President’s Message

CAGS membership has its benefits

As most of you are aware, 2011/2012 has seen real changes in the governance of CAGS and our daily operations. Already these changes seem to be favorably influencing our financial bottom line, and will positively affect our ability to invest in member programs and services. As we take a look on the horizon and plan where we will go in the years ahead, let’s also take stock of where we are and look at what the CAGS membership offers:

Canadian Journal of Surgery: As a member of CAGS you receive a subscription to the CJS which is circulated every two months. CAGS is a major sponsor of the journal. At present CJS provides a venue for original research, an outlet for editorial comment on current surgical issues (access to endoscopy for instance), continuing education articles, job advertisements, and the publication of abstract proceedings for major Canadian meetings including our Canadian Surgical Forum. As a major sponsor we have input into the direction and evolution of this publication as it keeps pace with the Canadian Surgical Community.

Continuing Professional Development: CPD is one of the four organizational objectives of CAGS, and has been identified as one of the most important areas in which CAGS operates by CAGS Members. It is the goal of our CPD committee to provide any member with the opportunity of obtaining all their required credits through CAGS-sponsored activities. The CPD committee can also help you accredit local activities for formal Royal College CPD hours.

The “Evidence Based Reviews in Surgery” (EBRS) led by past president Robin McLeod exemplifies a first class CPD opportunity for our members. This is an internationally organized approach to current issues of concern to practicing surgeons and provides a convenient means of credit accumulation. EBRS is readily accessed through our website and CAGS has committed ongoing financial support to this flagship enterprise. A membership survey ranked this as among the most appreciated items offered through CAGS.

ASAP (Accredited Self-Assessment Program) has grown into a reliable and regular opportunity for online CPD. As our web site has matured the initial bugs in this process have been worked through. If you haven’t tried it lately, ASAP is accessed through the web site and provides accredited CPD activity for our members.

The CAGS Exam is being promoted this year (see “President’s Challenge”), not as test with a pass/fail—but as a means of comprehensive self-assessment and an opportunity for members to self identify unexpected areas of weakness. This concept of “unperceived needs” — not realizing that an area of practice may have recent nuances or subtle change — is of great concern to our Royal College assessors. While our individual scopes of practice may vary — taking this exam is an opportunity to

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CAGS membership has its benefits cont’d

measure our understanding against a national standard, and a chance to recognize specific areas we may need individual (or collective) attention in our ongoing education. A sample study guide is provided on our website (ESPs – Exam Study Preps) through which members can cover the exam content through free web-based content chosen to cover the areas of assessment. The ESPs guide will be annually updated to cover exam topics (or even a specific personal learning project) that can be readily identified and retrieved by our members.

On-line Journal Subscriptions: Our point of care access to Journals and material through the CAGS and CMA websites is an important opportunity for personal learning projects. Using these materials on line for an immediate clinical problem or question should be recorded on your Royal College CPD file as a personal learning project, also eligible for MOCOMP credit.

The Canadian Surgical Forum is working hard to meet the needs of our membership, with a variety of forums and courses. New this year will be a general review course and opportunity for an ultrasound course geared for general surgical practice. The Program Committee is exquisitely sensitive to the suggestions and evaluation of our attendees and is continually molding the forum to include emerging issues such as advanced laparoscopy and obesity surgery.

Provincial Representation: Through the restructured CAGS Board, the provincial and regional representation has become a powerful force for change within CAGS, seen most clearly through the expanding attention to advocacy issues. The Provincial reps are tackling everything from a unified fee schedule to retirement issues. Our web site already contains valuable position statement-s on call, the acquisition of new skills, and endoscopy. Watch for this advocacy movement to grow in CAGS as it is being fostered and promoted in our new structure, and make sure our reps know the issues in your daily practice.

CAGS also supports a vibrant resident section and has published a resident guide (that really has sage advice for us all). This section along with the board and regional representation is following the trainee hour restriction issues with interest and accumulating data and responses to address the impacts on surgical training. Through the Research fund we support Canadian research activity, and through a variety of committees we contribute to the roles and issues surrounding professionalism, ethics, program directors, site specific surgery, and are looking at the evolving role of acute care surgical models.

CAGS Membership has a lot to offer…and as we move on now as a fully independent organization with a new governance structure, take advantage of what it can offer and make sure CAGS knows your issues and concerns.

