I would like to begin with thank-you, especially to Dr. Copeland, my residency chairman, and Dr. Bland, my residency director, for their training and continued mentoring to this very day. Thanks to my fellow chiefs, Drs. Lee Ellis, Tim Yeatman, and Mark McCoy, who made life competitive and who are exemplary surgeon-scientists, whether in the academy or in private practice. Under the tutelage of our mentors, we had more than 80 papers on finishing residency (Fig. 1). I would also like to say thank you to my many other mentors, who have contributed so much to my education and development in a variety of different venues over the years (Fig. 2). Some I did not formally train with, but they nevertheless took an active interest in my development. Thanks to my clinical team, including my longtime clinical research nurse, Maureen McCarthy, and data manager, Laura Akins, and to those with whom I do translational research, including my fellows, many of whom have presented at this meeting. I would especially like to acknowledge Dr. Soheila Korourian, breast pathologist, with whom I have worked with for over 20 years on multiple novel ideas to lessen the morbidity to patients undergoing breast cancer treatment (Fig. 3). Many thanks to my regional partners, who join in a collaborative effort to improve care and increase research in the rural states of Kansas (Drs. Carol Fabian and Carol Connor), Oklahoma (Drs. Bill Dooley and LaNette Smith), Missouri (Dr. Julie Margenthaler), South Carolina (Dr. Ginny Herrmann), and Arkansas (Drs. Ronda Henry-Tillman and Daniela Ochoa). Thanks to my pioneers—my patients—who help by participating in research, and especially to Representative Josetta Wilkins, a breast cancer survivor with whom I helped write and pass the Arkansas Breast Cancer Act of 1997, which has funded more than $60 million in indigent breast care and over $16 million in breast cancer research monies. Finally, a special thanks to my ever-patient family, who have given me time and support to pursue my work (Fig. 4).

The year 2013 was the Society of Surgical Oncology (SSO)’s first as a stand-alone operation, then led by its president, Monica Morrow; this was one of the major accomplishments of that year. As a result, Eileen Weidmer, our executive director, organized a staff structure with a full team of highly qualified, capable, and hard-working members. The Executive Committee and Executive Council worked hard to expand global initiatives and education. The Finance Committee, led by Dr. Dan Coit, worked on making the SSO fiscally sound and creating research and development and strategic funds totaling nearly half a million dollars to invest in new global and educational initiatives. These efforts were supported by the James Ewing Foundation, led by Dr. Bill Cance, which also sponsors the James Ewing Lecture, the Harvey Baker Traveling Fellow Award, the James Ewing Layman’s Award; and the Corporate Relations Committee, headed by Dr. Rob Martin, who knows how to get blood out of a turnip, as we say in the South. Congratulations to the Membership Committee, led by Dr. Giuliano, who has continued to increase, diversify, and expand our global ranks. This investment in infrastructure has positioned us to provide what I call translational education (Fig. 5).
SO WHAT IS OUR AIM, AND WHAT HAVE WE ACCOMPLISHED?

The SSO mission is to improve patient care by advancing the science and practice of surgical oncology worldwide. By way of history, in March 2011, the Executive Council funded the first Education Retreat, which was held in December of that year. Myself (then the vice president and chair of the Education Council) and Dr. Ronald Weigel, co-chair, along with designated Disease Site Work Group chairs or their representatives, Drs. Syed Ahamad (GI), George Chang (Colorectal), Nora Hansen (Breast), John Mansour (HPB), Julie Ann Sosa (Endocrine), Jonathan Zager (Melanoma, Cutaneous Malignancies, and Sarcoma), and Danny Takanishi Jr. (chair of the CME committee) gathered to review and prioritize the education areas as set forth by the Council. This retreat was facilitated by Dr. Charmaine Cummings, who subsequently was hired into the newly created position of education director and who has helped us build our educational offerings. The main conclusions of that meeting were that we had to educate more than once a year, not just at our annual meeting; that we should provide enduring material through a number of different venues globally; and that the core of that knowledge would be based on the blueprint established by the Training Committee, led by Russ Berman. Further, this knowledge had to be disseminated via a number of different vehicles and needed to be paired with Continuing Medical Education and Maintenance.
of Certification (CME/MOC) Part II, which meant we had to assess outcomes so the knowledge was not lost in translation (Fig. 5).2

WHY MOC?

