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Presidents’ Dinner — Forum 2004

Dr. Paul Belliveau, the Honourable Herb Gray, Mrs. Sharon Gray and Dr. Gerald Fried at the Presidents’ Dinner held in the West Block, Parliament Buildings in Ottawa.

Among those attending the Presidents’ Dinner were: Front (l-r) — Dr. William Mackie, Mrs. Jennifer Mackie, Dr. Jim Watters, Mrs. Patricia Watters, Mr. Tom Sullivan, President, Johnson & Johnson, Canada; standing (l-r) — Mrs. Karen Fried, Dr. Gerald Fried, Dr. Liane Feldman, Dr. Robin McLeod and Mr. John Fauquier. (See page 10 for more of the FORUM.)
It was with considerable personal honour that I accepted the role of President of CAGS in Ottawa in September, and now with 2005 fast approaching it, prompts one to reflect on 2004. I believe it was a successful year for our organization, and several milestones were passed and goals achieved. Having served on the Executive committee for a number of years it is clear to me that CAGS is a very vibrant and progressive organization at present.

In 2000, the Royal College of Physicians and Surgeons had its last large multidisciplinary clinical meeting in Edmonton. In order to continue its mandate of providing Continuing Medical Education for its members, CAGS had to find another venue for a national meeting. Working in conjunction with the CSCRS and the CATS, the Canadian Surgery Forum was born. CAGS was a major contributor to this new concept, both in financial and organizational terms, however after four meetings in Quebec City, London, Vancouver and Ottawa, we now have a viable and popular meeting.

The early years were characterized by financial frugality and a distinct lack of cash flow to CAGS/CSCRS/CATS, such that a reserve fund for the Canadian Surgery Forum be created. This year we achieved that nest egg in dollar terms, and for the first time we will see financial return to our organization, and this should allow funding for additional endeavours in the future.

Next year from September 8 – 11 the FORUM will be in Montreal in conjunction with the World Congress of Gastroenterology. Our meeting will end on September 11, with our G-1 courses being held on that Sunday leading into the WCOG’s surgical program which continues until September 14. There will be several noted international speakers, and so I would advise you to note this in your diary. The attendance at the Canadian Surgery FORUM has been growing since its inception, and I think the association with the WCOG will lead to record numbers in 2005.

By the time this Newsletter reaches you, CAGS will have a new improved web domain at www.cags-accg.ca

I would like to acknowledge the work of Dennis Klassen and the IT Committee in getting the groundwork done. The new website will be expanded in the near future with additional features including a video library, and a chat room for residents. The website will host the listserve for the EBRS previously housed on the University of Toronto site. The EBRS program has aroused the interest of the American College of Surgeons, and it is with gratitude to Robin McLeod that we now have a contract with the ACS to jointly promote EBRS. I am sure this will cement the future of this program.

The By-Laws of both CAGS and the Canadian Surgery Research Fund have been updated and revised. The documents had been largely untouched since the beginning of our organization in 1977. The financial health of the Research Fund has been greatly improved by a higher level of donation following an appeal launched earlier this year. I would like to thank all the donors who donated and gave 5-year pledges, and would also like to encourage any of you who have not previously contributed, to do so in the future.

Our Membership statistics are at the highest level in years, if not ever. Our records show 1945 members. Much of this is due to the hard work of the training program directors, and the Education Committee in organizing the membership applications of virtually every resident in every program across Canada. The annual dues of these residents is in most cases being paid by the training programs, and although this is not a huge income for CAGS, the fact that we have all the residents involved in our organization bodes well for the future. It was very heartening to see so much involvement by the residents in Ottawa in September at the CSF, and it is very exciting to have significant resident involvement in our association.

New activities this year have included the conscious decision by the Executive to have CAGS try to play a greater role in political advocacy and activism. Paul Belliveau, our President Elect, is spearheading this. The Hepatobiliary Committee was changed to the Hepatobiliary and Transplant Committee, under the Chair of Dr David Bigam. The Medico-Legal and Ethics Committee was changed to the Committee on Professionalism to allow for an expanded role under the Chair of Dr. Dennis Pitt.

My own personal desire is to see a greater involvement by the community surgeons who comprise at least half of our active membership. In spite of asking many surgeons at many meetings, I still do not have a firm idea of how CAGS can serve you better. I would like to invite comments, criticism and ideas from any community surgeons. My e-mail address is on the website – please let me know!

Finally as it is that time of year, I would like to extend a Merry Christmas and Happy Holidays to all our membership, and wish you all a healthy, happy, New Year.

