

Southern Thoracic Surgical Association
56th Annual Business Meeting
Marco Island, FL
November 6, 2009
5:00 p.m.

DR. MACK: Welcome to the 54th Annual Business Meeting of the Southern Thoracic Surgical Association. I would first like to welcome the past presidents to the meeting. I would like to ask the past presidents to please stand and be recognized if you are here. Could all past presidents please stand up.

(Applause).

DR. MACK: I would also like to acknowledge the Council members, and would each of you stand as your name is announced:

Keith Naunheim, President-Elect; John Hammon, Council Chair; Carolyn Reed is not here; Meredith Scott; Robert Cerfolio; David Jones; Daniel Miller; Jeff Jacobs; Walter Merrill; Vinod Thourani; Hal Urschel; Hank Edmunds.

Could I have a round of applause for all these individuals for their service to the Association.

(Applause).

DR. MACK: I would like to thank the following who will be rotating off of the Council having served their terms. Would each of you as I call your name come forward and receive your

certificate of appreciation.

The first is Walter Merrill who served as CME director, an incredible onerous task and an incredible job well done. Thank you, Walter.

(Applause).

DR. MACK: Meredith is not here, is that correct? Meredith will be retiring as vice-president.

David Jones, councilor going off the board. David, please come forward.

(Applause).

DR. MACK: Dan Miller, councilor also going off the board.

(Applause).

DR. MACK: Dr. Cerfolio, could I ask you to give the report of the secretary-treasurer.

DR. CERFOLIO: Thank you very much, Mr. President. First, what I would like to do is remind everybody that our minutes are posted on the Web site and in the newsletter, so there are multiple ways to get the minutes, and I would like to have a motion to accept the minutes.

(Motion made, seconded and approved).

DR. CERFOLIO: Now, before we go on to the next slide you just saw, we need to talk about some

bylaw changes, and I want to read the language verbatim for the bylaw changes. There are two of them. So we are going to take one at a time and we are going to vote on each one.

The first one is to allow those individuals who have completed a research or clinical fellowship in an STSA program to be eligible for membership. We are going to go motion, second and then discussion. Do we have any motion to approve this new bylaw change.

(Motion made).

DR. CERFOLIO: Any second?

(Motion seconded).

DR. CERFOLIO: Any discussion prior to the vote? Okay, let's vote on the bylaw change.

DR. MAVROUDIS: How long?

DR. CERFOLIO: At least one year.

DR. MAVROUDIS: Thank you.

DR. CERFOLIO: All right. Who votes in favor of bylaw change number one? Anybody against?

(Motion passes).

DR. CERFOLIO: All right, so moved.

Bylaw change number two, and I quote, "To give the Membership Committee with Council okay to

recommend membership to those who have contributed significantly to the organization but have otherwise not qualified for membership."

Okay, so let's go through that one. Any motion to approve that one?

(Motion made).

DR. CERFOLIO: Second?

(Motion seconded).

DR. CERFOLIO: Discussion on this one? Dr. Mavroudis.

DR. MAVROUDIS: I think that some people would want to know what is the definition of "contributed to the organization." I think most everybody would like to know that.

DR. CERFOLIO: Right. I think it is vague, and the reason it is vague is it is going to have to be considered individual by individual, and it is going to go through a committee, the Membership Committee. So that will be contingent on those members of the Membership Committee and what they think is significant. It is written vague for that reason.

DR. MAVROUDIS: Well, I would invite people who may have gray hair or more gray hair to comment on

this. I am fine with it, because what it does is it puts the onus of membership on a select few to approve of the membership, and traditionally once the Membership Committee says yes, then no one would vote against that.

DR. CERFOLIO: I don't mean to interrupt you, but after the membership, then it would have to go through the Council, and for this kind of a person there may be discussion.

DR. MAVROUDIS: Sure, sure. Some people might say this is going down a slippery slope, and while I don't have a whole lot to say about it even though I am here saying something about it, I invite others to take part in this discussion and how they feel about it, because we should try to get that feeling from people, including you, Dr. Cook.

DR. CALHOON: This is great. I am going to get up before Cook to say something.

My comment is after you approve it by the Council, the committee and everything else, it is still voted on here if you deem someone. So there is still a chance for illustrious people such as Dr. Cook, Mavroudis, or even myself, although I am not in their league, to say that maybe we shouldn't let this

person in. So I am fine with the bylaws change.