MOC, created by the American Board of Medical Specialties (and in our case the American Board of Surgery; ABS) to provide a more frequent and comprehensive assessment of medical performance, gives diplomats a proactive position in the health care debate using surgeon-developed metrics and reporting methods.3 Without it, we do not have standardized care—or what I like to call treatment by chance.4 That is, your care will depend more on the opinion of the person whose door you entered than on evidence-based medicine. There will always be a wide variation of care based on opinion and on clinical trials, but MOC lessens the variability and raises the minimum bar. There are four parts to MOC, but the one I wish to focus on is Part II, as it requires self-assessment relevant to the diplomate’s practice, for which there were relatively few resources specific to surgical oncology at the time we began. The present requirements for MOC Part II are 60 h every 3-year period with a testing score of at least 75 %.

EDUCATION

Just like translation (as in protein or language), education is a complex process. The basic core knowledge to be learned can be presented in a myriad of ways. Next I want to present how the SSO has put considerable time, effort, infrastructure, and resources into designing and launching a spectrum of innovative didactic and hands-on educational and training programs and processes aimed at meeting the varying needs of the practicing general surgeon, surgical oncologist, and/or trainees.

Nearly 10 years ago, as conceived by the Education Committee, Dr. Charlie Cox started one of the first initiatives of didactics and hands-on training outside of the annual meeting, the Breast Course. This course was designed for the breast fellows to learn basic material and hands-on ultrasound—something that not all fellows across the country were getting at that time or even now. In 2011, Dr. Cox, Drs. Dave Bartlett, Chuck Scoggins and myself designed the first Fellows Institute, which included didactic training and hands-on training for breast and surgical oncology trainees. We partnered with industry, Ethicon, and other companies, which donated tremendous educational grant support and in-kind materials, including the live labs at the Ethicon Institute. In 2012, again with growing support from industry and greater national participation, we utilized the facilities of Ethicon and the brand-new facilities at Devicor. In 2013, the Fellows Institute took on a more formal structure, with Dr. Kevin Roggin as vice chair of the Training Committee. He took over the reins to make sure that the institute was in synchronization with training requirements. One hundred nine fellows attended the 2013 Fellows Institute, including for the first time 14 hepatobiliary fellows and two surgical oncologists from NCI Mexico, making 2013 the first international Fellows Institute. The success of the program was attributed to the efforts of the members of the Fellows Institute Program Planning Committee: Drs. Kevin Roggin, Jill Dietz and Mary Gemignani, Charles Scoggins, Chandrjit Raut, and D. Rohan Jeyarajah, who is on the Training Committee of SSO and on the executive council of the Americas Hepato-Pancreato-Biliary Association (AHPBA). The Fellows Institute now represents a collaborative effort between the SSO, the American Society of Breast Surgeons, the American Society of Transplant Surgeons, and the AHPBA.

Over the same time period, the processes for new initiatives were developed and a mechanism for funding worthy endeavors was established. Dr. Danny Takanishi and the CME Committee have ensured that almost all the initiatives should carry CME credit, including MOC Part II, which the SSO is fully accredited to do. This brings with it the need to follow strict CME guidelines in planning, implementing, and evaluating activities. For these educational initiatives, the Educational Products Committee, led by Dr. Elin Sigurdson, reviews the business plan for the purpose, target audience, needs and gaps, cost and potential revenue, and resources needed, as well as the timeline with benchmarks for completion. Of note is that any member can initiate an educational project and submit it to go...
through this process. Because the group thought that most education activities would include or be exclusively housed on the Internet, projects and activities will require software and other IT solutions, with in-depth review of IT resources for the education activity. Dr. Rick Bleicher and colleagues worked hard to upgrade our IT systems and Web site. The final step in the process is a review by the Executive Council of the business plan. The Executive Council will then allocate resources as appropriate and provide ultimate approval for the education plan and prioritized initiatives. I want to talk about three of the priorities that have been implemented since that time.

