

Southern Thoracic Surgical Association

57th Annual Business Meeting

Orlando, FL

November 5, 2010

5:00 p.m.

DR. NAUNHEIM: We can start the annual business meeting. First of all, I would like to welcome the past presidents, and I would like any past president who is present here to stand up and be acknowledged.

(Applause).

DR. NAUNHEIM: We thank all of you gentlemen and lady for your service to this organization and we greatly appreciate your presence here.

We now would like to acknowledge the Council members and ask them to stand as their names are read. Please hold your applause to the end. The Council Chair this year has been Michael Mack; President-Elect is Joe Coselli; Vice-President Rich Prager; Secretary-Treasurer Robert Cerfolio; Secretary-Treasurer-Elect David Jones; Past President John Hammon, and Councilors Kevin Accola, A. J. Carpenter, and Jeff Jacobs. Once again, I would like to give your Councilors a hand for all the work they have done throughout the year.

(Applause).

DR. NAUNHEIM: We do have some special thanks for those people who are now going to be rotating off the Council. We will ask them to come up to be recognized. It is Rob Cerfolio, Rich Prager, and Jeff Jacobs. Rich, can you come up, please.

We would like to thank you for your year as Vice-President.

(Applause).

DR. NAUNHEIM: I would like to ask Jeff Jacobs to come up. Jeff is finishing his time on the Council.

(Applause).

DR. NAUNHEIM: And lastly, if he is here, is Cerfolio here yet, or is he still giving that talk out there? And to the recently arrived Dr. Robert Cerfolio, the outgoing Secretary-Treasurer, we thank you.

Congratulations.

(Applause).

DR. NAUNHEIM: That does it for the people going off the Board. We now would like to ask Dr. Cerfolio to give the Secretary-Treasurer's report.

DR. CERFOLIO: Thank you very much, Mr. President, and actually why don't you have a seat.

This is not in your program, but there is a little surprise. We have a special guest who has a presentation to make. Special guest, please, Past President Dr. Carolyn Reed.

DR. NAUNHEIM: This is like ambush journalism. If all of you guys think this is wrong, I would like you to clap. They all believe it's wrong. I heard them.

DR. REED: First slide, please. So many of you in this audience are familiar with the exploits of our STSA President, and as you all know, we have been looking forward to this for the whole

year to payback time. So I may be the first one but I am not going to be the last, and you will hear from me again.

But many of you may not be aware of the distinguished ancestry of Dr. Keith Naunheim, this was alluded to by Dr. Prager this morning, but I think you should get a little more information.

Keith's great, great, great uncle was the famous Fighting Jo Shelby, as you heard this morning, of the Civil War. I would like to give you a little brief synopsis of Jo. Joseph Orville Shelby was a rope manufacturer, not a soldier by trade. At age 21 he moved to Missouri, where he became a planter. Shelby's civil war began in Bleeding Kansas during the 1850's. He was a hardened border ruffian, sound familiar, long before he accepted a captain's commission in the Missouri State Guard. He was a colonel before the first year of the war had passed, a general by the end of 1865, and a participant in every major engagement of the war in Arkansas and Missouri. He led the Iron Brigade, perhaps the best cavalry unit in the west. The surrender of the Confederate States did not mean the end of the rebellion for Fighting Jo. Does this sound like some obstinate fellow that we know?

Shelby and his Iron Brigade fled to Mexico and offered their services. In his brigade were Frank and Jesse James. Keith and Jesse James, now, there's a great duo.

Keith is the ninth generation of the Shelby family. In view of your distinguished ancestry, we would like to present you

with this gift, which you must at least wear throughout the business meeting.

Stand up.

(Applause).

DR. REED: As a special token from the Past Presidents, I would like to give this book about Jo Shelby and the Iron Brigade, which is signed by all the past presidents that are here at this meeting and reads, "To Fighting Keith Shelby Naunheim, Welcome to the Past Presidents Club."

(Applause).

DR. REED: Thank you.

DR. NAUNHEIM: Thank you. I did not see that coming. I usually see these things coming, but I am surprised. Thank you so much, and I will wear it for the business meeting.

DR. CERFOLIO: Thank you, and don't worry, we are going to move along because I know all of you have plans.

