

Southern Thoracic Surgical Association
55th Annual Business Meeting
Austin, TX
November 7, 2008
5:00 p.m.

DR. HAMMON: I want to welcome you to the Annual Business Meeting. The first item of business here is to welcome the Past Presidents who are registered for the meeting. This is a list of these. Dr. Urschel is not here, he was called back to Dallas on business, and so the Historian's report will be given by Dr. Cook.

The second item of business is to announce to you that the minutes of last year's meeting have been circulated to the membership, and I would like to ask for corrections or additions to the minutes from last year's meeting. Hearing none, do I hear a motion that we accept those minutes?

(Motion made, seconded and approved).

DR. HAMMON: The meeting minutes from the 2007 meeting are accepted.

I would like to acknowledge the members of the Council that have worked very hard this year. We have had several fairly interesting issues that had to be solved. I would like to acknowledge our Council Chair, Carolyn Reed; President-Elect, Michael Mack;

Vice-President, Mark McMullan;
Secretary-Treasurer, Rob Cerfolio; Past
President, Ross Ungerleider; and the
Councilors, Dan Miller, David Jones, and Curt
Tribble. Special thanks will go to Martin
McMullan, who, as the Vice-President, has a
one-year term, and Curt Tribble, who is
rotating off the Council. If those two could
come forward, I would like to present you with
a certificate.

(Applause).

DR. HAMMON: The next item of business
is to ask Dr. Cerfolio to give his
Secretary-Treasurer's report. Rob?

DR. CERFOLIO: Thank you very much. I
just want to make sure that everyone knows we
have approved the minutes, Nancy, so we are
good there.

I hope everybody is enjoying the
meeting. I think our turnout this year is
almost exactly the same as last year, in fact,
we are up a little, and given the economy and
what has happened in the stock market and the
current election, I think that is pretty good

for a cardiothoracic association.

(Slide) This shows our current active members, senior members, honorary members, and the total. Note that we have 37 new members, or new applicants who have been approved by the Membership Committee, and we will be presenting them later.

(Slide) This takes a look more specifically at the active senior versus honorary members, and you see that our Association is getting older and the percentage of "senior members" is rising. And I just want to point out, as we talked at length last year, that those members do not pay dues, and so that is maybe something we need to discuss as our Association gets older and older and we are going to require more and more dues, which you will see is the major component of our income.

(Slide) This takes a look at the income versus expenses from 2007 compared to over the last several years, and you get a pretty good idea that it is holding relatively steady in terms of expenses, and that is a real credit to our staff, because the cost of a lot

of things have increased. We have been able to cut back on things, stop creating so much paper cost, using the Internet and computers to decrease some costs, and note that our income is actually going up.

(Slide) This is a more specific review of the revenue comparing Orlando, which is always favorable to the STSA; as Dr. Calhoon would say, it is always good to see Mickey Mouse. We always have a higher attendance, and we will be going back there soon in the next couple of years. But if you take a look at revenue and you compare this to expenses, you see that we are doing pretty well, and this is a very conservative budget, preliminary budget, for 2009. You see where we are on our forecast for 2008, and I think we are doing pretty well.

(Slide) A more specific breakdown of the revenues, again, as shown, the membership dues and fees is the major component of our revenue. This year we have had more exhibitors and more corporate sponsors, and I want to thank everybody for visiting with them and talking with them. I have talked to a lot of

the exhibitors, and they say that the traffic has been I think better this year than last year, we are spending more time with them, and I cannot underestimate the importance of that. As these companies have lost millions of dollars in their investments, they are really cutting back on things like corporate sponsorship. And all the people from the corporate sponsors here are going to go back and report, and they are going to say, look, these guys at the STSA, they are not coming through, they are not talking to me, and they are not going to spend the money next year. So I appreciate everybody's effort to help prevent that type of feedback, and I think we need to continue to do it, and we are even trying to get more space for corporate sponsors next year, which is what I think we have to do.

(Slide) This shows our expenses, and again, I think it shows that our committee is very committed to keeping our expenses down. Food and beverage, again, makes the majority of our expenses, and it is greater than our management fees, which is unlike most

associations.

Now, I can take a little heat on this because I pushed when I got this job as Secretary-Treasurer because we had everything in CDs, and I said, look, we should be in the market. So I pushed to put money in the market. And I know it wasn't the best timing, was it? But I will tell you that I wish my own personal retirement fund was doing as well as the STSA. We have got \$300,000 and we are only down seven grand, and I think a lot of us in the room have done a lot worse in their investments, and we were relatively conservative, thank God, and actually I think we are going to end up owning a lot of things very cheap and that is going to do very well over the next year or two. So I still think we should be in the market with the amount of money that we have in the bank.