Dr. William J. Mackie
President, Canadian Association of General Surgeons
CAGS Board Meeting Highlights

A meeting of the Board of the Canadian Association of General Surgeons was held in conjunction with the Canadian Surgery FORUM in the Governor General Suite, Westin Hotel, Ottawa on Wednesday, September 8, 2004.

CAGS Web Page — The finishing touches are being put on the new CAGS Web Page. A mock-up of the Page was made available to members at the CAGS Booth in the Exhibit Area. The new Web Page will allow members to update their personal demographic information, to communicate via chat rooms, collaborate in ongoing research, access journals, participate in the Evidence Based Reviews in Surgery and much, much more. The Page is expected to go online this fall. Stay tuned.

CAGS Video Library — Dr. Chris Schlachta, Chair of the CAGS Laparoscopic/Endoscopic Surgery Committee presented Volume I of the CAGS Video Library containing five (5) laparoscopic procedures augmented by an invited commentary by Dr. Eric Poulin. It was agreed that this volume would be made available to members at the minimal cost of $20.00 and to student members for $10.00. New members and residents will receive a copy gratis as a welcoming gift. The proceeds from the sale of copies of the Video Library will go towards the Canadian Surgical Research Fund.

SAGES — Interested CAGS members may now join SAGES for $200.00 Canadian — another benefit of a weak Canadian dollar!

FORUM Steering Committee — The major participants in the Canadian Surgery FORUM (Canadian Association of General Surgeons, Canadian Association of Thoracic Surgeons and the Canadian Society of Colon and Rectal Surgeons) has signed off on the Memorandum of Understanding relating to the Canadian Surgery FORUM. It is anticipated that with the conclusion of this year’s successful meeting in Ottawa and the accumulation of a sufficient reserve of funds that participating Societies will begin to benefit from the financial success of this and future meetings.

Regional Meetings — A very successful Regional Meeting was held in Banff on Friday, February 13th, 2004 in association with the Association of General Surgeons of Alberta and the local chapter of the American Association of General Surgeons. Some sixty (60) surgeons attended the event.

The next Regional Meeting will be held at the Delta Winnipeg on May 27th and 28th, 2005. Dr. Mark Taylor advises that sessions will be devoted to Laparoscopic Surgery, including Bariatric Surgery, The Incorporation of Evidence into Practice, Interesting Findings Panel and Breast and Head and Neck Disease.

Membership — Over the past year Dr. René Lafrenière, building on the previous work of Dr. Mackie, has furthered our recruitment efforts with no little success.

At the Annual Meeting of the Association members accepted the recommendation to expand the categories of membership to include the following with the associated dues structure:

- Active members — $275.00 (CJS and GST incl.)
- Associate members (Residents) — $15.00 (CJS and GST not incl.)
- Senior members — $0.00 (CJS and GST not incl.)
- Honorary members — $0.00 (CJS and GST not incl.)
- International members — $70.00 (CJS and GST not incl.)
- Affiliate members — $40.00 (CJS and GST not incl.)
- Medical Students — $10.00 (CJS and GST not incl.)

CAGS and the American College of Surgeons — In that a number of CAGS members are also members of the American College of Surgeons, an application will be made to secure a seat on the Board of Governors of the American College. Early indications are that such an overture will be received favourably to the benefit of both Organizations.

Hepatobiliary Surgery — An increasing number of CAGS members restrict their practice to (or have a special interest in) hepatobiliary surgery. The Board adopted a motion enlarging the Transplant Committee to include representation from hepatobiliary surgeons.

Bariatric Surgery — A number of Canadian surgeons interested in this weighty problem convened an organizing meeting under the auspices of the Canadian Surgery FORUM umbrella this year. Members interested in participating in this group may contact Nick Christou in Montreal.

Committee of Provincial Representatives — In an attempt to improve communication between CAGS and Provincial Surgical Associations, the Board has created a subcommittee of Provincial Representatives to be chaired by Dr. Scott Bloom of British Columbia. Dr. Paul Belliveau, President Elect, will sit as an ex-officio member on this Committee representing the Executive.

CAGS Survey re General Surgery in Canada — Dr. Paul Belliveau presented the results of his survey of CAGS Board Members re factors impinging on the practice of the specialty. For the results of this survey see elsewhere in the Newsletter. Dr. Belliveau is encouraged to expand his efforts and disseminate the results of the survey widely including to the Federal and Provincial Ministers of Health.

CAGS Residents’ Association — Dr. Okrainec, outgoing President of the Residents’ Association, advised that the Association now includes members from all programs across the Country numbering 300+. A representative from each program has been designated. Residents look forward to increasing communication amongst members through secure and dedicated pages on the new CAGS Web Site.