First of all, I want to thank the Association, not a Society, I keep hearing Society, STSA Association for allowing me to be the Secretary, and I have a special place in my heart for all the presidents that I worked for, and I thank them, and let's just go on. Thank you very much.

First I need a motion to accept the minutes of the 2009 annual business meeting.

(Motion made, seconded and approved).

DR. CERFOLIO: Anybody against it? Any discussion on the minutes? All right. The minutes are on line and they are available at [www.stsa.org](http://www.stsa.org). I know you guys have a lot to do, but if you read those, you are going to learn some things. That is number one.

Number two, let's take a look at our membership. This is about a steady number. We get about 30 to 35 new members each year, keeping us about 1,000-1,100 members. To put that in perspective, that is much bigger than the Western but obviously much smaller than the STS, which has about 6,000 total members, about 3,000 in the United States. So we are doing pretty well there again. I encourage you to keep your younger faculty, make sure it's a goal for them to become members of the STSA and then go on to become leadership positions in the STSA.

This takes a look by active showing here, about 67%, senior members, 32%, active 67, and some honorary members. Remember, we voted several years ago that the senior members don't pay dues, but when they come to the meeting they pay the same price as everybody else.

This is the STSA financial history. Taking a look at it, you see how much money we have made each year, and although our expenses are going up a little bit, we continue to make a little bit more money. John Calhoun always said Mickey Mouse is good to the STSA, and he is right. Every time we come here we have more members, more people come, we make more money, and this is what we probably

should do every fourth year as opposed to every fifth, and we have discussed that, because the bottom line is we make most of our money at the annual meeting, and so that is good.

And then our financial statement. I am very proud of this. This was sort of one of my goals when I took over four years ago. All of our money was in CDs, which didn't make a lot of sense to us, and I think we worked together as a group to be a little more aggressive with our money, and for the first time, the STSA has gone over the \$1 million mark, and so I am very proud of that.

(Applause).

DR. CERFOLIO: And I think we want to be in the market now, and these are not decisions that I am making. We have a whole bunch of consultants that work for the STS and they are helping us with our money, but I think we should continue to be aggressive with that.

This shows you what we have done. We just took some money out of a CD and we invested that a couple of months ago, and obviously that was a good thing to do with what's been going on in the market. It shows you in our portfolio, we are coming up on \$700,000 that is actively invested, and that number needs to continue to go up, because, unfortunately, in this country money is power. The more money we have, the more power we are going to have, the bigger voice we are going to have, and the more things that we can support.

This takes a look at the 2010 budget here and compares it to the 2011. You see they are very, very comparable. We think the

expenses are going to be a little bit less just because it is a different venue, and this is actually a very conservative net income that we think we will make from that. We think we will make more. And we are doing everything we can to reduce our expenses. All these can be listed, can be found on line, but we are reducing them the best we can.

And I think the last thing that I need to do now is to welcome the new members. And so what we are going to have the new members do is actually stand. We are not going to have you come up yet. We are going to do that at the end. We are just going to ask the new members to stand. So I am going to read your name off, and if I have left anybody off the list, at the end please come up and see us, stand up, come up for the picture and let us know.

Broadus Atkins

Robert Binfeld

William Bolton

James Burke

James Davies

Raul Garcia-Rinaldi

Syed Adil Husain

William Kitchens

Saqib Masroor

Keith Mortman

Muhammad Mumtaz

William Ogul

Alden Parsons

Clifton Reade

Scott Ross

James Scharff

Nirmal Veeramachaneni

Jennifer Walker

Jonathan Waxman

Bradley Wolf

Sai Yendamuri

Congratulations.

(Applause).

DR. CERFOLIO: Mr. President.

DR. NAUNHEIM: I would like to invite Dr. Mack to come up to the podium for the report of the council chair.

DR. MACK: Thank you, Keith. I would like to introduce the committee chairs. They are listed on the slides here. Would you please stand as I call your name.

The postgraduate committee was headed by Bill Holman and Jennifer Lawton; the program committee, Mike Hines and Vinod Thourani; the membership committee, John Howington; the CME committee, Vinod Thourani; and the nominating committee, Ross Ungerliedder.