If so moved, look into the open nomination process for our Executive (president elect secundus on-line nomination), or contact a committee chair if there is an area in which you’d like to contribute (CAGS@cags-accg.ca).

See you in Calgary at the Surgical Forum and at the CAGS Exam this September,

Ralph George
CAGS President
Guyana Surgery Award Presented to CAGS

Dr. Brian Cameron presented CAGS President, Dr. Ralph George with an award of appreciation from the Guyana Institute of Health Science. The award represents recognition of the significant contribution made by CAGS in training 28 surgical Faculty in Guyana between 2005 and 2011. Dr. Cameron is past Chair of the CAGS International Surgery Committee and has been instrumental in bringing the surgical training program to Guyana. Congratulations to Dr. Cameron for this outstanding achievement.

Dr. Brian Cameron presents Guyana surgery award to Dr. Ralph George March 4th, 2012.

19th Canadian Conference on Global Health

Global Health in the Shifting World Economy

Interested in global health?

Register today for the only annual conference in Canada focused on global health in development.

Early bird registration ends in August!

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Ottawa, Canada

csih.org
Undergraduate General Surgery App

A series of podcasts have been developed called ‘Surgery 101’, which provide short overviews of common surgical topics for medical students. The first 10 of these are focused on General Surgery topics and have been featured recently on the peer-reviewed site MedEdPortal – they are also available free on the iTunes Music Store and at surgery101.org. The link can be found at: http://itunes.apple.com/ca/app/surgery-101/id390445770?mt=8, and for more information please visit: http://surgery101.libsyn.com/

CAGS Exam Challenge now live

Join CAGS President, Dr. Ralph George as he challenges the CAGS in-training exam at this year’s Canadian Surgery Forum in September. Dr. George can be followed on Twitter and Facebook as he prepares for the exam – Follow his Tweets and share on Facebook! The exam preparation process is estimated to be worth 60-70 MOCOMP credits, so join him and live the CAGS exam challenge!

Colonoscopy Audit Tool

by Dr. Susan Reid

Last year, the Canadian Association of General Surgeons published a position paper on Endoscopy services in Canada. One component of this paper relates to the responsibility of General Surgeons to participate in Quality Assurance. This is also consistent with expectations that most surgeons are facing from their hospital department heads and boards to participate in regular practice audits. The Canadian Association of Gastroenterology has generously agreed to provide members of CAGS with access to the CAG Quality Audit Tool for colonoscopy.

I received my username and password from CAG. The tool has a trial component so that one can become familiar with the screens prior to using it live for a real patient. It can also be loaded on your smartphone or iPhone for convenience.

It has been recommended to enlist the assistance of the Endoscopy nurse to enter the data in real time. When discussing this with the endoscopy staff, they are familiar with the tool and will be happy to assist me when I start to use the program. CAG has a listing of all of the Endoscopy centers in the country that have experience with the tool, so surgeons may find their units have seen the tool previously.

When I started to use the demo, it became evident that the tool requires an update as I could not enter dates beyond the year 2009. I have been assured by CAG that this will be updated and rectified. This also tells me that the members of the CAG are not actively using this tool at this time.

I will send another update when I am able to trial it on real patients!
Get in the thick of it

Covidien’s new black reloads enable surgeons to staple into extra thick tissue previously beyond the indications of any MIS stapler.

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A New Home for CAGS

CAGS now has a new office downtown Ottawa! It is located at 421 Gilmour St. in Ottawa, ON K2P 0R5 which can be used to send any couriers. Please continue using the mailing address for regular mail at PO Box 1428, Station B Ottawa, ON K1P 5R4. The CAGS phone number will remain (613) 882-6510.

New Canada Not-for-profit Corporations Act will bring bylaw changes for CAGS

The new Canada Not-for-profit Corporations Act (CNCA), which received Royal Assent on June 23, 2009, has been proclaimed in force effective October 17, 2011. The new legislation is the final step in a long process of modernizing Canada’s federal not-for-profit legislation, and will apply to nearly 19,000 active not-for-profits in Canada. The CNCA will provide opportunities for not-for-profits to take advantage of many of the modern governance and procedural activities that are closely modeled to the Canada Business Corporations Act.

