

P R O C E E D I N G S
53RD ANNUAL BUSINESS MEETING
SOUTHERN THORACIC SURGICAL ASSOCIATION

NOVEMBER 10, 2006
MARRIOTT STARR PASS RESORT
TUCSON, ARIZONA

DR. UNGERLEIDER: I would like to welcome you to the Southern Thoracic Surgical Association Annual Business Meeting, and offer a special welcome to all of our Past Presidents who are here in attendance. Would you please stand and be recognized.

(Applause).

DR. UNGERLEIDER: I would also like to acknowledge our Council members: Council Chair, Irv Kron; President-Elect, Carolyn Reed; Vice President, Randy Chitwood; Secretary-Treasurer, John Calhoon; Secretary-Treasurer-Elect, Robert Cerfolio; Past President, Glenn Pennington; and Councilors Kirk Kanter, Jay Zwishenberger and Keith Naunheim.

I would like to take a moment also to give some special thanks to three people whose terms end with this meeting: John Calhoon, our outgoing Secretary-Treasurer, who has helped us stay financially sound; Randy Chitwood, our Vice-President; and Keith Naunheim. I would appreciate it if all three of you could come up

and we can give you a special certificate of appreciation. A special thanks to all three of you and all the effort you have put in.

(Applause).

DR. UNGERLEIDER: At this point I wonder if I could ask John Calhoon to give the report of the Secretary-Treasurer, because your time is not quite over.

DR. CALHOON: Thank you, Ross. The first thing I have to do is to have an approval of the annual business meeting minutes for '05. You have them in front of you. I would be happy to accept a motion for approval.

(Motion made, seconded and approved).

DR. CALHOON: Any exceptions? Without any exceptions, the minutes are approved.

A brief update on our membership. Right now active members, you can see we have 720, senior members, 363, a little more about that in a while, and we now have nine honorary members, for a total of 1,092, and we have 51 new members from this year, and we will come back to those in just a couple of minutes.

This is the look at that graphically

over the last few years. I will call your attention to the very end. You can see our senior membership is starting to climb, and that will be an issue for us as we go forward. It is a good thing to have.

We get to the financials. I will try and be pretty brief. This will give you some idea of our membership revenue. In '04 you can see it was \$135,000, in '05 it was \$146,000, in '06 it is forecast, and we don't have the final numbers yet, to be \$160,000. A part of that bump is we collected very hard with Nancy Puckett and the office's help some dues that were in arrears, and we took care of that. We are projecting \$155,000 or so in '07.

Meeting revenue you can see is a very important part of our overall income. You can see \$240,000 in '04. Mickey Mouse was very kind to us last year, and you can see we had a very high annual meeting revenue last year. We think our forecast revenue will be a little higher this year, we have had a number of walk-ins, which was a pleasant surprise, and our budgeted '07 is about the same for next

year.

Our total revenues per year, you can see, again, '05 was a very good year because of the exhibitor revenue and member revenue. Again, Walt Disney was a very good venue, and as a secretary, I would suggest we think hard about that again in the future as it was kind to our budget. You can see this year our forecasted revenue is \$424,000, and in '07 we forecast a little bit less.

These are our expenses, and this graph is a little tighter, so our expenses aren't that, they were just higher, but you can see our expenses were a little up in '05, but we netted well in '05.

This is the '05 revenue as a percentage, and this kind of comes to how important the meeting is and how important the meeting is to our revenue, our membership, because dues-paying members stop when they become senior members and only the registration fees apply, as we get more senior members this is going to be a problem for us in the future and will at some point impact our bottom line.

Right now I don't think it is an issue and we are not anticipating, to my knowledge, any dues or fees changes.

Another look at that here. This year, 63% of our revenue came from the annual meeting.

This is the slide you want to see. Thanks to Nancy Puckett and others, particularly the 50th year meeting where we had a great year, you can see that we have done well over the last few years and now have a little over \$700,000 in assets.

Does anybody have a question about the financials? No questions.

Two proposed bylaws changes have been mailed to you, and I would like to take them in sequence. The first is simply to clarify what has already been done, and you can see the wording here: "At the time of acceptance people must reside or have previously practiced cardiothoracic surgery for at least two consecutive years," and again, all the territories are listed that we have ratified before, and again, it says "at the time of

acceptance." And this just helps the Membership Committee to do a good job and to be able to take care of people who apply for membership.