Could I have a round of applause for these committee

chairs, please.

(Applause).

DR. MACK: We would like an individual report from each of these now. So could I ask Bill Holman and Jennifer Lawton to come forward and give a report from the postgraduate committee.

DR. LAWTON: We utilized the very valuable CME information and also multiple past meeting topics and came up with this year's postgraduate course, and have you had any feedback?

DR. HOLMAN: Yes. Actually the feedback has been excellent. I think the room was packed, especially for the sessions that had to do with hospital contracting. These are very timely topics that go beyond some of the other issues that are typically at a thoracic surgical meeting.

I think the other part that perhaps not everyone that is not in an academic center was fully aware of, I think everyone is pretty aware of the MOC, but some of the changes that are occurring in the cardiothoracic residency programs as Keith was telling us today is kind of what the ACGME inflicts on the RRC but then gets passed on and ultimately to the practicing cardiothoracic surgeons in the country.

Unfortunately, Jennifer and I were not able to attend every session because we had the breakout sessions, which I think were well received and an excellent idea, but the sessions that we moderated and attended, I think the content was absolutely outstanding by

international and national level leaders. It provides excellent value for people, they get their CME credits, but, most importantly, they learn what is new and happening in the specialty on a number of fronts.

And thank you, both of us, for the cooperation of a number of people, and especially our President, who is as a dynamo of activity, as I think you already know.

DR. MACK: Congratulations on an absolutely superb program.

(Applause).

DR. MACK: Are there any comments for either Bill or Jennifer?

Next I would like to have Mike Hines and Vinod Thourani give the report of the program committee.

DR. HINES: We have a couple of slides. We were really pleased with the turnout. We had the highest number of submissions of abstracts this year in 2010, it shows the years since 2006, at 276. Everything has gone up a little bit. Obviously some of the smaller ones, history is about the same, that is fairly new and we only accept one, adult cardiac, everything is pretty much up, congenital is pretty close to the same. And if you look at the percentage acceptance rate, it dropped a little bit only because the number is so high. Now, we have accepted a few more the last couple of years because we have expanded the breakout sessions, had more

breakout sessions, which was a result of a lot of suggestions on the evaluation forms.

But I think the quality has been really high. I was told by one adult surgeon today he thought the quality of the papers at this meeting far exceeded the STS this year, which was a real compliment, thought they had been real good.

And so if you look at the acceptance rate, total filled only about 30% and had been higher in the past. So it still is fairly competitive to get it in, but I think we are doing good. We are getting very good quality papers submitted. The electronic format has worked very well, the submission, and allowing us to review these larger number of papers.

DR. THOURANI: The only other comment we had is that we are having more than just the committee members review the abstracts. So some of you next year may be called on to review individual categories, i.e., congenital, thoracic and cardiac. We are not having just one or two people reviewing all of those abstracts, so that we are a little bit more specific towards your specialty.

Thank you.

DR. MAVROUDIS: I just have one question. What percentage now are the papers coming from the membership?

DR. HINES: From membership? It was very high. Sometimes when we do it, we have to kind of make sure. It is still very high. At this meeting we didn't have any trouble getting enough members

in.

DR. MAVROUDIS: These presentations, from a historical point of view, from my historical point of view --

DR. THOURANI: Not more than 25% can come from outside.

DR. MAVROUDIS: That has changed from 10 to 15. Now it's 25%?

DR. THOURANI: That is correct.

DR. MAVROUDIS: The papers that we have are absolutely outstanding. They have been getting better and better as time goes by. So I don't think that we need to really tamper with that percentage anymore. We have very good papers coming from our own membership.

DR. HINES: I think our goal was 25%. I think it was like 17 were non-members. So the majority, the vast majority, were from members.

DR. MACK: Thank you both very much and congratulations on a great program.

(Applause).

DR. MACK: I would like to next invite John Howington, the chair of the membership committee, to come.

John?

DR. HOWINGTON: Thank you. The membership committee met via conference call and reviewed these candidates. We had an outstanding response, including a number of submissions under the

new category of having spent time in a lab in the south for a one- to two-year period. Can we have that list of names, new member applicants listed by state. You will see them roll through.