CAGS has a three (3) year period from October 17, 2011 to apply for a certificate of continuance under the CNCA and will begin by amending the bylaws that need changing in order to comply with the new act. The guiding principles that will affect the bylaw revisions concern the following: 1) There will be no further ex-officio positions on the CAGS Board; 2) There will be no further voting by proxy and all new matters must be received in writing 14 days prior to a meeting; 3) The only ‘Member’ category of membership will be voting members; and 4) CAGS will no longer need to seek the Minister of Industry’s approval for any bylaw amendments proposed by the members.

CAGS will ask members to approve several amendments to the bylaws at the next AGM, held Saturday September the 15th, 2012 at 4:30 PM in Exhibit Hall E of the Calgary Convention Centre. The amendments are attached in a separate document. If you have any comments or questions regarding the amendments to the bylaws, please submit your concerns in writing to CAGS@cags-accg.ca by August 30th, 2012.

To vote on the amendments, you must be at the AGM. This is a fundamental change to CAGS governance and we hope to see as many members as possible at the meeting.
BY-LAW NO. 3
being a by-law amending
By-law No. 2
of
THE CANADIAN ASSOCIATION OF GENERAL SURGEONS
(the “Corporation”)

BE IT ENACTED as By-law No. 3 that By-law No. 2 is amended as follows:
1. By replacing all references to “Secretary” and “ Treasurer” with “Secretary-Treasurer”.
2. By amending Section 5.1 to Article V, the following:
   5.1 There shall be one category of (voting) membership:
       (i) Active Members;
   5.1(1) There shall be six categories of affiliates (non-voting):
       (i) Residents;
       (i) Senior Fellows;
       (iii) Honorary Fellows;
       (iv) International Affiliates;
       (v) Allied Health Affiliates and;
       (vi) Medical Students
3. By deleting a portion of Section 8.14 of Article VIII which reads:
   “Ex-officio directors may be included in the determination of the quorum.”
4. By deleting Section 9.4 of Article IX in its entirety which reads as follows:
   “Upon the election of the President-Elect secundus, the existing President-Elect secundus, shall
   automatically become the President-Elect. Upon the election of the President-Elect, the existing
   President-Elect shall automatically become the President, the existing President shall automatically
   become the Immediate Past President and the existing Immediate Past President shall retire as an
   elected officer and as a director, provided however he shall be eligible for re-election.”
5. By deleting a portion of Section 9.4 of Article IX which reads:
   “If at the termination of the term of the Secretary-Treasurer a Secretary-Treasurer-Elect, as the case
   may be, is then in office, upon the retirement of the Secretary-Treasurer the Secretary-Treasurer-
   Elect shall become the Secretary-Treasurer in office.”
6. By deleting a portion of Section 9.7 which reads as follows:
   “The President-Elect shall assume the office of President when his successor takes office.”
   And
   “The President-Elect Secundus shall hold office for a 1-year term and will ascend to President-Elect
   when his successor takes office as President. He will also serve a term as Vice-chair of membership
   committee.”
7. By adding the following to Section 12.4(1):
   Notices for introducing new matters, other than the matters of privilege, shall be sent in writing to
   the President at least 14 days before a meeting of the members of the Corporation.
8. By deleting Section 12.9 in its entirety, and replacing it with the following:
   Each member present at the meeting shall have the right to exercise one vote and all questions
   shall be decided by a simple majority vote of the members present, unless otherwise specifically
   provided by the Canada Corporations Act or by the By-Laws of the Corporation. Voting by proxy
   is not allowed.

ENACTED by the board this ___ day of ________________, 2012.

WITNESS the seal of the Corporation.

_________________________________  ______________________________
President                          Secretary-Treasurer

CONFIRMED by the members entitled to vote on the matter this _____ day of ____________, 2012
(Corporate Seal)
2012 Suturing Competition!

CAGS is proud to present The National Laparoscopic Skills Competition Finals which will be held at the Canadian Surgical Forum in Calgary at the opening of the exhibits, Thursday September 13th 2012 at 19:00. This event has had outstanding success in past years and this year promises to be equally as exciting! The competition is designed to promote technical skills training through simulation across the country while encouraging participation in CAGS and interest in laparoscopic surgery. Winners will have the glory of being crowned “Canada’s National Champion”.

Trainees who will be PGY1-5 in September 2012 are eligible to participate (no laparoscopic fellows please). We propose that each program have local preliminary rounds to pick their representatives. The residents should be chosen on the basis of their ability to perform intracorporeal suturing in a laparoscopic box trainer. For any program without access to a laparoscopic trainer, this may be a good opportunity to acquire the Fundamentals of Laparoscopic Skills (FLS) system, which includes a trainer box, available to North American residency programs through an educational fund at SAGES. More information about this program is available at the SAGES website (http://www.flsprogram.org/brochure.php).