(Slide) And finally, this is an example of our net assets from our audited financial statements, what I have just shown you just in graphic form.

And I turn it back over to you, Mr.

President.

DR. HAMMON: We are going to introduce the new members, Rob.

DR. CERFOLIO: So we are going to introduce the new members now and we are going to have you come up to the room and we will have you do the pictures at the very end. Sorry, we just want you to stand in your location, stay where you are, and then we will do the pictures at the end. I am going to go through these quickly:

Douglas Appleby; Jay Bhama; Ray A. Blackwell; R. Morton Bolman; Tung Huu Cai; Albert S. Y. Chang; Traves Crabtree; Michael P. DeFrain; Nikola Dobrilovic; William I. Douglas; Louis W. Elkins; Richard H. Feins; Kathleen N. Fenton; Lawrence R. Hamner; Thomas Hoang; Keith A. Horvath; Tain-Yen Hsia; Saeid Khansarinia; Brian E. Kogan; A. Michael Koury; David A. Ladden; Rodney J. Landreneau; Christine L. Lau; Harold A. Lindberg; James P. Locher, Jr.; James A. Lonquist; Blair Marshall; Victor O. Morell; Cullen Morris; R. Brent New; Carmelo Otero; Patrick Eugene Parrino; Joseph Franklin

Rowe III; Romualdo Jose Seguro, Jr.; Ashish S. Shaw; William S. Stevens, Jr.; Jorge E. Suarez-Cavelier; Vinod Thourani; Aaron L. Trachte; and James A. Young.

Congratulations, guys, ladies.

(Applause).

DR. CERFOLIO: And finally, if there are any new members here attending their first annual meeting, please come forward to be recognized and receive your certificate at the end of the meeting.

Thank you.

DR. HAMMON: I would like to ask our Council Chair, Dr. Reed, to come forward and handle the committee reports.

DR. REED: Thank you, President Hammon. Welcome to all the new members.

We were really blessed this year with great committee chairs. I think they did a great job in putting together this meeting. The Postgraduate Committee was headed by Jeff Jacobs and Michael DiMaio; the Program Committee was headed by Andrew Fiore and Paul Schipper; Membership Committee, Michael Mill;

and CME Committee was headed by Walter Merrill.

These people deserve a real round of applause.

(Applause).

DR. REED: I think Dr. Jacobs is going to give the report of the Postgraduate Committee and then Dr. DiMaio. The two of them did a great job. We really had a great postgrad course.

DR. DIMAIO: Thank you, Dr. Reed. In the spirit of togetherness, we are going to do it together. We felt like we had an outstanding postgraduate program. It was well attended and the people came early and left late. Many questions were answered. We stayed on time. As you know, we had an exciting cardiac program with the aortic valve, both transapical and transvenous approaches. We had a good thoracic program with benign and malignant diseases discussed. In the congenital section we had my favorite operation, which got lots of good feedback from the participants in that section. Then we had the pro-con debate, which seemed to be well

received as well, and had lively discussions there back and forth on three topics. And then lastly, Dr. Jacobs was very instrumental in getting Roberto Canessa, who was in the movie and the real-life experience of being in a crash and having some very difficult life situations. That was a very exciting talk. I was watching the audience and there was not a peep in the room during his talk; very moving, very exciting. And I think Dr. Jacobs is largely responsible for bringing Dr. Canessa, and I personally applaud him for what he did for that.

And to that, we were wondering if the membership thought that that last section, the last program of the hour, would be a nonmedical type discussion like we had this particular program, if that is something that could be considered in the future. So we are going to float that idea. Maybe it would be someone like that, some nonmedical type person.

Anything else, Jeff?

DR. JACOBS: I think I would just echo that I would be interested also over the next

two days in just hearing some feedback over the next two days from the different members if people think it is a good idea to maybe use the last 45 minutes of the postgraduate course for a talk that is not really about where you put the stitches but something that might be of more generalized interest to spouses and family members, and then we could have our husbands or wives come in the room and be there for that last talk and then have lunch with us after the postgrad course. So over the next couple of days maybe tell me or Mike if that is something you all are interested in. We could pursue that idea in the future.

DR. REED: So our committee chairs would like some feedback.

Next I would like to invite Drs. Schipper and Fiore, chairs of the Program Committee, to make their report.

