

Summer, 2007

Society for Clinical Vascular Surgery

NEWSLETTER

2007 - 2008 COUNCIL

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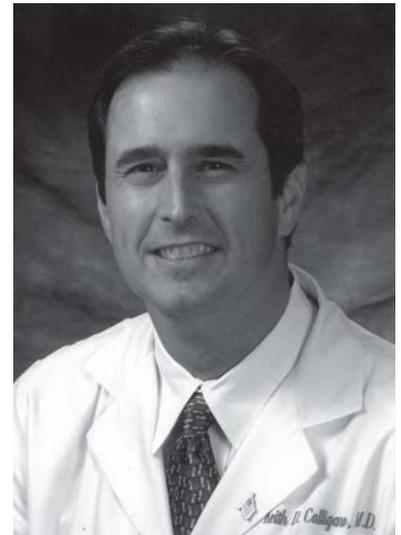
Herbert Dardik, M.D.
Englewood, New Jersey

President's Message

Keith D. Calligaro, M.D.

This year the SCVS will continue its evolution as it addresses the needs of all vascular surgeons who practice clinical medicine, be they members of a university faculty or practicing within a community setting. Unique topics of interest that were well received at our previous meeting in Orlando will be offered again at the 2008 Annual Symposium in Las Vegas, Nevada. These include special programs for Fellows and other Young Vascular Surgeons, Special Interest Group (SIG) breakfast sessions, post graduate courses that focus on the problems and issues facing the daily practice of vascular surgery, and sessions to address specific problems facing vascular surgeons practicing in small to mid-sized community hospitals.

Here are some added details on a few of the 2008 Annual Symposium components:



2008 Enrichment Programs for Targeted Groups

Building on its continuing success in partnering with the SCVS, W.L. Gore & Associates will again offer the Gore Fellows Program on the first day of the SCVS Annual Symposium and host the participation of 2nd year vascular fellows at the SCVS Annual Symposium.

The Young Vascular Surgeons Program & Scholarship

The Young Vascular Surgeons Program & Scholarship, inaugurated through a partnership with Medtronic in 2007, was well-received and will be expanded in 2008. Designed for

(continued on page 4)

Society for Clinical Vascular Surgery 36th Annual Symposium

MARCH 5-8, 2008

**Caesars Palace
Las Vegas, Nevada**

Abstract Deadline: September 7, 2007

Visit www.scvs.vascularweb.org for abstract submission.

Society for Clinical
Vascular Surgery

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Maintenance of Certification: How It Affects You

John Ricotta, M.D.

In 2006 all members of Boards of the American Board of Medical Specialties (ABMS) entered a new era, that of "Maintenance of Certification." This is a further evolution in the process of Board certification. When Board certification in Surgery was established more than 60 years ago, certificates were for unlimited duration. About 30 years ago, the ABMS began to adopt a policy of time limited certification and in the mid 1970s this applied to all certificates issued by the American Board of Surgery. Time limited certificates were valid for a 10 year period and renewal included a written examination. Most recently the ABMS and its member Boards have taken the next step to add value to the certification process, "Maintenance of Certification." This process will be required of all certificates issued after 2005 (including those certificates issued in the "recertification" process). It is, therefore, of utmost importance that all physicians holding any certificate issued by the American Board of Surgery, familiarize themselves with, and participate in, this process. The following is the first in a series of articles designed to explain this process.

In contrast to the "recertification" process, which required intermittent involvement every 7-10 years, **Maintenance of Certification is an ongoing process of continuous improvement with participation by the Diplomate throughout his or her professional career.** This process requires the Diplomate demonstrate a program of ongoing learning, professional assessment and self improvement. It also requires documentation by the Diplomate that he/she has maintained the expertise expected within his/her specialty. While this process may be seen by some as merely additional regulatory requirements heaped on what seems to be never ending bureaucracy, it is in reality an initiative to demonstrate to our patients the high degree of professionalism which should be associated with Board Certification. In fact, the components of Maintenance of Certification (MOC) are already part of the ongoing professional life of most Diplomates. Taken in that context, the Maintenance of Certification process is a patient centered initiative which speaks to the highest ideals of Medicine and Surgery. It places Diplomates squarely on the side of improving patient care and is an opportunity for us, as surgeons, to address the concerns of the American public about the maintenance of quality in our Health Care System. Done correctly, MOC will strengthen the value of Board certification within our medical care system.

