the award winner and distribute it to media professionals in the winner's local market.

In 2009, the Society honored Dr. **Rudolph B. Rustin, III**, Mount Pleasant, SC, for his work with Welvista (formerly CommuniCare), a nonprofit organization that provides free medical care and prescription drugs to South Carolina's uninsured.

Nominations will be graded on the following criteria:

- ◆ Community impact
- ◆ Humanitarianism
- ◆ Long-term effect
- ◆ Number of people served
- ◆ Length of service
- ◆ Organizational leadership
- ◆ Frequency of service

Community Impact Award Recipients



Dr. Rudolph Rustin



Dr. Gordon Klatt



Dr. Michael Keighley



Dr. Peter Cataldo



Dr. Dennis Fried

Previous Community Impact Award winners are:

- Dr. **Gordon Klatt**, Tacoma, WA, founder of the American Cancer Society's "Relay for Life." (2008)
- Dr. **Michael Keighley**, Warwickshire, UK, for his work as a pro bono advisor and mentor at Christian Medical College and University Hospital, Vellore, Tamil Nadu, South India. (2008)
- Dr. **Peter A. Cataldo**, Burlington, VT, for his leadership in establishing a free surgery clinic that serves many of Burlington's most impoverished residents. (2007)
- Dr. **Dennis A. Fried**, Charleston, SC, for his role in establishing a colorectal surgery clinic in Belize, and for performing colorectal surgery on patients from Belize in Charleston. (2006) ✨

New committees assessing competency, enhancing Society's brand recognition

New ASCRS committees are hard at work defining operative skill competency for training fellows, and exploring ways to increase the Society's overall brand recognition through media.



Dr. Patricia Roberts

The newly-formed Operative Competency Evaluation Committee is developing a program to assess the operative skills of colon and rectal surgeons, measure performance and define competency, committee chair Dr. **Patricia L. Roberts**, Burlington, MA, reports.

The committee is working closely with the American Board of Surgery to define minimal technical competencies for colorectal surgeons. The committee is nearing completion of a draft document and plans to initiate a pilot program by mid-2010.

"This may potentially shorten the training needed by col-

orectal surgery residents and shift focus to areas of needed training, rather than requiring across the board operative numbers achieved," Dr. Roberts explains.



Dr. Deborah Nagle

Meanwhile, the Media Relations Committee, chaired by Dr. **Deborah Nagle**, Boston, MA, is evaluating opportunities for promoting the Annual Meeting in local and national media markets. The committee will oversee efforts to brand the Society as the premiere organization for expertise in treating colorectal disease and position ASCRS at the forefront of public awareness.

The committee has already identified key media outlets in Minneapolis, site of the 2010 Annual Meeting, which will help achieve the Society's objectives. ✨

2010 National Media Awards to recognize excellent colorectal disease reporting

ASCRS will recognize journalistic excellence in colorectal disease reporting at next year's Annual Meeting in Minneapolis, when it honors winners of the 2010 National Media Awards competition.

Categories

- ◆ Print
- ◆ Broadcast
- ◆ Internet

Society members who know of journalists contributing to a greater understanding of colon and rectal disease may encourage them to submit an entry for the 2010 awards program or submit one on their behalf. The deadline for entries is March 1.

ASCRS will present \$1,000 awards honoring the best work in three major media categories:

- **Print** (newspaper or magazine)
- **Broadcast** (television or radio)
- **Internet** (including news reports, features, discussion programs, documentaries or multimedia presentations).

Winners will be honored during an awards ceremony during the Annual Meeting, May 15 - 19, at the Hilton Minneapolis Hotel & Convention Center.


Media professionals and members of the ASCRS Public Relations Committee will judge the entries for the 2010 program. Each entry will be evaluated on the basis of writing quality, excellence in production, research, accuracy, message, impact and originality.