DR. SCHIPPER: Well, the program is half over and you all have your opinions about it and you can let us know with those evaluations you are filling out how we did. Those do get looked at, so they are important

and they help us to determine what to do the next year. The program is built on the abstracts that get submitted, and we had 25% more abstracts submitted this year than the year before. We were able to select about 30% of those to put on the program. They were very good abstracts. But as you go back to your home practices and institutions, now is the time to start encouraging people to submit those abstracts for next year.

DR. FIORE: The only thing I would add, I hope everybody was pleased with the breakout sessions today. That is something new that we added this year. I hope that was valuable for everybody.

DR. REED: Again, thank you very much.
(Applause).

DR. REED: I would like to ask Dr. Mill to come to the podium so he can go over our new members.

DR. MILL: Thank you, Dr. Reed. I would like to thank my fellow committee members for all the hard work they put in in reviewing the applications. We had 42 applications for

membership this year, which is I think very close to being a record, and of those, we have 37 individuals we would like to propose for membership in the Society. I will show these on the slides up here so that you can see the names before we have a vote at the end of this report.

2008 New Member Applicants

Colorado

Sara Jane Pereira, MD

Florida

Mark Bleiweis, MD

S. Adil Husain, MD

Javier Lafuente, MD

Harold Roberts, MD

Tomas Salerno, MD

Jonathan Waxman, MD

Illinois

Sunjay Kaushal, MD

Kentucky

Mark Plunkett, MD

Louisiana

Blaine Borders, MD

Massachusetts

Joseph M. Arcidi, MD

John E. Mayer, Jr., MD

Missouri

Daniel Kreisel, MD

William Ogle, MD

Edward Savage, MD

Mississippi

L. Carr McClain, MD

North Carolina

Broadus Zane Atkins, MD

Kevin Lobdell, MD

New York

Sai Yendamuri, MD

Ohio

Dwight Everett Hand, MD

Oklahoma

James Whiteneck, MD

Pennsylvania

Ahmad Reza Abrishamchian, MD

South Carolina

James R. Burke, MD

John M. Toole, MD

Tennessee

Leheb Hisham Araim, MD

J. Scott Rankin, MD

Texas

Faisal Bakaeen, MD

Reginald Baptiste, MD

Shanda Blackmon, MD

Danny Chu, MD

Adel Cinshaw Irani, MD

Uttam Tripathy, MD

Virginia

Gorav Ailawadi, MD

DR. HAMMON: We need to vote on our new members. So, first of all, I would like to ask for a motion that the list of new members be closed.

(Motion made, seconded and approved).

DR. HAMMON: And now a motion for approving the list of new members.

(Motion made, seconded and approved).

DR. HAMMON: Mr. Membership Chairman, your list is approved.

DR. REED: I would now like to invite Dr. Merrill to the podium for giving us a report on the CME Committee.

DR. MERRILL: If it is okay, I will

just stand right here. I want to just remind everybody about the importance of CME. We have to fill out these forms in order to get your CME credit. And we will remind everyone about the importance of the disclosures. We have been pretty good I think this year in terms of during the presentations people stating their disclosures. I know Nancy and Katy did a great job of getting the written disclosures ahead of time, but they are still supposed to be disclosed with every presentation.

I would also go ahead and remind everyone that this spring you will be contacted via E-mail and asked to fill out a little form regarding your changes in practice and suggestions for future improvements and that sort of thing. We do anticipate that we will go through another accreditation process sometime in 2009. So you can help us a lot by doing a good job filling out the CME forms here at the meeting and responding to the survey in the early spring.

Anything else, Nancy or Katy?

Thanks.

DR. REED: Thanks, Walter. I would like to invite Dr. Cook to give the Historian's report. As Dr. Hammon mentioned, Dr. Urschel had to leave early.

DR. COOK: First, I would like to say that I hope you will bear with me because I really haven't had an opportunity to edit the material. Hal had to be away, and he apologizes for that.

Alfred Robert Cordell died unexpectedly on Wednesday, April 9, 2008 at Wake Forest University Baptist Medical Center. Bob was our 19th President, and he was also the President at the meeting in Trinidad, which was one of the more interesting meetings that this organization has had. At the time of the meeting they were having a civil war in Trinidad, and we were not encouraged to go downtown. He was born in Union on October 16, 1924, to Carl Eugene and Ann Louise Elsmore Cordell. He received his Bachelor of Science Degree in Medicine from the University of North Carolina at Chapel Hill in 1944, attended the University of North Carolina School of Medicine

for one year, later receiving his medical degree from the Johns Hopkins University School of Medicine in 1947. He remained at Johns Hopkins during an internship in surgery from '47 to '48, did his assistant residency in surgery at the Yale VA Surgical Service from '48 to '50, began his training in thoracic surgery in 1950 at the Bowman Gray School of Medicine/North Carolina Baptist Hospital.