DR. CERFOLIO: Thank you.

DR. COOK: Well, when you reflect back over the years, there have been some very desirable people who wanted to be members of the Southern Thoracic Surgical really badly. I mean, I am thinking of Maxwell Chamberlain for one, Stanley Fell for another, people who came often, people who participated in the discussions and so on and would have made marvelous members for the organization, and against that I see nothing to not try to accomplish their membership. I think it would be very desirable. And I am certainly willing to trust the filter process that is going to go on.

DR. HARRISON: You know, I think the comment that was made to the effect that no one is going to stand up in a large body like this and speak against the candidacy of any member, reasonable member, that is proposed, we have a category of honorary membership now. There are in fact 10 honorary members. How does the proposed bylaw change, how is it different from the category of honorary membership?

DR. CERFOLIO: That is a very good question. I think, you know, anybody could be considered for

either one. Usually our honorary members, and I think there are 11, they can't hold office and they don't partake in the voting. This would be someone who would then become a member and would have all those privileges. I think they would have a different role, but you are right, that is another way to get somebody in who doesn't meet our current criteria.

DR. HAMMON: Could I answer Dr. Mavroudis's question, if he can hear me. When we were discussing this, and it was discussed at length, we are looking at people who have a regular attendance record at the meeting, we are looking at people who have presented not just one but multiple papers, and we are looking at people who participate in the discussions and in the social events.

DR. MAVROUDIS: In an effort to I suppose close this discussion, I am perfectly happy with that and I am delighted to know that. I just think that a good discussion was needed on this rather important issue and that is why I wanted other people not to be intimidated by you, Cerfolio, not to get up.

DR. CERFOLIO: I am just presenting it here.
(Laughter).

DR. MAVROUDIS: Anyway, as long as the

admonition goes forward that people had a say in this, then I am very comfortable with it, and I am quite frankly for it. So I am happy to vote.

DR. CERFOLIO: Any further discussion so I am making sure no one feels intimidated by Dr. Mavroudis? Any further discussion?

(No response).

DR. CERFOLIO: All right, let's take a vote. Who is in favor of passing bylaw change number two say aye. Anybody against? One against, but I think it passes based on the vote.

(Motion passes).

DR. CERFOLIO: All right, let's move on.

(Slide) This graphic depicts our membership by category. You can see 737 active members, 11 honorary members, for a total of 1,100. As you can see, we have a significant number of senior members, and we will get to that on our next slide.

(Slide) Now, this year we have 30 new applicants, that is down a little bit, and there are a whole bunch of possible reasons to explain that. But, again, it is important for all of us to continue to encourage our younger colleagues to join the STSA. We all go to the STS, the AATS, I go to the Western a

lot, but the STSA is a special place. I know we all wouldn't be in this room if we didn't feel that way, but it is incumbent upon us to tell our younger members about it and to continue to encourage them.

(Slide) This shows our breakdown of STSA membership by categories, and you see that our senior members, you recall, do not pay dues, and therefore it is extremely important that new members come and give new blood, new ideas, share their families at the social events with us that keep us young and also keep the Association going.

(Slide) This takes us to the STSA financial history and shows you that despite the current economy and what may have happened to a lot of our personal accounts and retirement accounts, you see that we are doing pretty well. This depicts our income compared to our expenses, and most of our expenses are at the meeting, and we are going next year to the most expensive forum there is, but, again, usually our income goes up because we have more members. So I think we are in a pretty good financial state.

(Slide) This shows our net assets from audited financial statements, and I know personally that I wanted to be much more aggressive with some of

our funds. The history of the Association was to be very conservative, and we decided with the help of experts, and, no, this was not my investing the money but a firm that the STS uses and now we use, that we put a significant percent of our money into the stock market, and we all know what the hell happened a year ago to the stock market. But we have been lucky, as you see, that we have progressively gone up, and actually we are up 20%. So 20% we are up over the last couple of years. I wish my personal accounts were doing that well.

(Slide) Now we are going to go ahead and go through the introduction of new members that are present first time attending the meeting. So I am going to call the names out of these new members, and what I would like you to do is come up here one by one at a time and then we are going to take a picture and hand you some diplomas.