If people are okay with this, I would accept a motion for approval.

(Motion made, seconded).

DR. CALHOON: Any discussion? All in favor? Any opposed?

(Motion carries.)

DR. CALHOON: Thank you. The second things will possibly be more contentious. What we would delete is the 15% and what we would change is the 25%. I was, unfortunately, the person who tried to get this through the last time, and it met with a lot of opposition. I want to tell you that the purpose of this from someone who loves the Southern as much as anyone and has watched it grow is to try and enhance our meeting and to try and encourage the great fiber and camaraderie that we have in this group while allowing some great high quality papers. If you look at the substance of the Annals, the Annals is over 50% now

foreign or non-American papers, and we need to embrace our colleagues and welcome them into this while welcoming them into the very Southern fiber that we have. And so this is a proposal that has gone past the Council, unanimously supported by the Council, and is brought to the membership. So I would appreciate a motion for approval and a second and then time for discussion.

(Motion made and seconded).

DR. CALHOON: Okay, discussion.

Dr. Cook.

DR. COOK: I rise to speak against increasing the percentage of papers given by outside authors, and please believe me, I know all of the points on both sides of this question. I rise because I feel it is part of a destructive paradigm shift that is going on in our organization generally. Fifty years ago the Southern, Western and New York Thoracic Societies were formed to allow young surgeons to come with their mentors, meet their mentors' friends, give a paper, and become a part of their regional thoracic surgical background.

This was because there was no such opportunity at the American Association for Thoracic Surgery. Forty-one years ago I went to Freeport with Watts Webb and had just that experience. Last night at the Past Presidents' Dinner, I experienced once again the warm mutual concern, friendship, wisdom and humor that once pervaded the Southern Thoracic Surgical, but for the rest of the meeting attendees I don't believe that there was any such experience available.

Consider this. If one attended all of the sessions, he would be away from his family, friends, and any informal discussion for 12 hours Thursday, 9 hours Friday, 5 hours Saturday. That is an average of 8.6 hours a day sitting in this meeting hall.

I have always tried to speak for collegiality here and elsewhere. What medicine needs today is friendships and mutual understanding and not another lecture and not another paper. How many of us here met one another while we were sitting in the lecture hall? We are trying to do too much and be too

inclusive. We are selling our birthright as a collegial sectional society for a pottage of papers. Perhaps we need to loosen our ties so that the blood can flow to our higher centers.

Thank you.

(Applause).

DR. CALHOON: Dr. Sundt.

DR. SUNDT: I may not be very popular for saying this, but I am with Cook, and I say that because I want you to know it is not a generational thing. I don't think that the metric of the success of this meeting should be the percentage of papers or the number of papers that get accepted to the Annals. The metric by which we should assess the success of this meeting is the quality of the discussion and debate that occurs in the meeting. I really don't care what the acceptance rate of the papers is to the Annals. Sorry, Hank. I think that the purpose of having the meeting is to have the discussion.

DR. CALHOON: Dr. Urschel.

DR. URSCHER: One last point in favor of Dr. Cook, and that is by having higher

quality papers from all over the country really makes it difficult for the guy in private practice in the South to present his problems. He can come and listen and think he is going to learn, but this is not the AATS. You see, the Western is a little AATS, and we have never been. We were here before the STS actually. And for the private practitioner, it is much more difficult to get a paper on anywhere, and once you expand this to getting high quality papers, which they are and which I love and which Hank loves and we all want, I think that there is a point to consider for the guy in private practice.

DR. CALHOON: Thanks, Dr. Urschel.

Dr. Kron.

DR. KRON: I would like to speak to this. This is sort of like about God and country, and Dr. Cook has two separate issues but both are legitimate. The issue about camaraderie and basically should we hang outside the meeting or inside the meeting doesn't relate to this amendment, and I may be with him on the outside because I fish with

him, and that is not so bad.