Information on the ASCRS' 2010 National Media Awards program is available on the ASCRS Website www.fascrs.org, or by calling ASCRS Public Relations at 847/934-5580. ✨

The American Society
of Colon & Rectal Surgeons

National Media Awards 2010

Call for Entries



Excellence in Communication

*Honoring excellence in
communicating a better understanding
of colon and rectal disease.*

Three Categories:
Print, Broadcast & Internet

Winners will receive:

- \$1,000 Award
- Personally engraved plaque
- Expense-paid trip to Minneapolis, MN, for the ASCRS Annual Meeting, May 15-19, 2010

Deadline for receipt of entries:
March 1, 2010

Future Meetings

Minneapolis, Minnesota
May 15-19, 2010
Hilton Minneapolis Hotel
and Convention Center

Vancouver, Canada
May 14-18, 2011
Vancouver Convention
& Exhibition Centre

San Antonio, Texas
June 2-6, 2012
Henry B. Gonzalez Convention
Center & Grand Hyatt Hotel

Evidence Based Reviews in Surgery provides critical appraisal of colorectal surgery topics

Evidence Based Reviews in Surgery (EBRS), an Internet-based journal club endorsed by the ASCRS, will provide critical appraisal of four colon and rectal surgery topics in early 2010.

EBRS offers six colon and rectal topics annually. They begin each October and run through April of the following year (excluding December).

“This year, we have already had interesting discussions on the role of a defunctioning stoma following a low anterior resection, and compared quality of life following abdominoperineal resection and low anterior resection,” explains EBRS Administrative Coordinator **Marg McKenzie, RN, CCRP, Toronto, ON.**

Upcoming topics include:

- Association between nut, corn and popcorn consumption and diverticular disease (January);
- Management of pilonidal sinus (February);
- Association between colonoscopy and death from colorectal cancer (March);
- Effect of the type of anastomosis on the risk of recurrence following ileocolic resection for Crohn’s disease (April).

EBRS is jointly sponsored by the American College of

Surgeons and the Canadian Association of General Surgeons, and is open to all members of both organizations. Its primary objective is to help practicing surgeons improve their critical appraisal skills.

Upcoming Topics

- ◆ Association between nut, corn and popcorn consumption and diverticular disease
- ◆ Management of pilonidal sinus
- ◆ Association between colonoscopy and death from colorectal cancer
- ◆ Effect of the type of anastomosis on the risk of recurrence following ileocolic resection for Crohn’s disease

Educational grants from **Ethicon Inc., Ethicon Endo-Surgery Inc., Ethicon and Ethicon Endo Surgery Canada** provide additional support for the program.

Features of the EBRS-CRS include:

- **Monthly listserv** discussion with colorectal surgeons in the U.S. and Canada.
- **Clinical reviews** – each article features a review completed by an American and Canadian surgeon, offering different perspectives.
- **Archives section** – lets users search through two years worth of articles.
- **“Evidence Based Medicine Resources”** – glossary of terms and links to other evidence based medicine Websites.
- **“Published Reviews”** – collection of EBRS review articles that have been published in *Diseases of the Colon & Rectum*, *Journal of the American College of Surgeons* and *Canadian Journal of Surgery*.

Society members may register to join the EBRS-CRS by contacting Ms. McKenzie at mmckenzie@mtsinai.on.ca. ✨

MEMBER NEWS

Spectrum Health advances Dr. Senagore

Spectrum Health announced that **Dr. Anthony J. Senagore**, Grand Rapids, MI, the Society’s immediate past president, has been advanced to vice president, chief academic officer. In this new position, Dr. Senagore will serve as the academic leader of Spectrum’s growing network, including Spectrum Health System, Spectrum Health Hospital Group, Spectrum Health Medical Group, Michigan Medical, P.C., SH/MSU-CHM Alliance, Grand Valley State University, and VARI/TGEN. He will also continue to lead the Spectrum



Dr. Anthony Senagore

Health research department for grants management and research oversight. Dr. Senagore is a professor of surgery at Michigan State University.



Dr. James Fleshman

Dr. Fleshman lectures in Ireland

ASCRS President **Dr. James W. Fleshman**, St. Louis, MO, recently lectured on achieving optimum outcomes for patients at a major international conference hosted by the Centre for Colorectal Diseases at St. Vincent’s University Hospital, Dublin, Ireland.

Dr. Baughman opens age management clinic

Dr. Charles H. Baughman, has opened Baughman and Associates Age Management in Peoria, AZ. A Fellow of the ASCRS, he received certification to practice Age Management Medicine in 2007 from the Ceneagenics Institute affiliated with the University of Nevada, Las

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Member News ...continued from previous page

Vegas. Dr. Baughman is a Fellow of the American Academy of Anti Aging Medicine and is pursuing a Master of Science Degree in Anti-Aging Medicine. According to an announcement, the new clinic's mission is to combine Dr. Baughman's extensive knowledge of the human body with the latest advances in Anti-Aging Science to put patients on the path to optimum health and a superior quality of life.