First is Dr. Abrishamchian; next is Dr. Ailawadi; Dr. Armitage; Dr. Blackmon, Dr. Bleiweis; Dr. Chu; Dr. Gandy; Dr. Hand; Dr. Kaushal; Dr. Lin; Dr. Mayer; Dr. Paliotta; Dr. Pereira; Dr. Rankin; Dr. Savage; Dr. Chen; Dr. Sperling; Dr. Thomas; Dr. Toole; and Dr. Jeffery A. Travis; and Dr. Paul Chai.

These are our new members for this year.
Congratulations.

(Applause).

DR. CERFOLIO: And to our new members, I want to challenge you to continue to come to the meetings, to get up to the microphone and make comments, to write papers, and to eventually become president of the Association you just joined.

DR. MACK: Thank you, Dr. Cerfolio. Can I now ask Council Chair John Hammon to come and give the Council Chair report, please.

DR. HAMMON: The first item of business is to give you a report about our Council meeting Wednesday night. There were several items of business that need to be discussed in this forum. The first and most important is the Council received a letter from Dr. Steve Yang that proposed that the Southern Thoracic Surgical Association offer a scholarship to one or two or even more medical students who are interested in thoracic surgery to attend the STSA every year. And this scholarship would be given in honoring Dr. Jim Brooks, a long-time member of this Association who contributed on multiple levels and trained a number of people in this room. Dr. Yang has

done his homework well and has received promises of gifts from Dr. Brooks's residents. This would be donated to the STSA and would be used to fund the travel and the hotel accommodations of medical students to this meeting. Council very enthusiastically accepted this gift and has formed a committee to organize how the gift should be administered and how the recipients shall be chosen. Thank you very much, and I think we ought to give Dr. Yang a hand.

(Applause).

DR. HAMMON: We also took the opportunity to take a hard look at another one of the recognized STSA sort of special gifts, and that is the Hawley Seiler Award, which is given each year to a thoracic surgical resident that gives the best paper at the meeting. Occasionally we have had an outstanding paper that has been given by a general surgery resident, and we have broadened that category to include general and thoracic surgical residents. We anticipate that it will be rare when this happens but giving the opportunity to recognize someone who has done outstanding work.

What I would like to do now is get reports

from the various committee chairs, and I would like to start, please, from the postgraduate committee and Dr. Mark Krasna and Dr. Ara Vaporciyan, who have done a great job this year. We had a great postgraduate course.

Thank you.

DR. KRASNA: Thank you very much, Dr. Hammon. Mr. President, members, first of all, on behalf of Ara and myself, we would like to thank the entire postgraduate committee, which included Dr. William Holman, Dr. Rick Feins, Dr. Jennifer Lawton, Dr. Eric Mendelhoff, Dr. Walter Merrill, and Dr. Vinod Thourani. Please give them all a round of applause for an excellent job.

(Applause).

DR. KRASNA: In addition, we would like to thank all of our speakers, including this year's special invited speaker, who also spoke at the postgraduate course, Dr. Fred Mohr. We would like to thank the Council and the leadership who helped secure some of these excellent speakers for us.

Several small changes were made this year and we hope you enjoyed them and we are looking forward to your evaluations to see if we should

continue making these changes. First of all, you noted that the breakout sessions were kept to only one, in the early morning. That brought all of the cardiac, the thoracic and the congenital surgeons back together into this room for the other two-thirds of the postgraduate course. The feedback we have heard so far in the halls was positive, and we are looking forward to your official okay.

The thoracic breakout was three talks, the cardiac breakout was three talks, amazingly, the congenital breakout was able to get five talks in in the same hour and 15 minutes, but we don't know how they do that. The goal was to allow more time for discussion, that was a message we heard from last year, and therefore we limited it to only three talks in the other two sessions.

Finally, we would like to thank the members who took part in the pro-con debates. The joint sessions were I thought very well attended by both the cardiac, again, thoracic and the congenital, which included discussion of endoscopic vein harvesting, lung cancer screening, and the use of mitral valve. We particularly enjoyed Dr. Cerfolio debating himself and Dr. Munden all at the same time.

Finally, we would like to encourage all of you, as we have been encouraged again and again by Katie, and I just finished it, to complete your evaluation forms, because we really do look at that and use that information to hopefully make this an even better meeting for next year.

And then lastly, a special thanks to Dr. Ed Verrier, who was this year's special session speaker, who spoke to us from the Joint Council on Education.

And thank you again, Katie.

(Applause).