But I do want to talk about this 25%. It is not the end of the world, guys. Here's the deal. The best stuff in the country is coming out of our region. That is the way it is. Many of us have been to all these meetings and we are doing great things. The Program Committee, which I served on two terms now, works very hard to get some balance and get really good papers, and all this is going to do, this is not going from 15% to a 100% outside the South. This is going to 25%. It gives you a little more flexibility. The fact of the matter is that probably more than 75% of the papers will come from people who are members of this organization, and we can absolutely have a higher percentage of papers get into the Annals, which is what we aim at. Like it or not, we are really good at what we do, it is a joy, and we still will be able to present our papers and do a good job. This allows the Program Committee a slight amount more flexibility. It is not the end of the world.

I think of Dr. Cook and Dr. Urschel and Dr. Sundt has awfully good people. I couldn't disagree more. Thank you.

DR. CALHOON: Dr. Mavroudis.

DR. MAVROUDIS: I don't know that there are two sides to this. There may be more than one or two or three sides. I would like to focus more on the discussion that was taking place here. I think that people in private practice and academics, I don't know why we make a difference between the two. They are largely the same, largely involved with the same kind of things, so let's not make a difference between us. We are all sort of the same.

I think that people appreciate the discussion part of this. When Urschel gets up and says, I can do this better than somebody else, then the other person says, no, you can't, you are full of it, and so on and so forth, we haven't had as much of that in this meeting, and I think one of the reasons is because we had invited speakers, and the invited speakers tend to write something down

because that is what we all do. We want to be prepared. We don't want to be a damn fool in front of our colleagues and so forth. I did it myself. I wrote it down and I tried to make it less than two minutes, but if I didn't have it written down, then maybe I would be speaking just the way I am now and then it would have invoked some more discussion and et cetera, et cetera, like we used to. So I think if we had that a little bit more, it might speak to the point of this camaraderie thing, Bill, that you were talking about, because clearly, just like Irv said, I agree with you.

But let me get back to the other point about you coming here to give your paper and getting it accepted. Well, that doesn't happen much anymore. I remember writing a paper a long time ago on the prognostic value of intraoperative pressure gradients in left ventricular outflow tract obstruction. Well, that would never get accepted today, never. It was a good paper, I wrote some nice drawings on it and so on and it got in the Annals at the time, and I guess it had some relevancy in

those times, but I think today something like that wouldn't get on. And so in some respects you might be doing a disservice to your person, whoever it is, say, well, come on, we can present this kind of stuff, and then the person comes, gives an erudite discussion, doesn't get their paper accepted, and that is probably worse than coming here and not getting their paper presented.

So I think that quality is a rather important issue, and you can have quality with discussion and all that stuff. I mean, most of us know what we are talking about, and if we come here with a little bit of swagger, that is good, that is fine, nothing wrong with that.

The truth of the matter, from 15 to 25% is not going to make a big deal of difference, and I am mildly for that. I don't think it is going to change that much. What I think really should be done is to change this discussion pattern, and if people are afraid that they are going to leave one paper not discussed, well, they can call on me. I will discuss anything. I have proved that over and

over again. I will be happy to discuss a paper on esophageal cancer if somebody else does. It might even be more fun.

(Pounding of gavel by Dr. Ungerleider).

DR. MAVROUDIS: Just one second. I have a right to talk. This is an important issue as well. And that is why I am facing this way, my colleagues, and not facing this way.

(Applause).

DR. MAVROUDIS: I am not running for president of the United States, I am not running for senator. I think, let it go. It is only 15 to 25%. I think we ought to let it go.

DR. CALHOON: Dr. Ungerleider.

DR. UNGERLEIDER: Thank you, Dr. Mavroudis. I wanted to get up also, because this is an organization that is important, and the reason we have these business meetings is so that we can get it right for each other. So I am really glad we are having this discussion.

The points that Bill and Thor raise

are ones that those who know me that I believe in very strongly, and they are different issues than this, but they are not less important. They may be more important. How do we return ourselves to our values of having a meeting with camaraderie, with interactiveness, and with time where we are not just sitting in here, because that is a beautiful space out there and I haven't even been out in it yet. So I think those are important issues that we as an organization need to address: How do we restructure our meeting, go through that transformative change where we can invite papers and have that kind of collegiality and time with each other.