The first educational need had to do with the inaugural ABS component board, the Surgical Oncology Board (ABS-SOB) meeting (Fig. 6). Today, the ABS-SOB has representatives from the ABS (Drs. Mark Allen, Chris McHenry, Margo Shoup, and Doug Tyler) and from the SSO (Drs. Russ Berman, Jeff Gershenwald, and Mitch Posner), as well as Dr. Peter Beitsch (American Society of Breast Surgeons), Dr. Michael Choti (AHPBA), and Dr. Gerard Doherty (American Association of Endocrine Surgeons), all of whom are SSO members. The component board is chaired by Dr. Selwyn Vickers (representing the ABS). The first set of surgical oncology fellows will take the new certification written exam in Complex General Surgical Oncology this fall. Commensurate with an exam, development of educational material pertinent to the exam had to be developed. Members of the SSO likewise needed CME and MOC, especially Part II. As such, development of the Surgical Oncology Self-Assessment Program (SOSAP) was deemed a number one priority. Under the auspices of your president-elect, Dr. Ron Weigel, and his hard-working committee, SOSAP was officially launched in April 2013.3 SOSAP offers 60 h of MOC Part II credit enough for each 3-year cycle. In a little less than a year, nearly 300 copies have been sold, totaling almost 100,000 dollars in sales and 2,500 credit-hours issued. SOSAP can easily be accessed via our Web site or the Internet. There are several other benefits to fellows; in particular, I want to point out the Fellows National Video Conference, which Dr. Dave Bartlett runs. Under the direction of Carol Swallow and her committee, young faculty and fellows can also compete for research grants. They have been awarded nearly $2.5 million from the SSO since 2007 and now through the Foundation.

Our last education retreat was held in August 2013; this helped the Executive Council further define the society’s direction. The first obvious need was to create an educational platform to house all SSO educational activities, especially by enhancing the Web site and its IT capabilities. There was resounding resolve to become a more data-driven organization.

Our next priority is to expand the SCORE curriculum for surgical oncology in cooperation with the ABS. Russ Berman, whose tenure as chair of the Training Committee will end this year, will become chair of the newly formed SCORE Committee, which will develop online modules on surgical oncology that eventually will be available to everyone.

Two years ago at the SSO, we offered a single session with Part II MOC credit. The first SSO virtual meeting was launched at SSO 2013, with a total of 1,511 meeting attendees accessing the content. The on-site MOC Café, available again this year, was first offered at SSO in 2013. A total of 302 meeting attendees accessed the available five self-assessment modules; the views of the 2013 virtual meeting totaled almost 7,500. It will be online within hours on mobile devices and the Web site. It is fully searchable by session and related or popular content. Part II MOC modules from last year’s meeting remain available on our Web site. The MOC Café is offered again this year. Ten sessions from SSO 2014 are offering up to 18 h of self-assessment credit that may be applied toward Part II. Additively, the Web site committee successfully launched a social media platform, and SSO now has 620 followers on Facebook, 1,265 on Twitter, and 963 on LinkedIn at the time of this writing.

Many thanks to Dr. Grobmyer and his committee for all their work on this year’s program, which is simply outstanding—so thank goodness we have the virtual meeting so we don’t miss anything. A record number (685) of abstract submissions were received for SSO 2014. The Disease Site Work Groups were engaged in the abstract review process by developing disease-site-specific tracks. New this year, three premeeting hands-on skills were offered with the aid of our host chair, Nabil Wasif, with special thanks to the Mayo Clinic.
Further plans to improve the meeting are to collect data around the annual meeting to improve content and meet needs. A task force will develop a more formalized template for the meeting so that it can be produced well in advance of the meeting.

INTERSOCIETAL AND INTERNATIONAL COLLABORATIONS

Another area we have made strides in was of intersocietal collaborations, whether in the United States or internationally. We have many official representatives to various organizations. Building consensus is a whole different level of complexity. Probably no one has done it better than our immediate past president, Monica Morrow, who envisioned, in collaboration with Dr. Meena Moran and with funding by the Komen Society, the SSO/ASTRO Consensus Conference on Margins for Breast-conserving Surgery, which primarily asked the question: what margin width minimizes the risk of ipsilateral breast tumor recurrence? On the basis of the extensive literature review and meta-analysis presented by Houssami and colleagues, the SSO/ASTRO/ASCO and ASBS developed and approved a consensus statement, which was published simultaneously in February in the SSO’s journal, Annals of Surgical Oncology, and the ASTRO and ASCO journals. In giving the 2013 William L. McGuire Lecture at the San Antonio Breast Conference, Dr. Morrow summarized that it is possible that wider margins may have conveyed a small benefit in the past, but multimodal therapy obviates the need for wider margins. Evidence that margins more widely clear than no ink on tumor are beneficial is lacking, and avoidance of routine reexcision benefits patients and decreases health care costs.