DR. HAMMON: Next, I would like to invite the chairs of the program committee for this really excellent program that we had today, Dr. John Ikonomidis and Dr. Bryan Meyers, to come forward.

DR. IKONOMIDIS: Thank you, Dr. Hammon. In the past three or four years or so we have experienced a decline in the number of days between abstract submission and evaluation. This year we were down to 72 days, which did not really affect the number of abstracts submitted, which was 220. Of those, we accepted 80 for presentation. We have been steadily accepting more abstracts again. It has gone 70,75,80. So we are increasing the size and the breadth of the

program, which I think is great. We also have seven manuscripts entered this year for the Seiler competition, of which five have been presented and two more will be presented tomorrow.

The major change in the program is the history presentation which we added this year, which is intended to commemorate the story hopefully of a southern surgeon who has made a difference in cardiothoracic surgery. And I think the idea is to, if possible, tell an important story that hasn't been told. And as I indicated at the Council meeting, I am a little bit biased, but this year's inaugural presentation will be given by Dr. Fred Crawford, who will present the life and contributions of Horace Smithy, and for those of you who don't know who Horace Smithy is, I think you will be very touched by that presentation and will agree that it was an appropriate choice.

I would like to thank my co-chair for his help in putting together an absolutely outstanding program, I hope you will agree with that, and the other members of the program committee, which consisted of Robert Cerfolio, John Hammon, Michael Hines, Rodney Landreneau, Walter Merrill, Michael

Mack, William Ryan, and Vinod Thourani.

Thank you very much.

(Applause).

DR. HAMMON: Next I would like to invite Dr. Rob Jones, chairman of the membership committee, to give his report.

DR. JONES: Thank you, John, thank you Mr. Chairman. I have the distinct pleasure of introducing this year's inductees, of which there are 30, and if the quality of the applications reflects our Society in general and the area of cardiac surgery, I think we have nothing to worry about and we are very blessed, actually. I will read these by states.

Alabama

James Edward Davies, Jr.

Anthony Austin Holden

Douglas Minnich

Arkansas

Matthew Allen Steliga

Delaware

Jonathan Kraut

Florida

Peter Mikhail

Georgia

William Clifford Kitchens

Vijay Patel

Kentucky

Mark Slaughter

Louisiana

William Michael Boedefeld II

Michigan

Henry Walters

Missouri

James Rowe Scharff

Mississippi

Inder Mehta

North Carolina

Mark Groh

Benjamin Haithcock

Nirmal Veeramachaneni

Pennsylvania

Jeffrey Todd Cope

Richard Thompson

South Carolina

William Bolton

Tennessee

Umar Sekou-Toure Boston

Clifton Reade

Bradley Wolf

Texas

Alden Parsons

Utah

Phillip Todd Burch

Virginia

Muhammad Mumtaz

Wisconsin

Saqib Masroor

West Virginia

John Deel

DR. JONES: And we passed two bylaws today and these two members are being inducted under these two proposed changes that have just been passed:

Michigan

Himanshu Patel

Delaware

Jennifer Walker

Mr. President, do we need to discuss our first applicant or member, Himanshu Patel?

DR. HAMMON: Why don't you give a brief summary.

DR. JONES: Absolutely. Himanshu is on the staff at the University of Michigan, has contributed

significantly to the Society numerous times and this year was proposed for membership, and I think will serve us very well. For those who know him, I am sure you will all agree.

Jennifer Walker did significant work in Carolyn Reed's laboratory in Charleston and is currently at the MGH, and we are very pleased to honor her in our Society as well.

And finally, we are very, very honored to welcome Dr. and Professor Mohr into our Society. He, as you know from today's talk, is eminently qualified to be part of the Society and there are other criteria which he would meet just to be a member himself. So we are very happy to have him come on board.

I would like to thank the Society for allowing me to be a part of this membership committee and be the chair this year. I would like to thank the membership committee members: John Howington from Evanston; Reid Tribble from Columbia, South Carolina; Vinay Badhwar from Orlando, Florida. I also would like to thank Katie Bochenek, who made this job very, very easy as well.

Thank you very much.

(Applause).

DR. HAMMON: Could I have a motion to approve the list of new members including the honorary member.

(Motion made, seconded and approved).

DR. HAMMON: It passes unanimously.