This is a different issue. This is simply giving the Program Committee the ability to accept about three more papers, if they wish to, if they wish to, every year if they feel that the value of those papers would enhance the quality of the meeting. This is not a huge change. It just gives a little more flexibility to the Program Committee. And having been on the Program Committee numerous

times before, I can tell you that there are times where we get strapped by wanting to have a diversified program, which has always been important, and also by not wanting to have too many papers from any single institution, to at least in those circumstances have the flexibility to take an additional paper or two or maybe three that doesn't have a member from the Southern Thoracic, but no more than that. And that is what this bylaws vote is about, and it is a very different issue than these incredibly important core issues of what we are going to look like going forward so that we can reconnect to the very important pieces of our heritage, which is about collegiality, about having discussion, and about having time that is not just spent in the meeting halls. And I think that those are issues that we are going to have to address as a membership and as a Council, because they are very important for our future, but they are different than this.

DR. CALHOON: Thanks everybody. I would like to call the question. I appreciate everybody's comments.

There is a motion. It has been seconded. All for, please.

(Show of hands).

DR. CALHOON: Everyone against?

(Show of hands).

DR. CALHOON: It looks like the fors have it.

I would like to move to introduce the new members who are present. This is your first time attending the annual meeting and the business meeting. I am going to call your names and then we are going to give you your certificates. Dr. Kron is going to shake your hand and hand out the certificates. So if we could have those people that are here:

Devinder Bhatia; William Burfeind;
Joseph Caspi; Jake Delarosa; John Derosimo;
Neel Dhudshia; Charles Joseph Dicorte; Gregory
Fontana; Christian Gilbert; Wayne Hofstetter;
Sohit Kumar Khanna; Joseph Kuchler; King Kwong;
Richard Lee; Andrew Lodge; Peter Manning; Jeff
McNeil; James O'Brien, Jr.; Eric Okum; Peter
Pastuszko; David Christopher Rice; John Sadoff;
Paul Henry Schipper; Howard Song; Mark

Stanfield; Jim Tweddell; Garrett Walsh; Steven Cassivi; and John Ikonomidis.

Have I left any new members that are new members that I haven't called a name? I don't think I have.

If you could all stay for a group photo afterwards, we would like to get a group photo afterwards with Council Chairman Kron and Dr. Ungerleider, if you could stay.

Well, at this point as my term ends as Secretary-Treasurer, I wanted to give a special thanks to the presidents that I have served under in one way or another: Sasser, Mavroudis, Miller Pennington, Kron, Ungerleider, and Dr. Reed.

Most importantly, for those of you who all remember, I want to give sincere thanks to Christine Eme, who is no longer with us, but we are so blessed to have the team we have now, and it was a great move to make that change to Nancy Puckett, Joyce Gambino, Donna Bennewitz, Katie McAuliff, Martin Allred, and Ken Kozlowski. These guys really make the meeting run, and we owe them a special thanks.

(Applause).

DR. CALHOON: Dr. Cook?

DR. COOK: It has just been brought to my attention by one of our more astute members that "bylaws may be altered, amended or repealed at the time of the annual meeting by a two-thirds vote of the membership present provided that the amendment has been presented to the membership in writing at least 30 days prior to the time of the annual meeting," and this gentleman has pointed out that he didn't receive anything in writing. Neither did I.

DR. CALHOON: I believe it was sent with your newsletter, Dr. Cook, and I believe it was also E-mailed to people who had E-mail. I am not certain of that. But I do believe that we went by the criteria and went by the rules, sir, and there were five people who were against it out of this room. So it was more than a two-thirds vote. I appreciate your thoughts.

I want to turn things over to Dr. Cerfolio, who is our new Secretary, and he had a slide that he wanted to share with you all,

in fact, one of his junior people had a slide that he wanted to share, just to properly welcome him here, and that is not the slide. I am sorry.

Rena is still taking a piece out of your hide. For those of you who missed it, Cerf really was left speechless, in fact, changed his whole mind yesterday when he was having the discussion when he completely blew the con argument for Dr. Sade. She got into these slides, because these weren't the slides that I had. This was the slide that I had for you. There it is. I wanted to welcome you properly and thank you for putting that slide together for us.

(Laughter).

DR. UNGERLEIDER: Well, at this point I would like to reintroduce Dr. Irv Kron, who is our Immediate Past President and has served this past year as the Council Chairman, which is where a lot of the work is done, and Irv, if you can come up and finish this meeting.