Florida

*Lisardo Garcia-Covarrubias*

*Alessandro Golino*

*Charles Patrick Murrah*

Georgia

*Michael Halkos*

Illinois

*Shahab Akhter*

*Subhasis Chatterjee*

*Anastasios Polimenakos*

*Karen Thompson*

Kentucky

*Nicholas Lopez*

*Hassan Reda*

Louisiana

*Melanie Edwards*

Maryland

*Malcolm Brock*

Missouri

*Edward Michael Bender*

*Hersh Maniar*

Mississippi

*Louis Christopher Benjamin*

North Carolina

*Peter Ellman*

Ohio

*Geoffrey Answini*

Pennsylvania

*Joseph Brian Clark*

*Robert Moraca*

South Carolina

*Chadrick Denlinger*

*William Martin Yarbrough*

Tennessee

*Eric Grogan*

Texas

*Todd Dewey*

*Michael Jessen*

*Basel Ramlawi*

*Mahesh Sharma*

*Kenton Zehr*

Utah

*Peter Kouretas*

Wisconsin

*Michael Mitchell*

*Nilto De Oliveira*

DR. HOWINGTON: So any questions or concerns about any of the applicants presented?

Can I have a motion to accept the new members?

(Motion made, seconded and approved).

DR. HOWINGTON: Thank you.

DR. MACK: Thank you very much, John.

Next I would like Vinod to come up and give a report of the continuing medical education committee.

Vinod?

DR. THOURANI: Thank you very much, Dr. Mack. First of all, I want to thank Dr. Merrill, who was the past CME director, and he has been very helpful for me for one year kind of as his apprentice to try and get this up and running.

To let you know, in March of 2010, the ACCME accreditation review of our organization was completed. Really, it is the hard work of Nancy and Katie and the leadership of Dr. Merrill for the reason that we have received accreditation through March of 2014, and that is an incredible thing for our organization, especially since without it we would have no CME credits and that becomes somewhat detrimental to the cause of our Association.

We did have one noncompliance issue, I wanted to mention that to you, and we will have to give you a report before Thanksgiving on this, and I'll tell you what it was and how we dealt with it. They

noticed that there was an implementation of a mechanism to resolve conflict of interest reporting that we didn't necessarily do that as well as we should have, and, really, also those people who planned the program.

And so what we have done to resolve some of those is that, number one, there have been disclosure statements actually that the moderators have filled out as the presentations and invited discussants have given their presentations. Not only that, but we are also planning for the program committees themselves to have disclosures noted in your book probably starting next year.

The other things that we have noticed is that there were one or two instances when the abstracts actually were reviewed and found to have either devices which were mentioned or authors who mentioned that they had a conflict of interest, and we actually chose to have separate authors for those abstracts present the papers. And so we did make changes within the program itself for not only abstract titles and the abstracts within the book but also presenters in order to change the conflicts of interest that we thought were potentially detrimental for the audience.

Also, the plan is to have mandatory disclosure slides for the speakers next year where you will not have your slides uploaded unless that disclosure slide is completed. And so, again, that forces us as speakers and moderators to make sure that we have adequately disclosed our conflicts of interest.

Two other things. It is important that all of us in the room complete our CME evaluations. We actually sit down and look at every single CME evaluation that has been presented, and we actually develop the program based on that for the next year. Also the six-month follow-up survey is coming up for the CME. All new members who have attended the meeting will get one. We please urge you to fill those out.

Lastly, and most importantly, I want to specifically thank Nancy and Katie, who really have kept our Association clean as far as the disclosures go and as far as our accreditation for CME goes, and, really, without the two of them, we would not have CME credit. So they deserve a round of applause.

Thank you.

(Applause).

DR. MACK: Thank you very much, Vinod. This to me is one of those thankless tasks that nobody quite can appreciate how much work goes into it. Vinod has accepted this task from Walter Merrill that preceded him and has approached it with diligence and panache and very much appreciate this service to the Association.

Next, it is a particular honor for me to invite not only a legend in Texas but a legend to the Association, Dr. Hal Urschel, to the microphone to give the historian report.

Hal?

DR. URSCHEL: Today we unfortunately are remembering more

than we like members in the past of the Southern Thoracic Surgical Association.