His training was interrupted by a tour of duty in the Medical Corps, U.S. Naval Reserve, as a surgeon serving the mobile army surgical hospital, MASH, unit in Korea from January to August '51; then served as chief of dependent's surgical service at the Portsmouth Naval Hospital. He returned to Bowman Gray School of Medicine in 1952, completed his training in general and thoracic surgery in 1956. From '56 to '57, visiting instructor at the Department of Surgery and Participant Project in Medical Education, University of Buffalo School of Medicine.

He returned to Bowman Gray in 1957 as an instructor and Director of Surgical

Research, was promoted to Assistant Professor of Surgery in 1961, Associate Professor in '65, and Professor in 1970. He was named the Howard Holt Bradshaw Professor of Surgery and Chair, Department of Cardiothoracic Surgery, serving in that role until 1991, and during that time he became one of the premier figures in cardiothoracic and vascular surgery.

He was an outstanding mentor and role model for his students and for his residents and his colleagues. He was best known for techniques in myocardial preservation, blood conservation, and establishing a preeminent open heart program. He was elevated to Professor Emeritus in 1995, at which time the A. Robert Cordell Chair in Cardiothoracic Surgery was established in his honor. But he remained very active in the department, in the medical center activities until his death, and he was a recipient of the Dean's Division Award in 2004.

He was involved in many aspects of medicine and his community, and was on the Board of Directors of the Winston-Salem

Symphony, the Piedmont Opera, the Twin City Club, member of the Downtown Rotary Club, and he was cherished by all who knew him, including me, because when I came to my first meeting of this organization, he was one of those first people who was cordial and open and mentoring. And I think that Dr. Hammon's description this morning fits him best: He was an absolute consummate southern gentleman and a beloved member of this organization.

Cary Lambert. This is a personal reflection of Dr. Urschel's. I have always found it difficult to write a tribute to a dear friend. Those who knew the deceased expect all aspects of his personality and achievements to be mentioned and those who didn't must be sufficiently informed, yet I did volunteer because I firmly believe that very few people deserve this page as much as Jake Lambert.

I met him as an associate of Drs. Ben Mitchell and Maurice Adam in 1972 when I came to Baylor as a fellow in the golden era of cardiothoracic surgery. Although short in stature with a mischievous expression on his

face, he commanded attention because of intelligence, abundant energy, and ubiquitous presence. He was a superb technical surgeon, employing innovative methods, and he was the backbone of that whole service.

Our first encounter was an unhappy one. We scrubbed together and he kicked me out of the operating room. "You are excused," he said in his distinctly nasal southern drawl. "I can't tolerate your dramatic Mediterranean movements." That same evening he called me back, and sitting on the lawn in front of Johnson Hospital he formally apologized, and after that we became friends for life.

We kept in touch during my long travels and training in Boston, Richmond, London and so on. Always aggressive, always intelligent, Jake believed that heart transplant must come to Baylor, and he was a force behind my coming to Baylor at the start of that program. Unfortunately, a series of administration misadventures led to his resignation before we had a chance to work together.

I am sorry, but I don't have the finish of this, but I can finish it myself because he was, when I was in Dallas, also a friend of mine, and was an active participant on the surgical service at the Parkland Hospital, always fun, always intelligent, and always involved in the performance of good patient care.

James Edward McClenathan, 85, a surgeon who helped developed surgical programs for children at Children's Hospital, died June 1st, 2007, of bile duct cancer at his home in Green Valley, Arizona.

Dr. McClenathan was Associate Chief of Surgery at Children's Hospital from '65 until his retirement in '77. He helped to pioneer several techniques at the hospital, including open heart surgery to correct congenital heart defects. He was among the first to use a new form of shunt to relieve pressure in brains of children born with hydrocephalus.

Before taking his post at Children's Hospital, Dr. McClenathan had a long career as a surgeon in the Navy, having joined the Navy

in 1942 while still in college. He remained in the service for 23 years. After serving as a medical officer during the Korean War, he was assigned to the National Naval Medical Center in Bethesda, where he was Chief of Thoracic and Cardiovascular Surgery. He developed the cardiac surgery program at the naval hospital in the 1960s.