I would like to ask Dr. Walter Merrill to come forward for a report on the continuing medical education committee. I will say before he gets up here that he has done a yeoman's job with this. This is a thankless job. As our new member, Dr. Mayer says, it is like death by a thousand cuts. Thank you, Walter.

DR. MERRILL: Thank you, John. Actually the job has been a pleasure and a privilege, and I am particularly indebted to Katie Bochenek and Nancy Puckett and Vinod Thourani, who really did enormous great work on the self study that we had to do over the past few months. And also I want the membership to know that the four of us participated in a site visit from the accrediting body that was done by a conference call this year, which is a new methodology they are employing. The conference call seemed to go well, but we will not hear any final determination of our status until March. We are hopeful of a very

favorable report.

I wanted to particularly thank all the committees and the committee chairs for all their good work in putting together the program. They have made it a real pleasure. And just once again, I want to remind everybody to fill out your CME forms. We have got to have those forms. And also please pay attention. Everyone will be getting an E-mail sometime this spring, probably April or May, for the follow-up survey. We have really been hammered a bit, if you want to know the truth, by our poor response to the spring survey, but it will be particularly important to pay attention to that, because it was one of the areas that we have chosen to focus on as part of our process improvement for continuing medical education.

And I want everybody to know that the future of the CME work has certainly got to be in good shape as Vinod takes over.

Thank you.

(Applause).

DR. HAMMON: I would like to invite Dr. Hal Urschel to come forward and give the historian's report.

DR. URSCHHEL: We would like to remember those that have left us physically but certainly not spiritually: John Bell from Lynchburg, Virginia; Hooshang Balooki from Miami. There is a nice eulogy in the CTSNet by Jeff Jacobs that should be read by all of you regarding Hooshang. Ron Galloway from Augusta, always in the presence of Bob Ellison; John Hankins from Parkville, Maryland; Nick Smyth from Naples; and Cliff Van Meter, who has replaced the President's Award as the Cliff Van Meter's President's Award in his honor. Again, there is a nice CTSNet eulogy by Penn Alexander available to us on the Internet.

Dr. Sabiston expired as well, and he was twice on our program committee. The one I remember was in Charleston. We only had four members of the committee then, not 10, and we all got on horses with football helmets as the four horsemen. Right after that, they had a shootout in front of the Mills House, and a guy named Julius Buxton came out and took the shooter down, and Sabiston couldn't believe it and he thought this was Texas or someplace. He was twice a member of the program committee and we remember him dearly.

Another one is Mike DeBakey, who discussed many papers actually at Dallas and in the Washington meeting, and, I don't know, I think his membership just slipped away, but he certainly was very active in the early days.

Two died that were both from Richmond, Richard Lower, who we all know and remember, and Jim Brooks. And I happened to be the first visiting professor, the Brooks-Lower Professor there, and to have them both die in one year is really unusual.

Now, I would like to say a word about Jim Brooks. How many of you did not know Jim Brooks?

(Show of hands).

DR. URSHEL: Jim was the 23rd President of the Southern Thoracic but the second Secretary. We had one Secretary for 15 years and then Jim took over. Jim was "the" Secretary that really changed this Society significantly, and he was the President subsequently and he was a great Redskins fan, poor devil. But basically before Jim Brooks became Secretary, we were an island culture. We met in the Bahamas, various places, Jamaica. Tobago and Trinidad was when we found out that we had 400 members, we are now 1,100, and that was 1972. And so we had to make a

decision, well, are we going to grow, keep growing? We are 10 years older than the STS, and it was a great place for people to give papers that couldn't get them on at the AATS. And so the question really was, if we let everybody grow we will have more papers but we won't be able to go to the islands. We always met on the beach for a drink; that is where all the big work was done. There was no industry support because there wasn't any industry. If you wanted something built, you would find some poor guy, an engineer that had a sick kid, and he would help you on the weekend. There wasn't any Medtronic, there wasn't any St. Jude to pay our way, you see? So we just went down there and drank. And the early slides were 3-1/2 x 5 glass, and they were tough to get overseas, believe me. But it was a different time.

I sent out a questionnaire in '72, and the members were split: half of them wanted to continue to go to the islands, the other half wanted to give the residents and the young people out in practice a chance to give papers. And Jim Brooks as Secretary simply let us grow and let the papers keep coming, and he really changed our culture significantly. There isn't anybody else in the Southern Thoracic history,

nobody, that did as much for this organization as Jim Brooks.