Resident representation on various CAGS Committees, including the Research Committee, the Programme Committee, the IT Committee, the Membership Committee and the Committee for the Advancement of Surgical Services in the Third World, has been taken up with enthusiasm. Residents will also play a role in the planning and conduct of the Regional Meeting in Winnipeg in May 2005.

Continued on page 4
CAGS Evidence Based Reviews in Surgery — CAGS Evidence Based Reviews in Surgery continues popular amongst Canadian Surgeons. In collaboration with the American College of Surgeons this product will be offered to our American colleagues in a similar format in the near future.

CAGS Research Fellowships — Two CAGS Research Fellowships were awarded again this year, one to Dr. Sam Wiseman of UBC and a second to Dr. Steve Wales of Toronto. Board Members are intent on building the Canadian Surgical Research Fund in order that more and larger projects may be supported in future. Before going to industry and the public for contributions it is felt essential that CAGS members themselves be seen to support the Fund in a meaningful way and to this end a fundraising drive has been initiated commencing with members of the Executive and the Board.

This worthwhile project is highly commended to the membership.

CAGS Medicolegal/Bioethics/Professionalism Committee — The name of this Committee will be changed to CAGS Committee on Professionalism, its mandate to include issues relating to medical, legal and bioethical concerns, as well as to issues surrounding professionalism as they relate to general surgeons. We look forward to a symposium devoted to professionalism at the 2005 FORUM in Montreal.

CAGS Liaison Committee for the Advancement of Surgical Services in the Developing World — Dr. Robert Taylor advised that a fourth surgeon was scheduled to visit Gulu in Northern Uganda imminently. Progress with the development of the Postgraduate Training Program at the University of Guyana in Georgetown is very encouraging. CAGS will be asked to contribute teachers and examiners for this Program and to participate in ongoing evaluation of trainees commencing in 2005. Dr. Taylor himself participated in a pilot project concentrating on pre and post operative care of patients in the spring of 2004.

Head and Neck and Endocrine Surgery Committee — Dr. Janice Pasieka and colleagues have been busy reinvigorating this Committee and are enthusiastic about workshops scheduled for the Canadian Surgery FORUM currently underway and into the future.

Critical Care, Trauma, Infectious Diseases and Nutrition Committee — Dr. David Evans advised that a Royal College Certification Exam in Critical Care is expected by 2006. It is anticipated that provisions allowing for equivalency of training will permit access to this exam by general surgeons.

The Committee mounted a two-hour symposium at the FORUM 2004 and looks to developing guidelines for trauma management and mechanisms for collaborative research by trauma surgeons across Canada.

History of CAGS — Dr. Tom Williams, Archivist, advised that he is writing a history of the Association. Much work has been done and the finished product is anticipated within the next six months.

Respectfully submitted,

G. William N. Fitzgerald, M.D., FRCSC
Secretary, CAGS

Dr. Robin McLeod CMA Mentor of the Year

Dr. Robin McLeod (centre) receives the Canadian Medical Association’s May Cohen Award for Women Mentors at the CMA Award Ceremony at Toronto in August 2004 from Drs. Dana Hanson, Past President CMA (left) and Sunil Patel, President CMA (right).

Toronto surgeon Robin S. McLeod is the 2004 winner of the May Cohen Award for Women Mentors. One of her nominators described her as “a remarkable woman who is a superb clinical and academic surgeon, has had a major impact on surgery through her involvement in various surgical organizations, and manages to still be a devoted mother.”

Dr. McLeod graduated from the University of Alberta medical school in 1975. After residencies in Toronto, she did graduate studies in epidemiology and biostatistics at McMaster University. She was a Clinical Fellow in Colon and Rectal Surgery at the Cleveland Clinic (1981-1983) before she accepted a hospital appointment as staff surgeon at Toronto Hospital and joined the faculty at the University of Toronto. She currently is Professor in the Department of Surgery and she also heads the Division of General Surgery at Mount Sinai Hospital.

In addition to mentoring many young investigators and medical trainees, Dr. McLeod has authored nearly 200 peer-reviewed articles and several textbook chapters, and delivered scores of invited lectures. She is active in medical organizations in Canada and the United States; she recently served a one-year term as president of the Canadian Association of General Surgeons where her infectious enthusiasm and success in revitalizing, overhauling and finding financial support for the association amazed long-time members of the board.

While her mentees praise her ‘amazing personal drive and energy,’ she is seen as an exceptional role model for female surgeons, an ‘inspirational mentor’ whose interest in those she trains extends far beyond the confines of work.
EDITORIAL

...interesting times!

The National Survey of Physicians sponsored by the Canadian Medical Association, the College of Family Practice of Canada and the Royal College of Physicians and Surgeons of Canada has just been released and, surprise surprise we’re getting older, working too hard and see no relief on the horizon.