There are 4 components to Maintenance of Certification (MOC):

1. Demonstration of Current Professional Standing
2. Demonstration of Lifelong Learning and Self Assessment
3. Demonstration of Cognitive Expertise
4. Evaluation and Improvement of Performance in Practice

To maintain Board certification, each Diplomate will need to address these components in an ongoing fashion throughout their period of certification. **For holders of Multiple ABS certificates, Parts 1, 2, and 4 of MOC performed for one certificate may be credited toward other certificates. However demonstration of Cognitive Knowledge in an area of Certification (i.e. secure examination) will be required separately for each area of certification.** Professional Surgical Organizations such as the

American College of Surgeons, the Society for Vascular Surgery and the American Board of Surgery are working to define mechanisms by which each diplomate may address the requirements of MOC. In the area of Vascular Surgery recertification, the Vascular Surgery Board of the American Board of Surgery (VSB-ABS) is working with the Society of Vascular Surgery and other Vascular Professional Societies to identify mechanisms for Certified Vascular Surgeons to meet the requirements of MOC. This process is ongoing and will be explored in subsequent articles.

Documentation of MOC runs in cycles of 3 years (Parts I, II and IV), culminating in a secure written examination to test knowledge Part III) every 7-10 years. **The first cycle began in 2006 for those issued certificates in that year. This means that those certificate holders will need to present data to the VSB-ABS documenting their (three year) involvement in MOC for the first time in**

2009. An illustrative 10 year timeline for a diplomate issued a certificate in 2006 is presented as an example.

Part I MOC: Documentation of Professional Standing - required every three (3) years

This will include evidence that the Diplomate holds an unrestricted License to Practice Medicine in one of the 50 United States and has privileges to practice Surgery within the Scope of his/her Specialty certificate in a licensed Hospital within the United States. This requires a letter of attestation to the diplomate's status by the Chief of Surgery and the Chair of The Credentials Committee for the Hospital in question.

Part II MOC: Documentation of Lifelong Learning and Self Assessment - required every three (3) years

Documentation of 50 CME credits per year (at least 30 must be category 1) for each of three years (i.e., 150 CME credits per period, minimum of 90 category 1.) **For recertification in Vascular Surgery the VSB requires that at least 60% of total and category 1 credits are in the field of Vascular Surgery. Those who hold multiple ABS certificates (i.e. ABS- Surgery and ABS Vascular Surgery) the CME credits can be used for both certificates (i.e. 150 not 300 CME credits will be required.)**

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In addition to CME credits, the diplomate will need to demonstrate evidence of self assessment through tools such as SESAP, or assessment tools developed through courses or journals. Some current options will be discussed in later articles. A vascular correlate to SESAP is being developed by the Society for Vascular Surgery as one of several options for use. **Vascular surgeons will be expected to demonstrate some self assessment relative to their practice of Vascular Surgery, although the VSB has not defined this in a restrictive fashion at this time. At this point in time a self assessment tool such as SESAP, which contains material relevant to Vascular Surgery, is considered adequate self assessment.**

**Part III MOC:
Cognitive Knowledge and Experience - This must be demonstrated once every TEN (10) years**

This will be unchanged from the current practice and will consist of a written test (the recertification examination) as administered by the VSB-ABS. **However, to be eligible for admission to this test, the Diplomate must have successfully completed at least 6 years of MOC (i.e. Parts 1, 2, and 4). This means that Diplomates will need to begin MOC well in advance of applying for their written examination! A separate examination will be required for each certificate.**

**Part IV MOC:
Practice Performance and Improvement - verification required every three (3) years**

Diplomates will be required to demonstrate their involvement in one or more programs which focus on the analysis of their practice

performance. This requirement is meant to include a quantitative assessment of performance parameters and ultimately involve development of a plan for practice performance improvement. This area of MOC is currently a subject of active discussion by the ABS, ACS and various professional Societies including the SVS. While it is unclear at this time what will qualify for demonstration of Practice Performance Evaluation and Improvement, it will be more than the traditional “M&M” participation. Some examples which might apply include participation in Quality Outcome projects such as National Surgical Quality Improvement Project (NSQIP), Surgical Care Improvement Project (SCIP) and practice databases such as those being developed through the ACS web portal and the SVS carotid database. A more detailed discussion of PART IV MOC and the opportunities it presents will be undertaken in a subsequent article.