DR. KRON: I would like to start off asking for a round of applause for two people

who have done a huge job: John Calhoon for the last few years, and Ross Ungerleider, who did a fabulous job as President.

(Applause).

DR. KRON: Well, folks, my job is to introduce the Committee Chairs, and we have spectacular Committee Chairs, so let's start with Walter Merrill, Chair of the Post Graduate Committee.

DR. MERRILL: Thank you very much, Dr. Kron. It has been my pleasure to serve on the Post Graduate Committee, and on behalf of all of them, I want to thank you and Dr. Ungerleider for your help and guidance in putting together the program this year.

As everyone knows, we have tried something quite different. We wanted to have sort of a combined type effort so that there would be breakout sessions as well as a plenary session, and we have listened to what people have said. They said that they wanted to come and learn practical things they could take home and try to do, and they wanted to have some pro-con debates to listen to. So we will be

very interested in getting your feedback as to whether you think this is the sort of post graduate program you want to have going forward.

Thank you.

(Applause).

DR. KRON: I would like to next have Dr. Mike Mack, our Program Committee Chair, come forward.

DR. MACK: I, too, would echo Walter in thanking the Council for the privilege of serving on the Program Committee for the last three years and as the Chairman of the Committee for this last year.

For the meeting this year, there were a total of 209 abstracts submitted, of which 189 were complete enough to go through the review. There were a total of nine reviewers that reviewed these 189 abstracts, which represented 142 unique institutions. The total number of abstracts accepted for the meeting was 64 out of 189, or 30%. The breakdown of the accepted abstracts were 49 for oral presentation, 6 for moderated posters, and 9

movies. The time allotted for the oral presentations was eight minutes for the presentation and seven minutes for the discussion, and I think even with that, and with virtually all the presenters staying on time, the general feeling was there was still not enough time for discussion.

The change in the program this year from previous years is we reverted back to having the video session on the opening night, and I think that the early results of that is that that was successful and that we had, by head count, about 100 attending the video session the first night, which is a significant improvement from previous years when Dr. Dan Miller and myself were the only two drinking beer and watching movies two years ago.

That concludes my report.

(Applause).

DR. KRON: May I call on Dr. Accola, Membership Committee Chair.

DR. ACCOLA: If it is okay, Dr. Kron, I will just address questions back here.

The Membership Committee addressed all

the applicants. There were four that were not accepted, the remainder were accepted, and Dr. Calhoon has presented our slides earlier, as well as the new members. If there are any questions, I will be happy to respond.

DR. CALHOON: Do you want to go ahead and read those for us?

DR. ACCOLA: Certainly.

California

Linda Martin, MD

District of Columbia

Bassem Mora, MD

Blair Marshall, MD

Florida

Paul Chai, MD

Robert Dabal, MD

Joshua Rovin, MD

Indiana

Anthony Ascioti, MD

Kenneth Kesler, MD

Kansas

Clay Burnett, MD

Kentucky

William Douglas, MD

Christopher Mascio, MD

Maryland

Gavin Henry, MD

Missouri

Randy Brown, MD

Sanjiv Gandhi, MD

North Carolina

Christopher Baird, MD

George Hughes, IV, MD

Terry Lowry, MD

Evelio Rodriguez, MD

Ohio

Kristopher George, MD

South Carolina

Douglas Appleby Jr., MD

Michael DeFrain, MD

Tain-Yen Hsia, MD

Jeffery Martin, MD

Tennessee

Rashid Ahmad, MD

James Greelish, MD

Eric Lambright, MD

Jeff Myers, MD

Texas

Jason Felger, MD

Kristine Guleserian, MD

Lawrence Hamner, III, MD

Carmelo Otero, MD

V. Seenu Reddy, MD

Virginia

John Armitage, MD

John Artrip, MD

Michael Banker, MD

And there were two honorary members voted on the Council this year to become honorary members of the Southern Thoracic. Dr. Edward Bove and Dr. Tirone David were each unanimously agreed upon.

DR. KRON: Can we have a motion for approval of this slate.

(Motion made, seconded and approved).

DR. ACCOLA: Thank you, Dr. Kron.

DR. KRON: Next is Dr. Merrill to come back to talk about CME.