To make this event a success, please arrange a local event this spring to identify your “best” resident laparoscopic suturer and reward him or her with a trip to the CSF in September.

Members of the CAGS laparoscopy/endoscopy committee include Drs Ellesmere (Halifax), Bendavid (U de Montreal), Bergman (McGill), Boushey (Ottawa), Okrainec and Grantcharov (Toronto), Meneghetti and Patton (UBC), and Karmali (U of Alberta).

We hope as many programs will be able to participate as possible. Please contact Dr. Okrainec or Bergman with any questions.

Allan Okrainec
Chair, CAGS Laparoscopy and Endoscopy Committee
allan.okrainec@uhn.on.ca

Simon Bergman
simon.bergman@mcgill.ca

$25 K Grant Offered in Minimally Invasive and/or Colorectal Surgery

Applications that focus on research in the area of Minimally Invasive Surgery and/or colorectal surgery are requested for operating grants from the Canadian Surgical Research Fund.
1. The deadline for receipt is June 30, 2012.
2. There is $25,000 in funding which may be applied towards two separate grants.
3. Applicants must be CAGS members. Residents are encouraged to apply with a CAGS member as supervisor.

The application should include:
1. A title page with information regarding all co-applicants and contact information for correspondence.
2. A summary of the application (max. 1 page).
3. A detailed description of the proposed research including references and a detailed budget (max. 6 pages).
4. A curriculum vitae of the principal applicant (max. 3 pages).
5. A letter of support from the Head of the Department of Surgery.

For further information please contact:
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Research Committee Chairman:
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Your 2012 CAGS Board Members and Committee Chairs

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Local Arrangements Committee 2012:
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Oncology Committee:
Chairman:
Dr. Andy McFadden

Professionalism Committee
(Medical/Legal):
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Lung cancer remains the leading cause of cancer death in the developed world. Surgery continues to be the mainstay of curative treatment in this disease. While appropriate surgery has resulted in improved survival, unfortunately, most patients go on to develop disease recurrence in the form of distant metastasis. Furthermore, an enlarging body of evidence has emerged which suggests that surgery and post-operative infections may in fact contribute to the development of metastasis and death. This is thought to be the result of inflammation and widespread activation of the immune system. Neutrophil extracellular traps (NETs) represent a completely novel means by which immune cells, under conditions of stress, may trap circulating cancer cells in distant organs and lead to the development of metastasis. The initial results observed in Dr. Ferris laboratory in this completely unexplored field of research are promising. Under his supervision, we have demonstrated the ability of NETs to capture circulating tumor cells under conditions of systemic inflammation and promote the development of liver metastases in a mouse model of lung cancer.

In collaboration with Dr. Kubes at the university of Alberta the interactions between NETs and cancer cells were visualized for the first time in vivo. Dr. Kubes has extensive experience in high resolution in vivo microscopy and by collaborating with his experienced team at his imaging facility the impact of our data was significantly increased, serving as a proof of concept for this completely novel paradigm in cancer biology.

Furthermore, as orally available compounds already exist which disrupt NET formation, we postulated that NETs represent a new drug target in the treatment of cancer. Using high resolution in vivo microscopy, we were able to demonstrate the NET formation in the liver and lungs can be inhibited by pharmacologic intervention. In addition we were able to show that this resulted in decreased cancer cell adhesion and metastasis formation. Without the support of provided by CAGS, this novel research would not have been possible.

**2012 Call for Proposals**

$10,000 Canadian Surgical Research Fund grant

Applications are requested for Operating Grants from the Canadian Surgical Research Fund.

1. The deadline for receipt is June 30, 2012.
2. Each grant is $10,000 in funding.
3. Applicants must be CAGS members. Residents are encouraged to apply with a CAGS member as supervisor.

The application should include:

1. A title page with information regarding all co-applicants and contact information for correspondence.
2. A summary of the application (max. 1 page).
3. A detailed description of the proposed research including references and a detailed budget (max. 6 pages).
4. A curriculum vitae of the principal applicant (max. 3 pages).
5. A letter of support from the Head of the Department of Surgery.

For further information please contact:

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