The multilateral meetings among the federal and provincial politicians and bureaucrats go on — interminably — and although some understanding about the future of Medicare has been reached, details are sketchy at best. The Romanow and Kirby Reports fade into the mists of time.

Waiting times for appointments, procedures and diagnostic investigations continue to be the subject of intense scrutiny, and no little debate and all too frequently feature as headlines in the media.

Doctors in the country’s richest province, Ontario, have just rejected a contract proposal by the provincial government — officially because of the following:

- The agreement will not do enough to improve Ontario’s competitiveness.
- No real incentive to keep the one in six physicians who are planning to retire in the next five years from retiring.
- Improvements to reduce wait times for patients must be accelerated.
- Many increases were found in the 3rd and 4th year of the agreement rather than in the first two years.
- No increases in the first year to deal with inflation and rising administrative costs.
- The language of the Drug Utilization Review Program needs to be revised to assure that patient care would not be compromised.

The above notwithstanding, in the global context Canadians are among the most richly blessed of this world. For all our perceived woes we enjoy an exceedingly high standard of living and boast a medical care system that is the envy of the world. It troubles me that with a budget surplus in the billions our foreign aid contribution as a percentage of GNP is falling. Furthermore we depend on poaching doctors from other less fortunate nations to bolster our physician workforce and to provide care in (mainly) underserviced, rural, communities. Canada could and should be a net exporter of Health Care Professionals.

I make the following suggestions:

1. That Canada strive for self-sufficiency in Health Care Professionals. This principle should not be construed to limit the free movement of individuals or impede refugees from seeking asylum. Increases in medical school enrolment and residency slots are clearly needed if we are to meet our physician workforce needs; allowing for the feminization of the profession - by which I refer not only to the increased numbers of female colleagues but also to the pursuit of a sane and healthy lifestyle!

2. That medical students / residents be taught in an atmosphere that fosters collaboration with students in related Health Care Professions (eg. Nursing, Social Work, Pharmacy, Midwifery) in order to encourage alternatives to the solo, physician centred fee for service practice.

3. That there be increased portability of licensure across Canada so as to facilitate locum coverage particularly in rural and remote situations where colleagues may literally be held prisoner to an onerous call schedule and without whom a service may cease to exist. This is particularly relevant in the disciplines of general surgery, obstetrics / gynaecology and anaesthesia. CAGS could assist in this matter by hosting a database listing specialists requiring locum coverage and those offering to do locums.

4. That surgical training programmes increase the profile of community (including rural and remote) surgery by creating divisions devoted to the same. Ideally such divisions would have the benefit of input from related disciplines such as orthopaedics, obstetrics/ gynaecology, urology, thoracic surgery, etc. and would draw on the considerable expertise of colleagues practicing in the community to act as teachers and mentors. Residents so choosing would be encouraged to spend significant blocks of time training in community settings and to tailor their training to their own practice goals.

5. That students and residents be encouraged to pursue international electives on the other side of the 90/10 divide and that such experience be considered a legitimate part of training. One always learns far more than one teaches in such situations. Just experiencing the realities of life for most of this world’s inhabitants is an education in itself. Some will make continuing contributions in this field following residency training. The anguish in a mother’s eyes speaks a language that requires no translation and a kindly act of compassion, universally appreciated, leaves an enduring legacy. Paradoxically, in the wired/connected but troubled world of today, it is caring, one on one interactions that will bridge the disconnect between the materially blessed and the bereft.

We live in interesting times, indeed!

G. William N. Fitzgerald, M.D., FRCSC
Provincial Reports

Nova Scotia

After almost two years of discussion and negotiations, the Department of Surgery at Dalhousie University began salaried funding this summer retroactive to April 1. Concurrently, similar arrangements were finalized for the Department of Anesthesia. Whether or not community and anesthetists throughout Nova Scotia will become funded in a similar fashion remains to be seen.

New additions to the general surgical staff at Dalhousie include Dr. Mark Walsh in hepatobiliary surgery and Dr. Paul Johnson in colorectal surgery who have joined us this summer after completing fellowship training in Toronto. Dr. Jaap Bonjer, a laparoscopic and endocrine surgeon from the Netherlands is expected to join the Division early this fall.

Significant shortages in anesthesia coverage are anticipated during the fall with the departure of several current staff from within the Department of Anesthesia. These shortages will worsen dwindling resources and operating time at university hospitals and certainly impact on resident education.

The Annual Refresher Course in General Surgery for community surgeons was held in Halifax on November 26 and 27. The focus for the meeting this year was surgical complications as well as various aspects of benign and malignant breast disease.