Dr. McClenathan was born in Washington, Pennsylvania, was a graduate of Washington and Jefferson College in his hometown. He was presented a distinguished alumnus award in '72. He received his medical degree in '47 from the University of Pittsburgh. He lived in Bethesda for 25 years and was Professor of Surgery at George Washington University Medical School for more than a decade, trained more than 30 surgeons, many of whom later became professors. He was the author of more than 45 scientific papers and was certified by the American Board of Surgery and the American Board of Thoracic Surgery, and he also had certification in pediatric surgery.

Closer to my heart, he was a member of the Izaak Walton League and served as a chapter vice president. That is, for those of you who don't know, a fishing organization.

After retiring from medicine, Dr. McClenathan moved to Carroll Valley, Pennsylvania and later to Arizona. We will miss him greatly.

H. Max Schiebel of Durham died on June 4, 2007. He was born on January 18, 1909, in Baltimore, Maryland to Elizabeth Schmiedicki and Max Schiebel, both natives of Germany. He was educated at a two-room school in Pennsylvania, yet graduated from Johns Hopkins University and Johns Hopkins University School of Medicine. He completed his residency in general and thoracic surgery at Duke University Hospital in 1939, after which he entered practice in Durham.

During more than 50 years of practicing medicine, he was associated with the Duke, Watts, Durham Regional, Lincoln, and Dorthea Dix hospitals, and at one time was Chairman of the Department of Surgery at the

Watts. He was instrumental in getting approval for a surgical residency program at the Lincoln Hospital and for more than 50 years served as a surgical consultant for the Blue Cross Blue Shield program, and was active in local, state, and national boards of the American Cancer Society.

Throughout his years, he received many honors, including the Silver Torch Award International and the Distinguished Service Award from the UNC Medical Alumni Association.

He loved tennis, bird hunting, sailing, snow skiing, traveling, gardening, reading and writing. He was also an enthusiastic pilot, having earned his license in 1942.

He was predeceased by three brothers and an infant sister and his first wife, a niece, and more than 50 of his other beloved dogs, who apparently he was raising. And he is survived by his wife, a daughter and her husband, Andrew, and their families.

Cliff Van Meter, Jr., passed away May 29, 2008, following a courageous battle with

leukemia and its various complications.

Dr. Van Meter was an active member of this organization for 15 years. He served as Chair of our Program Committee in 1998 and was Director of Continuing Medical Education from 2002 to 2005. In addition to his many valuable contributions to the Association's educational activities, Dr. Van Meter was a great contributor to the atmosphere of fellowship and collegiality that is so unique to the STSA. He regularly attended and presented at the annual meeting, received the Tiki Award in '97, and in 2005, shortly after losing his home in Hurricane Katrina, Dr. Van Meter made his role as the STSA Director of CME a priority and travelled to Chicago in order to accomplish that. Many will recall that he also gave a poignant presentation at the 2005 STSA Annual Meeting on his and New Orleans' struggles in the aftermath of the hurricane.

As a surgeon at the Ochsner Health System for 20 years, Dr. Van Meter was a pioneer in the areas of surgery and transplantation. In 1990 he took the lead in

Louisiana's first heart-lung transplant. In 1995 he was the lead surgeon in back-to-back heart transplants that were part of a record-setting weekend marathon when two sets of lungs, a liver, a pancreas, and a kidney were also transplanted. In 2000, Dr. Van Meter was the lead surgeon in Ochsner's 500th heart transplant.

News of his death elicited many words of respect, admiration and sadness from his colleagues and friends at the STSA. In the words of Dr. Hammon, he will be deeply missed and always remembered as a person of great stature and integrity, a true friend and a trusted colleague.

Leo Cuello, beloved father, grandfather, uncle, brother and friend of many died peacefully a May 12, 2008, of a heart attack. He was preceded in his death by his parents and a sister-in-law. Leo's generosity, sense of humor, and love of life were legendary, and the same can be said of his career.

He was born June 3, 1930, in Santiago

de Los Caballeros in the Dominican Republic and became a United States citizen in 1961. He graduated with honors at every institution he attended and was the recipient of numerous honors, including the Bronze Medal for a thesis that he wrote while a medical student at the University of Paris. He was a dedicated researcher and teacher and a gifted surgeon. He performed the first aortocoronary bypass surgery in San Antonio in 1971, and a list of his scientific presentations, publications, exhibits, and hospital appointments is long and points to his continuing love of medicine. His work as a cardiothoracic surgeon gave him much joy, but I think that the ultimate source of his joy, of his greatest joy, was his family. He was very devoted to his wife and children and to his friends.