Kit Arom, Past President in 1997; Ivan Brown, an unbelievably creative researcher, great in the old days of blood and perfusion; Paul Ebert; Javad Fiuzat; Richard Lower; Levi Old; Gwin Robbins; David Sabiston, who was the head of the program committee that met in South Carolina when they had a shootout down there at the millhouse; John Selby; Benson Wilcox; and Val Willman.

I would like to just say a word about Kit Arom and his wife Sue being the Past President, but he represents really what the organization means in spades. You heard this morning about Dr. Brooks, and he represented the same thing. Sue and Kit, just outstanding in creative science and humor of the hi-jinks type, and it makes it a lot better meeting, a lot better fellowship, and just the shifting dullness that we do when we transfer knowledge. And you all know that is why I come to this meeting and why I am still coming to it. I love it for that reason. But I think that Kit Arom represented the essence of that as well or better than any of us who are members.

He started out at San Antonio, Minneapolis, then back to Thailand. We would run into him just by chance in the Phuket Airport. And I always knew there was a relationship. When that happens to you, there is something that makes it different. He operated on the king, of course, he replaced his aortic valve, and they gave him a

hospital, and we used that for about seven years for our stem cell research and have done over 100 cases down there with Kit. It is just an amazing phenomenon and one of the reasons we come.

Carolyn Reed's presentation of this august hat was terrific today. There is nothing better than that. Naunheim has never looked this good.

(Laughter).

DR. URSCHEL: I wish we would all stand and think of the members that are gone. Would you stand.

(Moment of silence observed).

DR. URSCHEL: Thank you.

DR. MACK: Thank you, Hal. I would like to next ask Dr. Edmunds to come to the microphone to give the report of the editor of the Annals of Thoracic Surgery.

Hank?

DR. EDMUNDS: May I have the first of two slides. These are the highlights for the Annals for the past year, and we compare 2009 with the first eight months of 2010. It is eight months for both years.

Subscriptions went down. They went down, as you can see there, by about 1,000. That is totally explained by the loss of sponsorship by St. Jude Medical. There now are no sponsored, commercially sponsored gifts of the Annals.

The submissions went up, as you can see, a little, not

nearly as much as they went up from 2008 to 2009, but nevertheless they went up and didn't go down.

The number of original scientific articles, we call them OAs, published and submitted, the ratio is about the same. We published a few more in 2010 than we did in 2009, and we publish about 37 OAs a month. The acceptance rate is slightly lower, not significant. The number of individuals, most of whom are surgeons that registered at our Web site at [atseditorialoffice.org](http://atseditorialoffice.org), has continued to grow at about 1,400 a year, as you can see in the next line. The North American submissions, Canada and the US, are up slightly, but we are still the minority; most of them come over from across the oceans.

Now, CME, which was started five years ago in December 2005, has grown to now 30,000 uses by over 1,000 different users, and that is an awful lot of CME credits, and this program seems to be growing and continuing to grow exponentially.

The number of citations you see compared. Let me explain what this is. It is a citation to any article at any time published in the Annals of Thoracic Surgery by the Annals or by any other journal. And you can see that we lead our competition by about 10,000 citations a year.

What is really strange this year is the impact factor, which is the last item on this slide. How many of you know what the impact factor is? How many of you have the formula for it?

(Show of hands).

DR. EDMUNDS: The impact factor is the number of citations, let's say in 2009, divided by the publications that were eligible for the impact factor, and that is original scientific articles. But it is a bit of a black box, because Thomson Reuters decides, you don't know what goes into that, for the two years preceding the index year, so that would be 2008 and 2007, for the impact factor of 3.69. I have no idea why it went up that much. That is unprecedented in scientific publishing, probably a 100-year storm. Next year expect something low. We may be at 1.5 or something like that. It is a black box ratio, but it is an important metric for the rest of the world except for the United States, because the impact factor of the journals which a unit publishes in fits into their research budget, and, indeed, for every individual surgeon in that unit it is also factored personally and it influences their compensation. So it is a big deal everywhere in the world except the United States.