DR. MERRILL: The CME activity is in excellent shape thanks largely to the work of Nancy and all the crowd in the office. We are fully accredited. When we last went through

the accreditation process, we did quite well with two exceptions where we were not in compliance. Both of these areas have been addressed and I think should not be a problem as far as the meeting this year is concerned. We will be doing a progress report to the accrediting body this summer, and in advance of that, all the membership will be receiving a survey instrument in March as a follow-up to this meeting and what you learned and whether it has proved useful in your practice, et cetera. So it will be incredibly important for everyone to do their best to answer the survey. The higher the participation we have in that sort of thing the more it helps us.

There will be some new things coming down the pike in the future with regards to continuing medical education. We will be moving more to an outcomes type evaluation as opposed to a process evaluation. So you will be hearing more from us as we learn about the new rules going forward. But at the moment things are in good shape. Was there anything else, Nancy?

Here is our mission statement that is in your program booklet, and it should have been -- I think it is published there in front of you. It has received the approval of the organization as a whole and the accrediting body.

Thank you.

(Applause).

DR. KRON: I would like to call on our historian, Dr. Harold Urschel.

DR. URSCHEL: This year we have lost four good friends: Jim Gantt from Dallas; Bobby Crosthwait from Waco; and two past presidents. One, Dr. Milton Davis, the record holder of the Osler Abbott three times; nobody has touched him since. The last one is Ed Munnell from Oklahoma City, who actually booked us on a cruise ship for our meeting one year. We never made it for a number of reasons. But we miss all four of these, and I wish you to stand to give us a moment of silence, please.

(Moment of silence observed).

DR. URSCHEL: Thank you.

DR. KRON: I would like to now call on

Dr. Edmunds, our Editor.

DR. EDMUNDS: It is a pleasure for me to give the report of the Annals of Thoracic Surgery, but I don't understand why you have it coming after the sad report of Dr. Urschel. Urschel is usually cheerful, and the meeting is the most somber meeting that I have seen the STSA have in the recent past. What do you think, Bill? What are you going to do to liven it up? Well, you are going to listen to me.

(Laughter).

DR. EDMUNDS: You were all concerned about what happens to the papers presented here. Well, here is the data. These are the oral papers for 2004 and 2005. Thirty-four were published in 2004, nine were rejected, one was withdrawn, and a price was put on the editor's head. In 2005, we had 36 published already, and we are a year behind, five are waiting for revisions, and that is not the editor's fault, none are under review, only four were rejected. Your papers are getting better. We are not lowering the standards. And one was withdrawn for very, very good

reasons.

The acceptance rates have essentially gone down about 3 percentage, but we are accepting about 80% of the papers submitted.

Now, the poster presentations are up here on this slide. Published or in press, four for '04, one was rejected, for a total of five poster presentations that were turned in to the Annals office. Well, this was the first year, so that is a good start. We are up to nine for this year, I mean for last November, seven were published or are in press, one is waiting for a revision, and one was rejected. Those are the data.

Now, you will have to decide whether you want to shoot the editor or you want to work on better papers for even next year and more and better posters.

Now, the Annals as a whole now for the first eight months of each year, we are comparing, I made a mistake, this is 2006, we have had a decrease in the number of submissions by about 11%. I really don't have a reason for this. This is the first year that

we have had a decrease, and we have had usually an increase every year. We are not publishing as many supplements. In 2007 we will publish some more supplements. We have accepted 352, or about 15% -- about 10% less than we have accepted in 2005, but we have published more because eight of the articles were supplement articles and because we have tried to cut down the time from acceptance to publication to exactly four months, or occasionally five months, depending on when the acceptance date was.

Now, we have these individuals who have not yet turned in the manuscripts they have presented at this meeting or about to present at this meeting. They will be hounded by Heide and myself and anybody else that we can recruit.

This is the two basic science authors. Jay Zwischenberger, can you believe it, has not yet turned in his manuscript. Is there a penalty for this? There probably should be.

Now, I would like to also ask at this time -- you didn't think the editor's report

would be this long, but I am only warming up.

How many of you have taken Journal CME? Raise your right hand. Left hands are accepted too. Three. How many can read? Well, that is less than 20%. That, I guess, is the reason. So far only about 300 have taken CME, journal-based CME, but of the 300, there have been over 2,000 CMEs completed. So it is like cocaine, I guess. I have never taken cocaine, but, I mean, that once you take it you become addicted. So the other reason for not taking it is you don't know how to get on the Internet. How many don't know how to get on the Internet? Well, that can't be the reason. How many are just plain lazy?