He is survived by his wife, Patricia, and children, Lea Marie, Molly Caroline, Alec Gerard, Jean Pierre, Francesca, Leo R., Edward, and a granddaughter, Alexis.

In 1968, this organization, under the presidency of Milton Davis, met in Puerto Rico,

and just as a reflection of the sort of thing that Leo was really famous for, he organized a reception at the governor's mansion for the entire organization, and then the following day organized a huge picnic for all the people that were from Texas at a place up in the mountains in the Cordillera.

There are many things to say about Leo, but for me, I think the most important thing was I don't know that I have ever known anyone who had a greater love of life.

Just one little thing that I would like to tell you. Cindy and I were in San Antonio, and we hadn't been able to get together because he was busy doing something; I don't know what. He said, before you go we need to meet, and we said, fine, we would love to. He said, meet me at such and such a restaurant. And so we did, and we went with Tito Estrera, who is here at this meeting and also a good friend of his. And so we walked into the restaurant, sat down with him, and as soon as we sat down, these people came out and started waiting on us and bringing wine and

food and so forth. And while this is going on, a man came in and sat down and set up a piano and started playing music, and it turned out this man was a man that he had met in Miami who was playing piano in Miami, and he said, we have got just as many Hispanic people in San Antonio as you do in Miami, but they got a lot more piano players. Why don't you move? So this man was very grateful and just did sort of this thing as a favor for him for a noon luncheon, and that is sort of the way Leo was.

Anyway, we will miss him greatly.

I have no information on other deaths.

So please rise and join me in a moment of silence and remembering.

(Moment of silence observed).

DR. COOK: Thank you.

DR. HAMMON: Thank you, Dr. Cook, for your heartfelt report.

I have an announcement to make in regard to Cliff Van Meter. We and the Council have been puzzling over an appropriate way to honor Dr. Van Meter, who made so many contributions to this Association and had such

an untimely, painful, and horrible death. We discussed this at the Council meeting on Wednesday night and voted unanimously to change the name of what we now know as the President's Award for the best paper to the Cliff Van Meter President's Award for the best paper, and it will be so noted when the paper is published in the Annals of Thoracic Surgery, exactly like the Maxwell Chamberlain Award for the STS. We feel like this is a very good way to remember his name and his legacy to this Association.

(Applause).

DR. REED: I would now like to invite Dr. Edmunds to come forward to give a report from the Annals of Thoracic Surgery.

DR. EDMUNDS: Could I have the slides for my presentation.

(Slide) These are the highlights. The acceptance rate has been 43% across the board for original scientific articles. Our subscriptions are holding in an era where most scientific publication subscriptions are going down. We have been able to sort of hold at the same nine and a half thousand level, and I

consider that somewhat of a miracle.

I would like to point out that there are now almost 700 CME users. How many of them are in the audience? Please raise your hand. Wow, we have got a good start, but we have a lot of business to increase. Notice the uses. We are coming down to about almost 12,000 CME exercises taken in a little over two years. So I think that a lot of people have found this very, very helpful for piling up the points to get your recertification.

The impact factor went down three-tenths of a point, which doesn't sound like much but is a lot, and it went down for our competitors also. That is the ratio of citations in a given year, and the last one is 2007, divided by the number of papers that ISI, Institute of Scientific Information, considers citable for the two preceding years, which would be 2006 and 2005. The Annals of Thoracic Surgery has 1,660 citations in the denominator of this number as compared to 725 for the Journal of Thoracic and Cardiovascular Surgery and about 740 for EACTS, the European Journal.

So we carry a heavy burden underneath the line, but nevertheless, we have much more subscriptions than the other two combined, and it seems like we would like to keep the formatting that your current Annals has.

(Slide) You are all interested in the STSA meeting papers, and here are the 2006 and 2007 data. For 2006, 47 manuscripts are already in press and we rejected 7. In Bonita Springs, a year later, we have 33 papers that are either published or in press. We have got 10 that we are looking for revisions, and you all are on the hunted list if you are one of the 10, and we have rejected 8, for an acceptance rate actually of about 82%, assuming the acceptance of all of the revisions. There is one that isn't going to be accepted because the guy is in jail, I think.

(Laughter)

DR. EDMUNDS: (Slide) There are some issues.

The Annals is now open access one year after publication. Anybody can look at it free. We hope this increases the number of

citations, because you guys and gals are writing good papers. But this will increase our usage as the publishers talk about it.