Now, we have got to get to the STSA. Next slide, please. This compares 2008 with 2009, Marco Island. Published or in press, 55 versus 47; waiting for revision, 6. Two have been given extensions for good reasons, four haven't been given extensions, and we set up the guillotine in Philadelphia. We have got 12 rejected, none withdrawn, two never were submitted, one wasn't required to be submitted, and I gave an unfortunate letter to Dr. Cerfolio about the other for punishment meted out by Dr. Cerfolio.

That ends my report. I will take questions.

DR. MACK: Thank you, Hank.

Next I would like to invite Dr. Putnam to come forward to give the report of the STSA representative to the American College of Surgeons Board of Governors.

Bill?

DR. PUTNAM: Thank you very much, President Naunheim and members. I represent the Association to the American College of Surgeons Board of Governors. I also sit on the Advisory Council for Cardiothoracic Surgery as does Dr. Ross Ungerleider. Dr. Ungerleider asked if I would relay his comments at this point as well.

So first about the advisory council. The advisory council has cardiothoracic surgeon members that represent various associations to the College for the purposes of educational advisers to the College. The advisory council is responsible for selecting the Gibbon Lecturer. That individual will be Dr. John Mayer of Boston for next year. Fred Grover gave the lecture this year.

One of the questions that came up during the Council meeting was the relevancy of the college to education of cardiothoracic surgeons. There was some discussion about this in that it is felt that the College does not consistently meet the needs of practicing cardiothoracic surgeons in the United States. There were approximately 250 cardiac surgeons in attendance for the meeting, 7,000 total, 250 cardiac surgeons, a little less than 3%,

which represents the number of cardiothoracic surgeons nationally in the College. There was some discussion as to how this should be handled, and there will be some efforts made to support the division of education and advising them on medical student and resident education efforts.

The Board of Governors met several times during the annual meeting October 3 through 7, 2010. There were a couple of things that came up. One was that the NSQIP continues to advance in its efforts through the College with various programs that are being constructed with NSQIP to meet the needs of large institutions, small institutions, rural hospitals, and, as well, targeted operations such as esophagectomy and pancreatectomy.

The College Board of Governors and also the Board of Regents meet in joint session. The purpose of this is to discuss items of mutual interest to the members. Toward that end, the American College of Surgeons' "Principles for Payment Reform" 2010 draft was created, with the principles being patient-centered, physician-led, quality and safety-driven and efficiency-based. My report to the Association and a copy of this draft of the principles for payment reform will be on the Web site.

Finally, Dr. L. D. Britt was installed as president of the American College of Surgeons, Dr. Lazar Greenfield is the president-elect.

And that concludes my report. Are there any questions?

(No questions).

DR. PUTNAM: Thank you.

(Applause).

DR. NAUNHEIM: I would like to ask Dr. Ungerleider to come up with the report of the nominating committee, and while he is coming up, Dr. Cerfolio has an introduction.

DR. CERFOLIO: Yes, I do. Again, I wanted to thank everybody for allowing me to be the Secretary-Treasurer for four years, and I am honored to say that Dr. David Jones will be the new Secretary-Treasurer. We know about this. David, are you here?

Congratulations to David Jones. Thank you.

(Applause).

DR. UNGERLEIDER: This is my last official act as an officer, and it is a time of great emotion, because over the years -- and I think Keith in his presidential address this morning, which was outstanding, by the way, if you haven't heard that yet, emphasized how important family is to all of us, and I think, for me, the Southern Thoracic has been a family. I look out over the audience and I see so many people who have nurtured me from whom I have learned a great deal, and I have great gratitude for the rich gifts of camaraderie that this organization provides. So thank you all for the great honor that I have had serving as an officer in this organization.

Katie, if I could have the envelope, please. You are so

kind. I remember when I asked Katie to bring me the lighted grail.

First, the nominating committee would like to place in nomination, we have three nominations for next year, one councilor-at-large, one vice-president and one president. For councilor we would nominate Neal Kon from Winston-Salem, for Vice-President, Dr. Andy Fiore from St. Louis University, and for President, Dr. Joe Coselli from Texas.

Do I hear a motion to accept that?

(Motion made, seconded and approved).