Respectfully submitted,

D.B Vair, MD
Nova Scotia Representative to the CAGS Board

Ontario

The major issue for general surgeons in the province of Ontario is the ongoing negotiations between the Ontario Medical Association and the provincial government for a new Master Agreement. The negotiations appear to be stalled over the amount of money the provincial government is willing to invest. The government argues it has little resources due to a larger than expected fiscal deficit. The medical profession argues a significant infusion of additional funds is necessary to reverse and prevent an erosion of health care services.

The government recently introduced Health Care Premiums, a new tax designed to raise funds specifically for health care. The allocation of such funds has not yet been determined. Furthermore, the government has mandated hospitals to sign accountability agreements with the government. The agreements call on hospitals to maintain service volumes despite rising costs and minimal funding increases from government.

The Ontario Association of General Surgeons held its Annual General Meeting on Saturday, November 6, 2004. The keynote speaker was internationally known laparoscopic surgeon Lee Swanstrom from Portland, Oregon. The full day meeting, consisting of clinical / scientific presentations and general interest presentations, typically draws about 120 attendees.

Respectfully submitted,

Jeff Kolbasnik
Ontario Representative to CAGS Board

Manitoba

No major initiatives are being undertaken in the section of general surgery for the province of Manitoba. As per usual we are planning out our position for the next negotiation with the province. Although we have made progress, our fee for service schedule is now behind our comparable provinces of Alberta, BC, Saskatchewan and Ontario after more recent agreements in those provinces are reviewed.

Regards,

Dr. George N. Assuras
Manitoba Representative to CAGS Board

British Columbia

The BCMA has completed negotiations with the Provincial Government in the spring. Lacking strong public support, the BCMA has agreed to the government’s offer of 0%, 0% and “something” for the next 3 years. The “something” has yet to be determined. In exchange, programs such as MOCA (on call stipend) will continue for the next 3 years. A specialist subsidiary negotiation table is established for future negotiations and up to $10-million may be available over the next three years for specialist recruitment and retention/disparity correction.

In spite of the conflicts with the government some things are looking up. First, BC and Alberta have enjoyed a net influx of physicians over the past fiscal year. This is allegedly due to relatively better fee schedules than other provinces. Second, BC will receive over $20-million over the next two years to specifically address the wait list issue. This money comes “with strings attached” in that it specifically targets elective cases on the wait list that are in excess of 24 weeks wait. This is “one time” funding in spite of pleas for a more lasting, structured approach to the problem.

UBC’s medical school expansion continues. This fall it opens its satellite UVic UNBC sites.According to the current plan, approximately 20 students at each site will be receiving all of their clinical teaching at these sites. They will teleconference with their UBC classmates via the Web.

Respectfully submitted,

S. W. Bloom, MD
British Columbia Representative to CAGS Board

Register now...
for the
2nd CAGS Laparoscopic Colon Course
This is a 2-day course that will include: Live telesurgery of lap colon procedures; A Cadaver Lab; Tips and techniques; DVDs to demonstrate important components of the dissection. Audit tools to help track your lap colon experience.

Don't be disappointed.
February 18th and 19th
2005 at the Surgical Skills Centre, Toronto
For more information, contact: Helen MacRae at: hmacrae@mtslnai.on.ca
Report of the Committee on Professionalism

The Board of Directors of CAGS has expanded the mandate of the Medical Legal and Bio-ethics Committee to include professionalism in surgery and changed the name to the Committee on Professionalism. This third area of responsibility will include the roles and responsibilities for surgeons as professionals described in the CanMeds 2000 proficiencies of the Royal College of Physicians and Surgeons (Canada).

The CMPA activity has remained stable (unlike the crisis in the U.S.A.) and their financial position is solid despite an upward trend in awards and settlements. There has been clarification of the policy regarding CMPA coverage of non-residents of Canada. The CMPA will not assist in the defense of elective care provided to non-residents if the legal action is in a non-Canadian court unless the care was urgent or emergent. The term “reasonably available” is applied to visitors who face a major inconvenience returning to their home country and “unique procedure” is applicable to centres of excellence. Both of these examples are covered by the CMPA. Foreign embassy staff and university students in Canada are residents of Canada although they are not Canadian citizens. The basis of this policy is the concern that provincial governments may decline to subsidize our CMPA dues if a large chunk of the money ends up in the astronomical American court awards. A phone call to the CMPA will clarify any concerns about an individual case.

The code of ethics of the Canadian Medical Association is undergoing revision and there was active debate at the CMA General Council last August. Current drafts look acceptable for surgeons.