I would like to enlist all of your help in the free trial for the members of the Society of Cardiovascular Anesthesiologists that includes the thoracic anesthesiologists also. They just have to change their name but they haven't gotten around to it. On October 1st, a member of the SCA could call their headquarters and get a password and get into CTSNet to look at the Annals, all copies of the Annals, for three months, up until December 31st. We publish more papers that are relevant to cardiothoracic anesthesiologists than their own journals do. And so we thought this would be a good way of introducing prospective teammates of all of you to our Journal. So far, 34 new subscribers, SCA members, have taken up subscriptions to the Annals, and about 100 have visited the Web site.

In the November issue of the Annals there is going to be a tip-on. A tip-on is that little cardboard stuck to the cover.

Before you just tear it off and throw it into the basket without looking at it, tear it off and go down and hand it to the anesthesiologist who is anesthetizing your patient, because every subscriber that we can get is money in the bank, and we can use it.

Now, the third thing is that we are now in contract negotiations with a new publisher who will take over January 1st, 2010. Nancy Puckett got us started early, for a change, and the STS hired a consultant firm, Kaufman & Willis, and by early August a request for proposal had been generated and vetted by the STS staff, the workforce, and the editorial office. This was sent to five publishers, and a deadline for their response was mid September. Five of five responded, which we understand is unusual. A conference call eliminated two, and we are going forward negotiating with Elsevier, Lippincott Williams & Wilkins, as you see there, and Oxford University Press. We intend to have a recommendation for the STS Council, or the Board of Directors, excuse me, at the January

meeting.

That concludes my report. I will take questions. No time for questions?

DR. HAMMON: Anybody have a burning question for Dr. Edmunds? If not, we will proceed.

DR. REED: Dr. Edmunds, we are not gals, we are women.

(Laughter).

DR. EDMUNDS: Ladies? Are you ladies? I'm done.

DR. REED: I am not going to respond to that.

(Laughter).

DR. REED: Dr. Putnam, would you like to give a quick report from the ACS Board of Governors.

DR. PUTNAM: Thank you, Dr. Reed. I did attend the meetings of the American College of Surgeons Board of Governors at the most recent meeting in October as a representative of the Association. There are 268 governors, 150 at-large, and approximately 81 from 70 specialty societies, of which I represent this

Association. There are over 30 international governors.

For the first time, the Board of Governors met with the Board of Regents to work on several items of mutual interest. The College in the past year has worked successfully to remedy the Medicare pay cuts for physicians, to support the Universal Provider Act to facilitate physician support at times of national disaster regardless of state licensure, and to recognize and support the added time and effort for on-call responsibility for surgeons. The American College of Surgeons also worked to create a statement on health care reform and continues to work to engage cardiothoracic surgeons throughout the United States and internationally.

There will be an extended written report and a full copy of the American College of Surgeons statement on health care reform on the Web within the next week or two following this meeting.

Madam Chairman, that concludes my

report.

DR. REED: Finally, I would like to invite Dr. Ungerleider to come forward to give a report as the representative to the ACS Advisory Council for CT Surgery.

DR. UNGERLEIDER: The one thing that you probably all should know is that you each have a personalized Web site at the ACS Web portal. If you go to www.efacs.org, you will be able to find your own personal site. That is free to the public, and you will be able to populate that site with information that you want the public to have about you. And so I would encourage you to visit the ACS Web site and populate your site. In order to do, you will need to have your ACS membership number, which I am sure you all carry with you, but if you don't have it, you will be able to get it by simply contacting the ACS.

That's probably the only piece that you really need to know for tonight. The ACS is changing the way it is trying to interact with cardiothoracic surgery by getting us more involved in their many courses, and we are

trying to make sure that their multidisciplinary courses have thoracic surgery representation whenever that is possible.

I think that, for the sake of time, those will be the two pieces of information that I will share with you about how the College is trying to be more attentive to what we do as cardiothoracic surgeons.

That concludes my report.

DR. HAMMON: We would like to now ask Dr. Glenn Pennington to come forward and present the report of the Nominating Committee.

DR. PENNINGTON: Mr. President, members. It is with great pleasure that I bring to you our nominations from our committee. As you know, it consist of the last several Presidents, including Drs. Irv Kron, Ross Ungerleider and Carolyn Reed.

The Nominating Committee has met on more than one occasion and by conference calls and struggled with the always difficult assignment of choosing new officers of our Society who will lead us into the future. But we have come with a slate for you tonight which

we are very proud.