Dr. Alan Thorson

American Cancer Society hosts open house for Dr. Alan Thorson

The American Cancer Society hosted a December open house for its incoming President, ASCRS Treasurer Dr. **Alan G. Thorson** in his hometown, and Omaha, NE, Mayor Jim Suttle presented a proclamation honoring his achievement. Dr. Thorson, a clinical professor of surgery at both Creighton University and the University of Nebraska, is a recipient of the American Cancer Society St. George National Award.

Italian American social club honors Dr. Salvati

The North Plainfield (NJ) Italian American Social Club honored one of its members, Dr. **Eugene P. Salvati**, Martinsville, NJ, with what it called a "gourmet testimonial dinner." Calling Dr. Salvati, an ASCRS past president, one of the "fathers" of colon and rectal surgery, the Club noted that he and associate surgeon Dr. **Robert J. Rubin**, Edison, NJ, established New Jersey's first, and still its only, colon and rectal residency, affiliated with Robert Wood Johnson University Hospital, JFK Medical Center, and the former Muhlenberg Regional Medical Center. Dr. Salvati "achieved fame in the medical community in part through perfecting a painless method of attaching a rubber band at

the base of a hemorrhoid to remove it, replacing a widely accepted and highly painful surgical procedure," the Club said. He has removed 45,000 hemorrhoids with the procedure. Congratulations on recognition well earned, Dr. Salvati!

Presumed benign colon polyps may be cancerous, study finds

A high percentage of patients undergoing laparoscopic colectomy for presumed benign colon polyps actually had a cancer hidden within the polyp, according to a study at the University of Pittsburgh Medical Center by ASCRS Fellow Dr. **David Blumberg**, Pittsburgh, PA. Dr. Blumberg advocates that all patients undergoing colon removal surgery should have a complete colorectal cancer surgery operation, removing all of the potential cancer bearing lymph nodes around the site of the colon polyp. The study was published in the journal *Surgical Laparoscopy, Endoscopy & Percutaneous Techniques*.

Laparoscopic surgery safe and effective for rectal cancer, study finds

A study of 103 patients at New York-Presbyterian Hospital/Weill Cornell Medical Center has shown that laparoscopic surgery can be as safe and effective as traditional open surgery in treating rectal cancers. After laparoscopic surgery, patients experience shorter hospital stays, smaller scars, far less pain and faster recovery, compared with open surgery. ASCRS Fellow Dr. **Jeffrey W. Milsom**, New York, NY, chief of colon and rectal surgery at New York-Presbyterian/Weill Cornell, says his surgical team is now participating in two large, randomized studies to validate the study's conclusions. ✨

IN MEMORIAM

Norman D. Nigro, M.D., 1912 – 2009



Dr. Norman Nigro

ASCRS Past President Dr. **Norman D. Nigro**, Scottsdale, AZ, died August 27, following a prolonged illness. He was 97 years old.

Dr. Nigro is recognized for his many contributions to the care of patients with diseases of the colon and rectum; for his significant research in the prevention of large bowel cancer and for his leadership role in his chosen specialty and allied medical organizations. Dr. Nigro generously contributed many years of dedication and service to the specialty through his activities in the ASCRS and the American Board of Colon and Rectal

Surgery (ABCRS).

Dr. Nigro was Clinical Professor of Surgery at Wayne State University School of Medicine, Detroit, MI, Diplomate of the American Board of Surgery and the American Board of Colon and Rectal Surgery. He was a Fellow of the American College of Surgeons and an Honorary Fellow of ASCRS as well as an Honorary Member of the Royal Society of Medicine, Section of Proctology.

He held memberships in numerous medical organizations including the Michigan Cancer Foundation, the International Society of University Colon and Rectal Surgeons, and was past Secretary of the Section on Colon

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In Memoriam ...continued from previous page

and Rectal Surgery of the American Medical Association (AMA). Dr. Nigro held appointments to the AMA, the Council of Medical Specialty Societies, as a voting member to the American Board of Medical Specialties and as a member on the Residency Review Committee for Colon and Rectal Surgery. He was also a member of the Executive Committee for the Study on Surgical Services for the United States.