And I think that Stephen Yang's proposal to remember him by bringing medical students here, which is even more important than residents, actually, is a great thing and I think should be supported by all of us and we look forward to that.

I wish we would all stand for a minute and think of these people.

(Moment of silence observed).

DR. URSCHER: Thank you.

DR. HAMMON: That was our first history of medicine lecture. The second one will be tomorrow.

I would like to invite Dr. Hank Edmunds, the editor of the Annals of Thoracic Surgery, to come give his report.

DR. EDMUNDS: Well, the Annals had a good year while the rest of the world didn't, except for one thing. Here are the highlights.

We had a 19% increase in original scientific article submissions. We had been seeing a decline for the past two years before that. So the 19% increase at 834 articles in the first eight months of this year was very welcome. Non-meeting OAs, 654, or a 12%

increase. The total submissions of all manuscripts, all categories, was over 2,000, with an increase of 15%. It appears that the feature articles increased the most, at 18%. Now, these are the case reports, the how to do its, the image articles, and suddenly China has discovered us. We are now receiving about 125 of these manuscripts a month. And Heide and I only have a staff of four. So increasing manuscripts, if they weren't so efficient and good, we wouldn't be able to handle it, but they are handling it. They are having more trouble with the SEPTA strike.

The accepted original scientific articles in the first eight months, at 314, about what it has been the year before and the year before that. The acceptance rate has gone down to 41.5% overall. That is a decrease of 2%. A decade ago the acceptance rate was 54%, and now it is getting a little bit tougher to get between the covers of the Annals.

Supplement articles we didn't have any except for the four that were published in July by the Society on statistical analysis and modeling in our specialty.

The CME exercises, started about three years ago, has increased exponentially. We are now growing

at something like 8,000 or 9,000 exercises a year. There are almost 900 separate users of these exercises, so we conclude that they are at least convenient and that people do look at them and provide a good way to get CME credit if your state requires CME credits for recertification.

The Annals is the most heavily cited of the three journals, the Journal of Thoracic and the European Journal. We are over 25,000. Our impact factor, which is a complicated numerator-denominator fraction, increased dramatically to 2.678, or almost 2.7. That means a lot more in Europe and Asia than it does in North America, but it is nice to have it go up rather than down.

This is where the bad part came. We lost 5% of our subscriptions. You can say it is the economy, you can say it is a lot of things, but to me it is a message that we need to try to get as many eyeballs on the Annals as we possibly can. So we are going to work on that.

We have a new Elsevier contract. This is a six-year contract. I think they did that to be sure that I didn't have any part in the next contract.

(Laughter).

DR. EDMUNDS: And finally, we are running a free trial for three months for the Indian Association of Cardiothoracic Surgeons to see if we can't get more of the cardiothoracic surgeons from that continent into the dialogue of our magazine.

That concludes my report. I will take questions. Thank you.

DR. HAMMON: Any questions?

(Applause).

DR. HAMMON: No questions because you covered everything.

I would like to ask Dr. Bill Putnam to come up and given the report of the ACS Board of Governors representative.

DR. PUTNAM: Thank you. As your representative to the Board of Governors for the American College of Surgeons, I attended the Board of Governors meeting on October 11, 2009. This was a joint meeting with the Board of Regents. Standing committee reports were heard as well as special reports. There was considerable time spent on discussion regarding the American College of Surgeons statement on health care reform, primarily comprised of four major areas: quality of care, patient safety,

access, and reducing costs of care.

Some items of interest, Tom Russell is stepping down as executive director and will be replaced by Dr. David Hoyt of California, who was the directory of trauma services for the College for a number of years. Of interest to me was the increasing number of cardiothoracic surgeons who attended the meeting as governors, and Dr. Val Rusch is on the Board of Regents.

I would certainly recommend that each of you consider involvement with your local College chapter activities as the ACS represents the house of surgery, and you can have a significant impact locally and nationally through your actions in the local chapter activities. A full report has been submitted to the Council which will be posted on the Web after the meeting.

It has been my pleasure to attend these meetings on behalf of the Association. Thank you.

(Applause).

DR. HAMMON: I would like to ask Dr. Ross Ungerleider to come forward and give the report for the ACS Advisory Council for Cardiothoracic Surgery. Ross? He must be licking his wounds.

I would just like to take a minute to thank the staff of the Association, the people who are here today, including Nancy Puckett, who has provided excellent leadership for our group.

