COMMENTS FROM THE PRESIDENT

PRESIDENT'S MESSAGE

This is the first in a series of messages from the president to outline the activities of The American Association for Thoracic Surgery and to bring forth important issues that academic and practicing cardiothoracic surgeons need to be made aware of. I am writing this message at the conclusion of the Seventy-eighth Annual Meeting of The American Association for Thoracic Surgery, which was held in Boston, May 3-6, 1998. Unquestionably, it was the most successful meeting in the Association's history, with record attendance of over 5000, including 2400 thoracic surgeons from around the world, as well as allied medical specialists including perfusionists, physician assistants, nurses, technical experts, and device manufacturers. Some of the major reasons for the increase in attendance was the superb program under the direction of President Floyd Loop and Secretary James Cox, as well as a 40% increase in technical exhibits, mirroring the explosion of technology in cardiac surgery, particularly minimally invasive procedures. President Loop gave an outstanding presidential address emphasizing that we should not lose track of the two most important aspects of the current revolution in health care—the physician-patient relationship and the need for thoracic surgeons to actively seek a leadership role to determine their own fate.

The Association has begun a new dialog with The Society of Thoracic Surgeons, believing that a united front is important not only for the accomplishment of academic goals, but also for the important socioeconomic and political goals related to thoracic surgery. The STS has led the way in social, economic, and political matters touching all cardiothoracic surgeons. The AATS supports these activities, not only monetarily but also philosophically, and will seek to aid the STS through the joint STS/AATS Professional Affairs Committee.

In my opinion, outside of the current socioeconomic concerns, another important issue that thoracic surgeons are encountering is how

to deal with new technology. The explosion in scientific technology, particularly for cardiac surgery, and in the past for thoracic surgery, is the outgrowth of minimally invasive operations. The STS/AATS Committee on New Technology, which was a brainchild of Robert Replogle, past president of the STS, has struggled with defining policy to aid

minimally invasive cardiac procedures and setting up guidelines for educational programs to help thoracic surgeons learn these techniques. The Committee on New Technology, which I have chaired, is preparing to release a statement on minimally invasive coronary bypass surgery, as well as guidelines for postgraduate education for minimally invasive cardiac surgery, similar to those released a few years ago in a joint effort by the AATS and the STS on video-assisted thoracic surgery. I strongly believe that we have to take charge of these areas before administrators, hospital credentialing boards, or third-party payers dictate what we can and cannot do. Leadership in these matters is something that we must assert. Cardiothoracic surgeons perhaps are best suited to do this, since we are continually organizing teams of physicians and allied health professionals to perform complicated logistical operations efficiently and cost-effectively.

The electronic highway connecting cardiothoracic surgeons worldwide is expanding. The CTS Net is increasingly popular, and efforts may be made to expand this vis-à-vis *The Journal of Thoracic and Cardiovascular Surgery*. In 1999, for the first time, abstract submission for the 1999 AATS annual meeting can be received electronically via the Internet or on disk. This will speed up and streamline the abstract process. In addition, a structured abstract, with subheadings, will make the presentation of scientific data more organized, similar to other national and international meetings.

Closer collaboration between cardiothoracic surgery and cardiology is extremely desirable as we go forward into the twenty-first century with similar economic necessities related to heart disease, a "product line," if you will. Both the AATS and the STS will be working toward closer relations with the American College of Cardiology and the American Heart Association. Similarly, general thoracic surgeons should look to bridge their interest with pulmonologists, gastroenterologists, and oncologists as they work to develop similar product lines.

Finally, the educational mission of the AATS will be increased. With more entries on the Internet, further amplification of resident activities of the AATS will take place. The first C. Walton Lillehei Surgical Resident Forum was held this past meeting with \$5000 prizes for the two best papers. The competition was superb and the quality of work was first rate. Beginning this fall, pending approval of the European Association for Cardiothoracic Surgery (EACTS), there will be a registry of cardiothoracic programs in this country with openings for European clinical and research fellows. This registry will also handle the requests of European residents wishing to come to the United States as fellows. This process will also allow American residents to seek European fellowships. Should this prove to be successful, there is little doubt that this will expand to all continents. The AATS strongly supports The Thoracic

Surgery Foundation for Research and Education, an organization that is extremely important for resident and junior faculty education and research experience. Contributions by the thoracic surgical community are critical to maintaining this educational endeavor. We plan at the next annual meeting to have an academic young surgeons' forum with the leading experts defining the elements of successful grant applications, organization of time between clinical and research activities, and other areas that affect the academic surgeon. Also, at the past AATS meeting three new publications, published by W. B. Saunders Company, aimed at the resident and the practitioner, were acquired: *Operative Techniques in Thoracic and Cardiovascular Surgery: A Comparative Atlas*; *Seminars in Thoracic and Cardiovascular Surgery*; and the *Pediatric Cardiac Surgery Annual*, all edited by James Cox, immediate past secretary. Dr. John Waldhausen, Editor of the *Journal of Thoracic and Cardiovascular Surgery*, has streamlined the publication process of the *Journal* and has reduced time to publication of articles.

In the coming year a strategic plan will be formulated to take the AATS into the twenty-first century. I look forward to working with Vice President Delos Cosgrove and Secretary Tirone David to make this year a successful one for The American Association for Thoracic Surgery.

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