DR. UNGERLEIDER: The elections last week showed that there is great disappointment in this country for the leadership for America, but we are not suffering from that problem in the STSA. Our membership is our leadership and our leadership is strong. Consequently, the nominating committee had a large number of outstanding leaders to choose from, and we are thrilled with our choice and also excited that there are so many deserving candidates out there for future committee selections to consider.

Now, our selection is a consummate southern gentleman and leader who has achieved what appears to be universal respect and admiration by his colleagues and peers. He was born in Montgomery, Alabama, in 1947 and celebrated a birthday last week. He played football in College and was a hard hitter who could level an opponent. However, the NFL scouts lost interest in him because of his passion for apologizing to them, to these opponents, helping them up, and

asking them if they were okay. Of course, he may not have made the NFL anyhow because he played at Sewanee, a Division III school, otherwise known as the University of the South, only fitting, as a place more suited for turning out future STSA presidents than NFL players.

His academic career has included medical school and residency at Johns Hopkins University, and he was elected to AOA. He then joined the faculty at Vanderbilt where he attained the rank of full professor. He is a member of the AATS and of the American Surgical Association, and he is well known to this Association because of his soon to be released diet plan, which is, "keep them from eating by extending the duration of the premeal blessing."

(Laughter).

DR. UNGERLEIDER: He recently moved to the University of Mississippi by way of Cincinnati. He has been our CME director and has helped us navigate the challenges of maintenance of accreditation for our scientific effort, a job, as Mike Mack just mentioned and one that I had, that is one of enormous effort and also enormous importance.

We are thrilled to nominate Walter H. Merrill to become the 59th President of the Southern Thoracic Surgical Association.

(Applause).

DR. MAVROUDIS: We have to vote. I make a motion that the nominating committee be honored.

(Motion seconded and approved).

DR. MERRILL: Thank you very much. This is a wonderful and unexpected and undeserved high honor. I would just like to say that my capabilities are limited, my accomplishments have been quite modest, but I am thrilled to have been a part of this wonderful family, as has been alluded to here by others. It has been a great journey, and if I have accomplished anything, it has only been because I have tried to take encouragement and stimulation from the colleagues and friends who have been members, and I have tried to exhibit adherence to the old maxim that 90% of success is showing up.

Thank you very much for this high honor.

(Applause).

DR. NAUNHEIM: We now have to present Joe with this gavel, which will be his ceremonial gavel. We will expect him to bring it next year to manage unruly members.

Coselli, get up here. You know, you two look so much alike. You want this? Say pretty please.

DR. COSELLI: Pretty please.

DR. NAUNHEIM: That is what I thought, and congratulations.

(Presentation of the gavel to Dr. Coselli).

(Applause).

DR. COSELLI: Thank you, Keith. I notice being from Texas and being made president of anything, you are supposed to invade a

small country in short order, but I think we will try to avoid that.

(Laughter).

DR. COSELLI: This really is the greatest honor of my life and career, and I am deeply and humbly honored for it. I echo Dr. Ungerleider's thoughts that the colleagues and the associations of this organization really are family. I know Joe Miller and Hal Urschel and some others would certainly appreciate my sentiments that I wish Dr. Crawford were here. He was responsible for my getting involved in this as well as a great many other things and was a dear friend as well as a mentor.

Keith has set the bar quite high for leadership productivity, humor, and content, and I hope to live up to that as I work over the next year with him and the Council and Nancy, Katie and the rest of the Association.

I just remembered that despite all of the things that surround healthcare these days, the issues and the challenges, we really are blessed in that we get to get up in the morning and do something that, in a word, is just simply "fun" and reminds me of the humor from centuries ago with Confucius saying that "if you really enjoy it, you really never have to go to work every day," and I think that echoes a lot of our lives.

It is my job also to remind the new members here in a bit to come up and get their certificates and take a picture, to invite everyone to the president's mixer at 7 p.m. at the Epcot Center at

the International Gateway, and to encourage everyone to attend the 58th Annual Meeting in the San Antonio Hill Country next year. We will try to have some of Keith's humor, maybe some beer, maybe some barbecue, and what I need now is a motion to adjourn this meeting.

(Motion made, seconded and approved).

DR. COSELLI: Thank you, everyone.

(At 5:56 pm the meeting adjourned)