Katie Bochenek, why don't you stand up, Katie.

(Applause).

DR. HAMMON: Katie walked into a hornet's nest I think. She has gotten married, she has grown up with her activities now, she has got us involved in a new abstract submission process, a new membership database so we can move registration and dues online, and is just doing a fantastic job.

We all need to thank also Joyce Gambino, who has picked this tremendous locale for us and will continue to get us good venues, and Donna Bennewitz, who also does a tremendous job, particularly with the meetings.

So this will be my last time up here on the podium, and I want to thank all of you for all of the help that you have given me, the staff, and I appreciate very much your help. And it just goes to show me, since I am from Missouri, that the STSA is the best thoracic surgical organization.

Thank you.

(Applause).

DR. MACK: May I ask Dr. Irving Kron, the chair of the nominating committee, to come forward, please.

DR. KRON: Well, the nominating committee had a tough job this year, there were so many deserving possibilities, but let me show you the slate that we have decided on.

For President, Dr. Keith Naunheim. I must tell you, we spent a lot of time potentially reconsidering this choice, but we chose to go forward.

(Laughter).

DR. KRON: Vice-President, Richard Prager from the University of Michigan; Secretary-Treasurer, David Jones from UVA; and Councilors, A. J. Carpenter and Kevin Accola.

Mr. President, I wonder if we could close nominations.

DR. MACK: Are there any other nominations from the floor?

(No response).

DR. MACK: Do I have a motion to accept this slate of nominations?

(Motion made, seconded and approved).

DR. MACK: The slate carries, Dr. Kron.

DR. KRON: Thank you very much.

The nominating committee spent a long time deciding on our President-Elect, and this person is a surgeon well known to many of us and a good friend of many of us. He has been a loyal member of this organization, has presented here on many occasions. He is considered an outstanding clinical surgeon and, but for a few years, has spent his entire time in the South. He has only one downside, and that is he is from Texas. So we would like to nominate Dr. Joseph Coselli.

(Applause).

DR. KRON: Hold on, boys, sit tight.

DR. MACK: Are there any other nominations from the floor?

(No response).

DR. MACK: Is there a motion to accept this selection from the nomination committee?

(Motion made, seconded appear approved).

DR. MACK: Dr. Kron, your selection carries. Dr. Coselli, welcome.

(Applause).

DR. COSELLI: In addition to being uncharacteristically speechless and stunned, there is really no greater accolade than being recognized by your peers. We have an organization here that Michael Mack and Keith certainly in the next year and the past presidents who have stood up earlier have left us with what is certainly the greatest thoracic surgery organization in the world, and despite being humbled beyond words, I look forward to the effort of participating in that process.

Thank you very much.

(Applause).

DR. MACK: May I ask Dr. Keith Naunheim to come forward, please, as much as this pains me --

DR. NAUNHEIM: It's nice to be loved.

(Laughter).

DR. MACK: -- not because I am sad to give up the presidency but who I have to hand it over to. I now would like to hand over the gavel of the presidency to Dr. Keith Naunheim.

(Applause).

DR. NAUNHEIM: Cerf told me "a few words." That is the pot calling the kettle black.

Once again, I think Joe said it very well,

it is an honor. It is the most wonderful thoracic surgical association in the world, good friends, great academics, great parties. What could be more fun? I look toward to being your president, and I will do my best to carry forth the honor of this Society. Along with the staff, with Katie, with the new leadership that is coming, we will do our best to represent you and to make certain this stays the best thoracic association in the world.

Thank you.

(Applause).

DR. MACK: Just a few announcements before I entertain a motion for adjournment. Would the new members that are here please come forward and get their certificates at the end. Everyone is invited to the president's mixer on the Sunset Terrace beginning at 7 pm this evening, and I would encourage everyone to attend the 57th Annual Meeting in Orlando next year with Mickey and Keith and Mini and Keith and Goofy and Keith.

(Laughter).

DR. MACK: Can I entertain a motion for adjournment? No, wait.

DR. HAMMON: I have got one more

announcement I am sorry I forgot. There is going to be a meeting of the Osler Abbott Committee in my room, 765, tomorrow afternoon at 5 o'clock. All previous winners are invited.

DR. MACK: On that note, could I entertain a motion for adjournment.

(Motion made, seconded and approved).

(The meeting adjourned at 6 p.m.)