(Show of hands).

DR. EDMUNDS: Well, there you go. That concludes my report. I am leaving on the next plane.

(Applause and laughter).

DR. KRON: After that stirring report, can I have Dr. Hammon, our representative to the Board of Governors.

DR. HAMMON: I want to remind Dr.

Edmunds that you still have until tomorrow morning to submit your papers.

In the interest of time I will give my remarks here. The American College of Surgeons Board of Governors met on Sunday, October 6th, this year in Chicago. There is a full transcript of my remarks about the meeting on the table in the back. Anybody that wants to get into it in detail can look at that report. The high spots were, despite the difficulties in getting a lot of our legislative initiatives through, there were a couple of wins for the College. Karen Boreman and Ronald Castellanos were appointed to the Medicare Payment Advisory Committee. It is the first time surgeons have been on the MedPAC for over a decade.

The College has partnered with the National Aneurysm Alliance, and this will be important to any of you who do vascular surgery to pass the Medicare ultrasound screening benefit for the detection of abdominal aortic aneurysms that was included in the 2006 budget reconciliation bill.

The College rolled out its new mutual

fund, the Surgeons Diversified Investment Fund, which will be run as a no-load diversified mutual fund with advice from Cambridge Investments that have been the very successful advisors for the College fund for a number of years now. The initial investment is \$25,000 a person. It will be run as an index fund until the corpus of the fund gets to be \$100 million, and at that point it will truly become a diversified fund. Any of you who are members of the College should have received information about this in the mail, or you can go to the College Web site to search it out.

Finally, there were a number of persons elected to the College. The Governors elected Julie Freischlag, Raymond Morgan, and Mark Weissler to the Board of Regents. David Fullerton, who is here today, from our own organization was elected as Chair of the Advisory Council for Cardiothoracic Surgery. Val Rusch, a thoracic surgeon from New York City, was elected to a one-year term as Chair of the Board of Governors. The new President-Elect of the College is Gerald Healy,

an otolaryngologist from Boston; First Vice-President, Mary McGrath, a plastic surgeon from San Francisco; the Second Vice-President, Paul Friedmann, a general surgeon from Springfield, Massachusetts.

That concludes my report.

(Applause).

DR. KRON: I would like to call on Dr. Mavroudis for two roles: one as the representative to the ACS Advisory Council, and then give his Nominating Committee report.

DR. MAVROUDIS: Thank you. The Advisory Council for Cardiothoracic Surgery met in May 2006, and the highlights of the meeting were to discuss a review of the improved post graduate course, which will take on the responsibilities of a review course for maintenance of certification requirements when that occurs. So this is undergoing a change in venue and how that is going to be administered. Nominations to important thoracic surgery organizations were made, and a discussion of the College purchase of a new building in Washington, D.C. for the purpose of enhanced

lobbying efforts on behalf of all surgeons.

The Joint Council met in September of 2006. The highlights of that meeting were a review of the E-Learning modules that were introduced on CTSNet in May of 2006. The legislative bill to forgive thoracic surgery resident debt that was accrued during medical school was also discussed. I think that is held up in Congress at this point. There were updates from the American Board of Thoracic Surgery by Dr. Carolyn Reed, and updates from the TSDA involving job opportunities for residents. The gender gap in cardiothoracic surgery was also discussed and probably will serve as an important subject for future discussion at this meeting as well.

The Advisory Council met in October 2006 in Chicago during the Clinical Congress. The events of the Congress referable to cardiothoracic surgeons were the Gibbon Lecture, which was given by Alec Patterson, and the post graduate course, which has experienced an increase in attendance. The Council nominated Dr. Orringer for the 2007 Gibbon

Lecturer.

This is my final report as the STSA representative to the American College of Surgeons Advisory Council for Cardiothoracic Surgery. I have served two three-year terms, six years in total. During this time I participated and represented you for the inauguration of Board certification for congenital heart surgery, the institution of E-Learning modules that are on the Web right now, selection of six Gibbon lecturers, and numerous recommendations to the existing cardiothoracic organizations to improve thoracic surgical education. I was privileged to represent the STSA in these endeavors, and I remain grateful to all of you and this Association for the opportunity to serve and thank you for your confidence and friendship.