Dr. Dennis Pitt
Chair, Committee on Professionalism

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Canadian Association of Bariatric Surgery formed

A meeting of Canadian surgeons interested in bariatric surgery to consider formation of the Canadian Association of Bariatric Surgery was held during the Canadian Surgery Forum 2004 on September 10, 2004.

Those present included Drs. N. Christou, C. Sample, CA McKinley, L. Farries, P. Yau, M. Anvari, J. Mihangos, D. Birch, D. Davey, C. Andrews, O. Court, C. Nohr, H. Atlas, P. Garneau. Regrets were received from Drs. Colquhoun, Rusnack, Commeau, Bettschart, Joffe, Beausoleil, Denis, Houle, Lebel, Reed, Broiulette, Deitel, Grace, Woodhead.

Feedback received, achieved consensus that the name of this new association shall be the “CANADIAN ASSOCIATION FOR BARIATRIC SURGERY”. An interim executive was formed with Dr. Christou as the President/Secretary, Drs. Carl Nohr, Doug Davey, Mehran Anvari, Henri Atlas, Simon Biron, and Jacobo Yoffe volunteered to participate in this interim executive.

The membership will include surgeons and non-surgeon physicians with an interest in bariatric surgery. In addition, allied bariatric health care providers such as nurse practitioners, dieticians, exercise physiologists, psychologists will be welcomed as members.

Academic/Clinical Mission

a. Maintain and improve the standards of care in bariatric surgery in Canada.
b. Support both primary and continuing educational programs in bariatric surgery.
c. Advance knowledge in the field of bariatric surgery.
d. Facilitate and promote research in the field of bariatric surgery.
e. Develop policies and new ideas in the areas of clinical care, education, and research in bariatric surgery.
f. Represent the views of the Bariatric General Surgeons of Canada.
g. Facilitate communication between the public, the medical community and the ministries of health at the provincial and federal level so as to promote awareness of the health risks of severe and morbid obesity, the financial and health burden to the individual and to society, and the efficacy of surgical treatment options.

Next Steps

h. Update database of potential membership.
i. Circulate dues notice and minutes of this meeting to potential members.
j. Finalize roster of members based on positive reply to membership drive and dues payments.
k. Circulate the cost economics and reduction of mortality papers published by the McGill group to all members FYI.
l. Initiate a Bariatric Surgery Registry to include:
   i. Waiting list of each Bariatric Surgeon
   ii. Pre-operative information (demographics, BMI, co-morbidity)
   iii. Operative information (date of OR, type of surgery, 30-day complications including mortality)
   iv. Post-operative outcomes (weight loss history, long term complications, revisions, changes in co-morbidity, mortality)
m. Initiate the development of a web site for the association including the capability to update member profiles live and collect the Canadian bariatric surgery registry information.

n. Initiate interactions with industry and solicit unrestricted industry sponsorship.
o. Initiate a media campaign to educate the public that severe and morbid obesity is a disease that requires definitive treatment and that at the present time surgery offers the only permanent weight loss solution.
p. Facilitate fellowships, preceptorships, and visiting professorships in bariatric surgery for those interested to incorporate bariatric surgery in their general surgical practice.

q. Initiate the establishment of provincial networks of bariatric surgery care between major academic/clinical centers and community surgery centers/surgeons to treat potential complications of bariatric surgery from any part of the country (telementoring, patient transfers for specialized care such as requirement for renal support including CVVH/D and hemodialysis) in cases of multiple organ dysfunction after anastomotic leaks etc.
r. Initiate discussions with the Canadian Surgery Forum Steering Committee (Canadian Association of General Surgeons [CAGS] president) and the CAGS Program Chair and the Endoscopic and Laparoscopic Committee Chair to include bariatric surgery (Symposium, course, free papers, or live telesurgery) in next year’s program.

Anyone interested in joining this new association or requires further information please e-mail Dr. Nick Christou at McGill.
Nicolas.Christou@MUHC.McGill.ca

Dr. Nick Christou
Evidence Based Reviews in Surgery

Evidence Based Reviews in Surgery is now in its fifth successful year. The topics for rest of this year are:

Methodological Topics
Diagnostic Tests  Role of CT Angiography to diagnose Acute Mesenteric Ischemia
Economic Analysis  Cost Effectiveness of Hepatic Metastasectomy for Colorectal Metastases.
Decision Analysis  Surgery vs Diet and Exercise in Morbid Obesity
Prognosis  Risk of Cancer in Barrett’s Esophagus
Surgical Trials  Fibrin Glue vs Conventional Treatment of Anal Fistulas