Maintenance of Certification (“MOC”) is a mandate of the American Board of Medical Specialties and is here to stay. In many ways, much of the MOC process is merely documentation of what surgeons currently do as part of their day to day professional development. While it adds another layer of work to what has become an increasing set of requirements for the practice of our profession, it does indeed serve a noble purpose. Properly undertaken, MOC will improve the performance of all Diplomates, provide our patients with more knowledgeable and current surgeons and emphasize the importance which Board Certified Surgeons accord to optimal patient care. Your professional Organizations, including the SVS and the VSB-ABS are actively engaged in developing mechanisms to help you, the practicing Surgeon, address this new requirement.

MOC Timeline for an ABS Diplomate Who Recertifies in 2006



YEAR	MOC REQUIREMENT
2007	Yearly CME
2008	Yearly CME
2009	Yearly CME, Self-Assessment, Reference Letters
2010	Yearly CME
2011	Yearly CME, Practice Performance
2012	Yearly CME, Self-Assessment, Reference Letters
2013	Yearly CME
2014-2016	Secure Recertification Examination

A Report from the Ad Hoc Committee for Medical/Legal Issues

Jeffrey R. Rubin, M.D, FACS, Chair

On March 21, 2007 the Executive Board of the Society for Clinical Vascular Surgery reviewed two objectives recommended by the Ad hoc Committee on Medical/Legal issues.

The first objective was to establish a mechanism through which our Society may provide true expert reviewers for medical/legal cases. A panel would be established by soliciting SCVS members to review both plaintiff and defense legal actions. We hope that this will encourage attorneys to use “qualified” expert witnesses in case reviews, thus minimizing non-meritorious cases. This group of participants is in no way connected, legally or financially, to the Society for Clinical Vascular Surgery. The participants will jointly determine the billing schedule, advertise in appropriate legal journals, and establish a governing board to identify a centralized regional contact number, mechanism for random selection of reviewers, and to render decisions regarding a need for further case review if there is a discrepancy in reviewer conclusions.

The second objective of this committee was to establish a mechanism for reviewing “expert witness” reports and sanctioning individuals who are felt to be providing non-meritorious, hostile testimony in medical/legal cases, involving members of our Society. The Board has recommended that members who feel that they have been subjected to inappropriate and/or erroneous expert testimony, submit their complaints directly to Paul Collicut, M.D. with the American College of Surgeons. If this investigative group finds fault

with the “expert witness” reports, they will be subject to dismissal from the College. This will automatically result in membership termination in the SCVS.

Members of the Ad Hoc Committee for Medical/Legal issues feel that the Society for Clinical Vascular Surgery needs to take a proactive and aggressive stance in medical malpractice issues. Direct involvement by vascular surgeons who are members of the SCVS, through serving as expert reviewers, will help us to establish a “gold standard” expert review panel. Secondly, members of the Society should be encouraged to submit egregious cases of faulty expert testimony to the American College of Surgeons in order to expose these individuals and sanction them from participation in the American College of Surgeons, as well as the SCVS.

We would appreciate any feedback regarding these two objectives and will keep the membership updated with regard to our progress.

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President's Message *(continued from page one)*

vascular surgeons who have completed fellowships and have been working for 5 years or less, this program provides valuable content on practice building techniques and networking opportunities.

Fellows Program

The SCVS Fellows Program will again include the very popular Top Gun Challenge (simulator training) and a scholarship component. The program is made possible by a generous grant and in kind contributions from Boston Scientific.

In development now, to be test-launched for the 2008 meeting, is a new program for Vascular Residents (senior, 5th year), so please stay tuned.

This year's annual meeting is not one to miss as we will also be returning to the exciting city of Las Vegas. Mark the date in your calendar – March 5-8, 2008 – as the time to learn what's new in vascular surgery while enjoying a fabulous venue.

Special Interest Group (SIG) Breakfast Sessions

This year's SIGs will continue to build upon the success of those presented in Orlando this past year and will include sessions covering special issues and challenging case studies for community vascular surgeons, young vascular surgeons issues, and a new program will address Aortic Thoracic Stenting.