And that ends my report.

(Applause).

DR. MAVROUDIS: It is my great duty and pleasure to give you the report of the Nominating Committee. The Nominating Committee, as you know, is made of four past

presidents, in this case, Dr. Joe Miller, Dr. Glenn Pennington, Dr. Irv Kron, and myself. We deliberated and had a very difficult time making decisions in this regard to recommend to you. If you were not recommended or if you were not nominated, there is a time in the future. Please be patient. There are numerous, many great candidates here for leadership positions, and we hope that you will continue in this regard.

For Councilor, for a two-year term starting this year, the Nominating Committee nominates Curt Tribble. For Vice-President, serving a one-year term, the Nominating Committee nominates Steves Ring.

Before I go any further, Mr. Chairman, would you mind taking over?

DR. KRON: Could we have a motion for approval of this slate.

(Motion made, seconded and approved).

DR. KRON: Thank you.

DR. MAVROUDIS: The Nominating Committee respectfully proposes for the next President-Elect of our Southern Thoracic

Surgical Association an accomplished surgeon, investigator and teacher. He was born in Springfield, Missouri, on March 9, 1942, and was destined for greatness from the start. His fortunes could have been quite different since he entertained at a young age the idea of enrolling at the United States Air Force Academy, which no doubt would have culminated in four stars and Chief of Staff of the Air Force. To our great luck and to the benefit of his patients, he chose the right profession. He was graduated from Tulane University School of Medicine and successfully navigated through the obligatory decade, or as is told before, the gulag in the Duke University surgical training program. After a stint in the Navy as a lieutenant commander, he joined the faculty at Vanderbilt and later at Bowman Gray. He has presented many sentinel papers at these meetings, which are widely read and quoted. He is a smart guy, to be sure, but he was also blessed with an engaging and charming personality. He is a great friend to me and to this entire Association. He exemplifies all

the characteristics that have made this Association so special to all of us.

Mr. Chairman, Mr. President, and members, we proudly place into nomination Dr. John Hammon for the position of President-Elect of the Southern Thoracic Surgical Association.

(Applause).

DR. MAVROUDIS: Wait. We have a process.

DR. KRON: I would like a motion for nominations to be closed.

(Motion made, seconded and approved).

(Dr. Hammon escorted to the podium).

DR. HAMMON: After today we have to have obligatory hugs all around, and I want to thank Joe Miller for bringing me up. He and I are charter members of the STSA Thoracic Surgeons Artificial Joint Society.

I was having some thoughts walking up here about the first meeting I attended, which I remember was in Louisville in the '70s, and I gave a pretty uninspiring paper about a pretty uninspiring topic and had some really uninspiring slides, and when I got down to get

my carousel, there was Watts Webb going through my slides, and here I was, this little resident, and I was standing there with my mouth open, and Watts Webb said, "Don't worry, son. This is a little different organization. You will get your slides back and you will understand some day." Well, I think I am beginning to understand, and I sincerely appreciate this honor and I will try to return it in kind.

Thank you very much.

(Applause).

DR. MAVROUDIS: Dr. Reed, would you come to the podium, please, and Dr. Ungerleider, please, as well. Dr. Ungerleider, would you take over.

DR. UNGERLEIDER: Well, this marks a transition of Irv to Past President, of me to Chair of the Council, and we have I think for the first time a woman as president of a major national cardiothoracic surgical organization, and I am so thrilled to get to be the one to hand Carolyn Reed the gavel.

(Applause).

DR. UNGERLEIDER: I want to, before I make the motion for adjournment, mention that we heard loudly and clearly the need to focus next year's meeting on connecting to the elements that make the Southern Thoracic so special, the camaraderie, the spontaneity, and the ability to have time to connect, and as a Council, we will address those issues so that we can try to do that quite well next year.

I want to invite everyone to my President's Mixer on the terrace outside at 6:30. Congratulations to John and the other newly elected members, and to Carolyn, now having to prepare her own talk, and don't forget, you will get to hear that talk next year at the 54th Annual Meeting in Bonita Springs, and there is the date.

May I have a motion for adjournment?

(Motion made, seconded and approved)

(The Business Meeting adjourned at 6:05
p.m.)