Clinical Topics
Diagnostic Tests  Role of CT Angiography to diagnose Acute Mesenteric Ischemia
Economic Analysis  Cost Effectiveness of Hepatic Metastasectomy for Colorectal Metastases.
Decision Analysis  Surgery vs Diet and Exercise in Morbid Obesity
Prognosis  Risk of Cancer in Barrett’s Esophagus
Surgical Trials  Fibrin Glue vs Conventional Treatment of Anal Fistulas

You can access the articles on the CAGS website by using your CAGS ID number as your username and your surname as your password. If you want to be part of the listserv discussion, receive reminders and obtain Maintenance of Certification Credits, please contact, Marg McKenzie @ mmckenzie@mtsini.ai.on.ca

CAGS 2004 HONOURARY MEMBERS

Fred Inglis’ roots were established in Halifax, Nova Scotia where he undertook his formal education prior to entering medical school at Dalhousie University. He graduated with his MD in 1955, and then moved to Montreal entering the residency program in surgery at McGill University. He obtained his M.Sc. in Experimental Surgery under the supervision of Dr. Fraser Gurd and his FRCSC in General Surgery in 1960.

Fred was appointed to the faculty of the Department of Surgery at McGill in 1960. His primary hospital appointment was at the Royal Victoria Hospital with affiliate appointment at Queen Mary Veteran’s Hospital. Fred was a dedicated teacher and strong clinical surgeon at McGill, with interests in renal transplantation and gastrointestinal surgery.

In 1971 Dr. Inglis accepted an appointment as Professor and Head of the Department of Surgery at the University of Saskatchewan. He succeeded Dr. John Gutelius who had become the Dean of the College of Medicine. Fred was also appointed Chief of Surgery at the University Hospital in Saskatoon. He served in these offices until 1985. His career in general surgery continued to focus in gastrointestinal surgery and surgical education. His leadership style in Saskatoon provided positive direction for the full time and part time faculty of the University Department. Following his term as Department Head, Dr. Inglis continued to practice at University Hospital and at St. Paul’s Hospital, with a focused practice in bariatric surgery. In 1996 Dr. Inglis retired from active practice and moved, with his wife Carol, to Belleville, Ontario.

Dr. Inglis made recognized contributions to general surgery in Canada through his work on various committees of the Royal College. He was an oral examiner for General Surgery for eight years and was appointed Chairman of the Board of Examiners from 1974 to 1978. From 1979 to 1988 he was the chair of the Principles of Surgery Test Committee. Fred was the Chairman of the Specialty Committee in General Surgery from 1984 to 1989.

During the early 1980’s Dr Inglis developed an interest in Manpower in general surgery both regionally and nationally. He was devoted to this resource issue and its possible resolution in community surgery. His work fit well with his contributions to the Canadian Association of General Surgeons where he chaired the Manpower, Economics and Practice Committee. In 1993 Dr Inglis was elected to serve as President of CAGS where he continued to work for the betterment of general surgical practice in all communities.

Dr. Inglis was a Governor of the American College of Surgeons. He was the Secretary of the Canadian Association of Surgical Chairmen and served president of that organization from 1980 to 1982.

Since retiring in Southern Ontario, Fred and Carol spend many peaceful months at their cottage where they enjoy the frequent visits of friends from east and west.

Although Fred is no longer an active pilot he often gets his sophisticated models into the skies around Belleville. Fishing trips with his urology friends in Northern Saskatchewan brings Fred back to Saskatoon once or twice a year.
About Dr. Hinchey

- Born in Belleville, Ontario
- Graduated Belleville Collegiate Institute and Vocational School
- Queen’s University Med School
- Internship and Residency MGH
- MSc McGill
- Attending Surgeon MGH and McGill

Highlights — MGH and McGill

- Professor of Surgery
- Director Surgical Research MGH
- Director, Division of General Surgery MGH 1983-1991
- Emeritus surgeon MGH 1999-
- Director Surgeon-Scientist Program McGill 1999-

Highlights Academic Societies

- CACS (CAUS) Secretary-Treasurer 1973-1987
- CACS President 1980-1981
- CAGS President 1986-1987
- Royal College Test Committee and Examiner in GS1973-87 (Chair 1978-83)
- RCPSC Specialty Ctee GS 1978-83
- ACS Pre and Post Care Ctee
- SSAT Membership Ctee

Highlights Publications

- Hinchey EJ and Hampson LG. The treatment of perforated diverticulitis by stage resection. Cine Clinic American College of Surgeons, 1976

Dr. Gerald Fried (right) presents Dr. John Hinchey with his Honourary member certificate.
The 2004 CAGS/Merck Frosst Resident Award for Teaching Excellence plaques and cheques ($500 or $1,000) were presented by Dr. Gerald Fried, President of CAGS and Mr. Ronald M. Yuzark, Business Manager, Merck Frosst Canada during the CAGS Residents Luncheon.
2003-2004 CAGS Research Fund Donors List