Born June 10, 1912, in Syracuse, NY, he was a Phi Beta Kappa graduate of Syracuse University, where he earned a medical degree in 1937. After interning at St. Joseph's Hospital in Syracuse and New York City Hospital, Dr. Nigro came to Detroit for his residency at Jennings Hospital in Detroit. He was assigned to an Army hospital in Italy during World War II. He returned to Detroit and practiced there until retiring in 1986 and later moving to Arizona.

In Detroit, Dr. Nigro was trained by one of the Society's early leaders, the late Dr. **Louis Hirschman**, ASCRS President in 1912-13, who joined the Society in 1906 and knew all of the founding members. "He was the author of a textbook in our specialty first published in 1909," Dr. Nigro remembered. "He kept revising it, up until 1940. It was a wonderful experience to be associated with Dr. Hirschman for many years."

Dr. Nigro directed the Large Bowel Cancer Unit, which he established at Wayne State University, Department of Surgery, in 1968. The unit has been a major contributor to research in etiology and prevention of cancer of the large bowel in the animal model. His research investigating the relationship of dietary factors in intestinal carcinogenesis, particularly the effects of fat and fiber, are well known, and he frequently lectured on this subject both in this country and abroad.

In honor of his dedication and leadership in cancer research, the ASCRS dedicated an annual Research Lectureship in his name. The lectureship is sponsored by the Society's Research Foundation and is presented annually at the ASCRS Annual Meeting.

Dr. Nigro's unique contribution advancing "the multimodality treatment of anal cancer" is immortalized in the literature as the Nigro Protocol. The treatment combines radiation and chemotherapy and has been credited with boosting the survival rates of anal cancer patients. "This is one thing that has saved the lives of innumerable patients," said ASCRS Past President Dr. **Herand Abcarian**, Chicago, IL, a longtime friend and colleague.

Dr. Nigro received numerous honors and awards for his publications and achievements, and these include the Michigan Cancer Foundation's Distinguished Achievement

Award, the Harry E. Bacon Foundation Award, the New York Society of Colon and Rectal Surgeons Award and nominations for the Rodman E. Sheen and Thomas G. Sheen Award of the AMA.

In addition to his full-time commitment to the practice of colon and rectal surgery and his extensive research activities, Dr. Nigro served as Secretary and President of the ASCRS, and later, as Secretary-Treasurer/Executive Director of the ABCRS for 14 years. He left a significant mark on all aspects of the Board's activities. In particular, he strived to improve the Board's examination/certification system, and his guidance inspired many changes.

Foremost among these changes were his early efforts to make a significant change in the Board's entry requirements for certification – passing the American Board of Surgery Qualifying Examination prior to admittance to the ABCRS examinations. Additionally, in 1987, the board adopted a two-tier examination system, which requires passing a written exam as a prerequisite to taking the oral exam. During Dr. Nigro's tenure, the Board incorporated the use of official examiners to help conduct

the oral exams, which has proved to be an invaluable aid to the Board's examination process.

Dr. Nigro's leadership and guidance has contributed immeasurably to the success and strength of the ASCRS, ABCRS and the specialty. "He was a giant in the field," said Dr. **Bertram A. Portin**, Buffalo, NY, another ASCRS past president. "I think the single most important person in my life would have to be Dr. Norman Nigro, who taught us with his good common sense, with his excellent preview of what was going to come in the future, with his research abilities and with all the gifts that he brought to the Society," Dr. Portin said.

Dr. Abcarian also remembered Dr. Nigro as the Society member who most influenced him. "I consider him my mentor," he said in a history of the Society published in 1999. "Dr. Nigro taught me to know and anticipate what is going to happen, not to react to everything but to anticipate some of the issues that are going to come up. He taught me the importance of research as a way to elevate our academic stature. Finally, in a sidewalk conversation one day, he told me that if I could not help a patient at all, at least I should hold their hand."

His immediate predecessor as ASCRS President, the late Dr. **Garnet W. Ault**, Washington, DC, proposed him as an Honorary Fellow, saying, "I know of no one who deserves our accolade of Honorary Fellow more than Norman D. Nigro."

Dr. Nigro is survived by his wife, Mary; two children, Louise and Norman; five grandchildren, Daniel, Sara, Andrew, Paula, and Sonia; and ten great-grandchildren. ✨

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