Post Graduate Courses

Dr. George Meier, SCVS Vice President, will lead the charge in providing the 2008 attendees with the latest on hot topics facing our specialty. Remember that the SCVS post graduate courses are included in the registration fee for all physicians so I encourage all attendees to take advantage of the valuable information these sessions have to offer.

This year's annual meeting is not one to miss as we will also be returning to the exciting city of Las Vegas. Mark the date in your calendar – March 5-8, 2008 – as the time to learn what's new in vascular surgery while enjoying a fabulous venue. I look forward to seeing you there.

Best regards,
Keith D. Calligaro, MD, President

WELCOME NEW MEMBERS

ACTIVE MEMBERS

Larry A. Frankini, M.D., *Lake Success, New York*
Patricia C. Furey, M.D., *Manchester, New Hampshire*
Jennifer A. Heller, M.D., *Baltimore, Maryland*
Robert A. Larson, M.D., *Philadelphia, Pennsylvania*
Joseph V. Lombardi, M.D., *Philadelphia, Pennsylvania*
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Timothy C. Oskin, M.D., *Easton, Pennsylvania*
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Hiranya A. Rajasinghe, M.D., *Naples, Florida*
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Todd R. Vogel, M.D., *Seattle, Washington*
Edward Y. Woo, M.D., *Philadelphia, Pennsylvania*

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Gabor A. Winkler, M.D., *Browns Mills, New Jersey*

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Andras Bikk, M.D., *Atlanta, Georgia*
Jean Bismuth, M.D., *Houston, Texas*
Charlie C. Cheng, M.D., *Houston, Texas*
Juan C. Jimenez, M.D., *Los Angeles, California*
Manikyam Mutyala, M.D., *Brooklyn, New York*
Michael C. Stoner, M.D., *Greenville, North Carolina*
Robert R. Waterford, M.D., *Bernalillo, New Mexico*

Membership information is available on the SCVS website (www.scvs.vascularweb.org) and by contacting the SCVS Administrative Office, (978) 927-8330.

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Alan Dardik, M.D., Ph.D.
R. Clement Darling, III, M.D.

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John Blebea, M.D.
Michel S. Makaroun, M.D.
Anton N. Sidawy, M.D.
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Alan M. Dietzek, M.D.

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Michel S. Makaroun, M.D., *Ex-Officio*
Robert B. McLafferty, M.D., *Ex-Officio*
Samuel R. Money, M.D., *Ex-Officio*

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Paul Guy Bove, M.D.

Ad hoc Young Vascular Surgeons Committee

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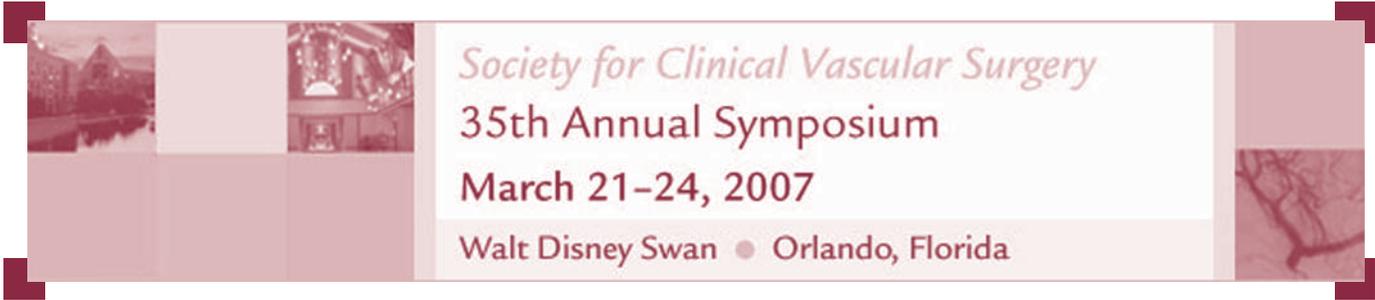
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SCVS encourages member involvement in the activities of the organization. Information on committee participation is available on the SCVS website: www.scvs.vascularweb.org.