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Dr. Cohen's donation is in honour of Dr. Robin McLeod's Presidency and her many achievements both personal and professional.
Dr. Robin McLeod
Dr. Neil Watters

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Dr. John Moore
Dr. Arumaira Muhunthan

Target
$100,000

$80,000

$60,000

$40,000

$20,000

Present Total
$49,018.94

CAGS Research Fund Donations
Background: Genomic instability is an essential enabling component that allows for thyroid tumors to evolve. Fine needle aspiration biopsy (FNAB) is currently considered the best diagnostic tool for thyroid nodules evaluation, despite up to 15% of FNAB being classified as indeterminate or suspicious. On final pathology up to 50% of individuals with indeterminate cytology who undergo thyroidectomy are found to harbor benign disease. While immunohistochemistry has been utilized to identify many promising markers for use as adjuncts to FNAB for the diagnosis of thyroid malignancy, no specific marker has become adopted into routine clinical practice.

Hypothesis: The study of molecular markers that are important in the maintenance of the genomic stability may potentially lead to identification of markers that can reliably differentiate benign from malignant thyroid tumors.

Objectives: The objective of this study is to determine whether tumor expression of genomic instability markers either alone, or in combination can be utilized to reliably differentiate benign from malignant thyroid tumors. A secondary objective of this study is to determine the association of instability marker expression with known clinicopathologic differentiated thyroid cancer disease prognosticators (age, sex, tumor size, histologic characteristics including grade and lymphovascular invasion, the presence of extrathyroidal extension, incomplete surgical resection, and the presence of distant metastases) in order to determine whether they have any role, either alone or in combination, in the management of this patient population.

Methods: Tissue microarrays (TMAs) represent a powerful tool for the assessment of tumor expression of molecular markers. Tissue microarrays linked to patient outcomes data containing 40 thyroid tumors will be utilized to evaluate expression of 13 markers of genomic instability. Univariate and multivariate statistical analysis will be utilized to evaluate the data.

Relevance: We anticipate a panel of instability markers will reliably differentiate benign from malignant thyroid lesions. If this diagnostic panel can be successfully applied to fine needle aspiration biopsy specimens, a future direction we hope to take this work, a significant number of patients may be spared unnecessary thyroidectomy along with its associated morbidity.

Sam Wiseman, MD, FRCSC
CAGS welcomes new members

During the period between July 1, 2004 and December 7, 2004, 10 full members and 175 associate members joined the Canadian Association of General Surgeons. Welcome is extended to the following new members:

FULL MEMBER

<table>
<thead>
<tr>
<th>Member Name</th>
<th>City, Province</th>
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<tbody>
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<td>Biron, Simon</td>
<td>Quebec, Quebec</td>
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<tr>
<td>Chaudhury, Prosanto</td>
<td>Montreal, Quebec</td>
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<td>Court, Olivier</td>
<td>Falls Church, Virginia</td>
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<td>Helyer, Lucy</td>
<td>Toronto, Ontario</td>
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<tr>
<td>Just, Jon</td>
<td>Kamloops, British Columbia</td>
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<tr>
<td>Kanashiro, Jeannie</td>
<td>Calgary, Alberta</td>
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<tr>
<td>Kelly, Stephen</td>
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<tr>
<td>Paul, Margaret</td>
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Canadian Surgery FORUM/ World Congress of Gastroenterology
Montreal 2005 — September 8 to 14

The 2005 Canadian Surgery FORUM will provide a unique opportunity for attendees. Our regular meeting will remain intact with post-graduate courses September 8 in head and neck disease, trauma, and oncology; as well as offer a special Sunday program in co-operation with the World Congress of Gastroenterology. This unique event on Sunday September 11 will include speakers from the World Congress, and offer three course options that include minimally invasive GI surgery, surgical management of inflammatory bowel disease, and esophageal/GEJ malignancy.

Our regular meeting while have sessions highlighting ethics in modern practice, carcinomatosis, and a session dedicated to hernia management issues. Paper sessions, poster viewing and a growing industry display area will round out the FORUM.

Watch for details in the New Year!

Upcoming Meeting
REGIONAL MEETING
May 27 & 28, 2005
Delta Winnipeg

Sessions will be devoted to Laparoscopic Surgery, including — Bariatric Surgery

The Incorporation of Evidence into Practice
Interesting Findings Panel
Breast and Head and Neck Disease

For more information, please see the CAGS website at www.cags-acccg.ca