For President, Dr. Michael Mack will become President instead of President-Elect; for Vice-President we recommend Meredith Scott; for Councilor to serve a two-year term, we recommend Dr. Jeffrey Jacobs; and for Historian to serve a four-year term, we recommend renewal of Dr. Hal Urschel's term. Mr. President, we present these nominees for your pleasure.

DR. HAMMON: Are there any additional nominations from the floor? If not, do I have a motion to close the nominations list?

(Motion made, seconded and approved).

DR. HAMMON: Do I have a motion to accept the report of the Nominating Committee?

(Motion made, seconded and approved).

DR. HAMMON: Congratulations to the new appointees, and we will deal with you in a minute, Dr. Mack.

DR. PENNINGTON: For the President-Elect, our candidate for President-Elect is truly a son of the South in that he was born in Alexandria, Louisiana. He received his BA degree from Johns Hopkins

University, but he received most of his medical education and surgical training in the Upper Midwest, perhaps accounting for his failure to ever master the language of the Deep South, although God knows he has tried. He began his professional career in one of our great border states and in one of the great institutions of our Society. He subsequently built a large, highly successful practice and contributed in large measure to the scientific and clinical excellence of our specialty.

He is now the Chairman of Cardiothoracic Surgery, the Director of his thoracic surgical training program, and has been involved in numerous multi-institutional studies and projects. He has been a faithful member of the Southern Thoracic Surgical Association for the last 20 years, during which time he has accomplished much in the conventional sense.

He was a member and chairman of several committees, he spent two years on the Council, and he won the Osler Abbott award in 2004. He and his colleagues have consistently

presented their best work at our annual meetings. However, his contributions to this Society range far wider and deeper than those noted above.

Because of the highly classified nature of these activities, I cannot reveal to you some of his best work. Suffice it to say that he has carried out numerous special missions at the special request of the last several Presidents of our Society. Most of his activity has occurred in the murky shadows of the after hours of our Society meetings while most of us are safely in bed. However, as long as no questions were asked, he always got his man, or woman, as the case may be, and always reports, mission accomplished. For me to tell you more would violate the deeply secretive nature of his clandestine operations, and even endanger his own welfare and reputation.

But it is now time for this great servant of our Society to emerge from the murky shadows and claim his rightful place among the stalwarts of our Society. Ladies and gentlemen, it is with great pleasure that the

2008 Nominating Committee places into contention for President-Elect 2009 the name of Special Agent Dr. Keith Naunheim.

(Applause).

DR. HAMMON: Just a moment, please.

We have one more piece of business. Do I hear a motion to accept the report of the Nominating Committee for President-Elect?

(Motion made, seconded and approved).

DR. HAMMON: Will Dr. Miller and Dr. Carolyn Reed, a woman, please escort a man, Dr. Naunheim, to the podium.

(Applause).

DR. NAUNHEIM: Carolyn, you finally got me. Yeah, it's hard. I almost never am at a loss for words, almost never, and probably not now. This is a phenomenal honor, as John suggested earlier, probably the greatest professional honor one could have to be selected as the leader of this august Society. It has always been a joy to attend. It is great having the camaraderie, the friendship, and the good cheer, and, yes, those secret missions were worth it. There is nothing

better than zinging somebody during the ole Tiki award or gigging them during the Osler Abbot. I am honored and I thank you so much for the honor and I will do my very best to fulfill the duties honorably as so many people have before me.

Thank you.

(Applause).

DR. HAMMON: It is going to be an entertaining couple of years here I think. I am looking forward to it.

I would like to ask Dr. Mike Mack to please come to the podium. As my last act as the President of this Association, I want to let you know that our next President is Dr. Mike Mack, and I am very confident that the Association is in great hands with you, Mike, and I want to give my congratulations.

I have a couple of things for you. First of all, I would like to place the medallion of the Association around your neck and hope that you will wear it with pride. I would also like to present you with the presidential gavel, and you are on.

(Applause).

DR. MACK: John, thank you very much for that, and I also deeply appreciated the heartfelt but what I feel is undeserved remarks this morning. They mean a lot to me coming from somebody of your stature.

As I said last year, it is an honor and a privilege to be able to serve the members of this Association. I stand in the footsteps of a lot of historic leaders that have led this Association before me, and I hope that I can serve you well, and, John, you have cast a big shadow. I hope I can stand up to the job that you have done. Thank you. Do we have a motion to adjourn the meeting?

(Motion made, seconded and approved).

(The meeting adjourned at 6:07 p.m.)