Society for Clinical Vascular Surgery
35th Annual Symposium
March 21-24, 2007

Walt Disney Swan • Orlando, Florida

More than 350 physicians and guests attended the 35th Annual Symposium held from March 21-24, 2007 at the Walt Disney Swan Hotel in Orlando, Florida. Traditionally, one of the most exciting forums for the exchange of ideas and experiences in vascular surgery, this year's meeting attracted participants from all over the world.

The Program Committee, chaired by Dr. William Quinones-Baldrich, assembled an outstanding variety of state-of-the-art papers and incorporated special interest group sessions, breakout workshops, how-to videos, hands-on workshops, poster presentations, symposia, and postgraduate courses to enhance the educational experience. This year's program included 34 full-length oral presentations, 24 mini oral presentations, 2 video presentations, and 38 poster presentations.

Additional Highlights included:

- ♦ **Distinguished Visiting Professor, Jonathan B. Towne, MD**, presented an update on *"M.O.C. - What Does It Mean?"*
- ♦ **Presidential Address by O. William Brown, MD**, focused on *"Academic Medicine or Private Practice: You Can't Tell the Players Without a Scorecard."*
- ♦ The **2007 Peter B. Samuels Award Recipient** was **Anantha K. Ramanathan**, from the Millard Fillmore (Gates) Hospital in Buffalo, for his work entitled, *"Should DOQI Guidelines be Updated? The Role of Basilic Vein Fistula."*
- ♦ The **Allastair Karmody Poster Presentation Award** was given to **Manju Kalra, M.D.** for his poster, *"Pressure Assisted Liposome Mediated Exvivo Transfection of Canine Saphenous Vein Grafts with Endothelial Nitric Oxide Synthase Gene Reduces Intimal Hyperplasia."*
- ♦ Postgraduate Courses – *"Strategies to Improve Care of the Vascular Patient,"* and *"Imaging in Vascular Disease,"* both chaired by Robert B. McLafferty.
- ♦ An **International Panel**, chaired by Michel S. Makaroun, MD focused on **EVAR for Ruptured Aortic Aneurysms: Single Center Experience of 100 Cases; Carotid Plaque Characteristics and Outcomes; Fenestrated and Branched Endografts and Where are we Going in Imaging and Treatment of Difficult Aneurysms.**

SCVS gratefully acknowledges the following companies for their support of the 35th Annual Meeting:

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LATE BREAKING NEWS

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Highlights of the SCVS COUNCIL MEETING and ANNUAL BUSINESS MEETING

March 21 & March 23, 2007 / Orlando, Florida

Report of the President

Dr. Brown shared some statistics pertaining to the SCVS website and noted that the Society was the second most visited site on www.vascularweb.org during the course of the past year, with an average of 5,556 sessions per month.

Report of the Secretary

Dr. Michel Makaroun reported that the SCVS has 632 Active members, 25 Honorary members, 1 Inactive member, 243 Senior members and 26 Candidate members for a total membership of 927. He announced that the membership would be voting on an additional 17 Active and 8 Candidate members at this meeting which would bring the SCVS Membership to 952.

The following members had passed away during the past year:

Jose Alvarez, MD, Miami, FL
Lucian Buscaglia, MD, Stockton, CA
Herbert Movius, MD, Boca Raton, FL
Robert Schultz, MD, Reno, NV
Robert G. Welch, MD, Tampa, FL
Peter B. Samuels, MD, Santa Monica, CA

Membership Committee

The Council revisited various means of expanding the membership and the following future actions were agreed upon:

1. Continue the effort to recruit the Gore fellows via outreach communication before they leave their fellowships. With Gore paying for the first year of membership this year, it was opined that this would have a positive effect.
2. An effort would be made by members of the Council to encourage as many fellows as possible from the programs where they are a director.
3. It was opined that, as a general qualification, a potential member should be someone who is doing at least 50% of what peer vascular surgeons are doing in their practice.

Program Committee

Dr. William Quinones-Baldrich offered the following statistics to begin the overview of the 2007 Annual Symposium:

- ♦ 161 abstracts submitted for consideration.
- ♦ 297 physicians registered in advance.
- ♦ The Annual Symposium features 34 full-length abstract presentations, 24 mini presentations and 2 video presentations.
- ♦ An additional 38 posters are scheduled for presentation.

Dr. Brown commented that the Special Interest Group program was doing well and thanked everyone for their hard work in coordinating that portion of the program.

Report of the Treasurer

Dr. Meier reviewed the specific highlights of the financial statement for the period ending February 28, 2007, noting the cash position at that time of \$360,781. Annual Meeting expenses are up approximately \$15K over same time prior year, but meeting income is up over \$20K reflecting a sufficient level of fundraising and number of registrations. G&A expenses are up slightly due to modest increases in credit card fees as more dues and registration fees are paid via credit card. Dr. Meier added that an official audit of the Society's financials had been conducted for 2006 as well as a review for 2005 by an independent accounting firm. With the organization's financial operation now at a higher level, an annual audit is being advised by the accounting firm along with a move to an accrual based system, to which the Council has agreed.

The Council agreed to establish a finance committee and appointed the following members: Dr. Samuel Money (Chair), Dr. John Blebea, Dr. Michel Makaroun, Dr. Anton Sidawy, and Dr. Fred Weaver.

Fundraising for 2007 Annual Meeting

Mr. Joseph Webber, Director of Development, reported that a new record had been reached with the fundraising total for the 2007 Annual Symposium of approximately \$318,500 in commitments. This includes all industry support and exhibit sales.

Report of Recorder

Dr. Samuel Money reported that a new high had been reached in the number of papers submitted to the *Journal of Vascular Surgery* from authors who presented at the SCVS 2006 Annual Symposium. Of the 34 full-length oral presentations on the program, 29 have been submitted: 15 were accepted, 12 were rejected and 2 are in revision. Twelve mini presentations were submitted with 1 accepted, and eight poster authors submitted their work, 4 of which were accepted.

Dr. Sidawy opined that requiring authors to submit may have influenced the current acceptance rate compared to other Societies. Drs. Quinones-Baldrich and Ricotta added that the percentages were impacted by the number of mini presentations but felt the Society was doing fine.

Report of the Newsletter Editor

Dr. Dardik reminded the Council of the approaching 20th Anniversary of the SCVS Newsletter and suggested it is appropriate to note this milestone with some special content. He will be working with 2007-2008 leadership and management to develop some unique material including a potential diversion from abstract content to allow room for other articles.



www.scvs.vascularweb.org

SOCIETY FOR CLINICAL VASCULAR SURGERY

You can view the SCVS Newsletter, gather up-to-date annual meeting information, download membership information and applications, read about Society activities, and pay your membership dues on-line.

Mark Your Calendar

Society for Clinical Vascular Surgery 36th Annual Symposium

March 5-8, 2008

CAESARS PALACE, LAS VEGAS, NEVADA

Caesars Palace is one of the world's best known resort-casinos, celebrating the glory that was Greece and the grandeur that was Rome, in an 85-acre destination location that sets the standard for excitement and luxury. Reigning at the heart of the Las Vegas Strip, Caesars Palace ranks among the world's top luxury resorts known for their originality and beauty and features more than 3,300 hotel guest rooms and suites, 26 diverse restaurants and cafes, 4.5-acre Garden of the Gods pools and gardens, world-class health spa and salon services and 240,000 square feet of premium meeting and convention space. Its 4,100-seat Colosseum spotlights world-class entertainers such as Celine Dion, Elton John and Jerry Seinfeld, and sits just steps away from celebrity chef restaurants and The Forum Shops. Meeting attendees will not only enjoy Caesar's Palace, but all that Las Vegas offers and it's not just casinos! Las Vegas offers:

- ♦ 340 days of sunshine per year and an average daily temperature of 83 degrees.
- ♦ World-class dining and culinary talent from some of the world's best chefs.
- ♦ Nearby natural wonders like Red Rock Canyon, Death Valley, Zion National Park, Lake Mead, the Colorado River, Mt. Charleston and the Valley of Fire.
- ♦ Endless shopping options to suit any style or budget, including designer stores, upscale shops and an assortment of boutiques.
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- ♦ A golfer's paradise, where you can enjoy a round of golf any time of the year. Caesar's Palace and Harrah's Entertainment offers two championship courses - Cascata, with breathtaking waterfalls and incredible views, and Rio Secco, set among the rolling foothills of the Black Mountains.



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