In other collaborations, last month, Dr. Grobmyer and I attended the International Breast Cancer Consensus Conference in Japan led by Drs. Toi, Inamoto, Yamamoto, as well as Dr. Eric Winer and myself, the proceedings of which will, I hope, be published later this year. There is also a planned consensus conference on training in hepatobiliary surgery with the American Society of Transplant Surgeons, the AHPBA, and the SSO, with Drs. Mitch Posner and Russ Berman representing us.

Our outreach committee is chaired by Dr. Augusto Leon, who is also co-vice chair, with Dr. Ben Anderson, for international affairs. Dr. Ronda Henry-Tillman is vice chair for diversity, and Dr. Chris Pezzi is vice chair for community surgeons. Together, they have been responsible for many intersocietal collaborations.

Drs. Ronda Henry-Tillman and Lisa Newman, along with ASCO and the Livestrong Foundation, worked with a multidisciplinary planning group of 10 other organizations to develop interdisciplinary e-learning activities. The programs offered are designed to increase awareness of disparities and to improve cancer care in disparate populations. These subsequently developed modules can be accessed through the SSO Web site.

In March, the SSO’s Executive Council approved implementation of a pilot International Organizational Relations Program to assure SSO’s place as a leader in the global surgical oncology community. Best of SSO, which formalizes the sharing of SSO educational content from the annual meeting with selected societies around the world, is one of four core initiatives in the program, and it has already made significant headway. Modeled after a similar ASCO initiative, Best of SSO was first initiated in Mexico, hosted by Dr. Hector Martinez-Said, then the director of NCI Mexico and the president of the Sociedad Mexicana de Oncología. Drs. Richard Alexander, Charles Balch, and Mitch Posner, as well as myself, represented the SSO, joining experts from the Instituto Nacional de Cancerología and other prestigious institutions. The Indian Association for Surgical Oncology hosted a “best of SSO” last November 2013. This seminal meeting represented a collaboration among the Indian Association of Surgical Oncology (IASO), the Association of Radiation Oncologists of India (AROI), the Indian Society of Medical and Pediatric Oncology (ISMOPO), and the India Society of Oncology (ISO), as well as, in 2012, the Egyptian Society of Surgical Oncology under the leadership of the Egyptian SSO president, Ashraf, and president-elect Zaghoul. In other collaborations, Drs. Grobmyer, Hochwald, and Schwarz represented SSO at the Japanese Society of Gastroenterological Surgery (JSGS), presenting a joint symposium on current treatment strategies for esophageal junction tumors.

Also, the SSO cosponsored the ESSO 2013 Melanoma Course in Greece. Several SSO leaders were present at the event, including Dr. Charles Balch. Other participating organizations included the European Association of Dermato Oncology (EADO) and the Hellenic Society of Medical Oncology and Surgical Oncology. At this year’s SSO, a joint symposium, Current Controversies in Neuroendocrine Tumors, is being cosponsored with ESSO. The ESSO president, Dr. Graeme Poston, and the president-elect, Dr. Riccardo A. Audisio, are serving on the SSO 2014 faculty.

2014 INTERNATIONAL CAREER DEVELOPMENT EXCHANGE PARTICIPANTS

In 2013, the SSO approved development of a new short-term International Career Development Exchange program in collaboration with selected surgical oncology partner
organizations. The participants are attending the annual conference followed by a visit to two or three academic institutions in their specialty areas.

Dr. Manjunath, nominated by the Indian Society, is a professor of surgical oncology at St. John’s Medical College Hospital in India. Drs. Hofstetter and Swisher will be hosting him at MD Anderson Cancer Center, and Dr. Mitch Posner will host him as he visits the University of Chicago.

Dr. Hirono, nominated by the Japanese Society of Gastrological Surgery, is an assistant professor in the second department of surgery at Wakayama Medical University in Japan. Dr. Dave Barlett at UPMC, Dr. Jeff Drebin at the University of Pennsylvania, Drs. Dan Coit and Allen at Memorial, Dr. Toloza at Moffitt, and Dr. Mehran at MD Anderson Cancer Center will be the hosts at their respective sites.

Dr. José Francisco Corona-Cruz, nominated by the Sociedad Mexicana de Oncología, is a surgical oncologist at the NCI, Mexico. He will be hosted by Dr. Toloza at Moffitt and Dr. Mehran at MD Anderson.

Likewise, SSO members have been offered a great opportunity by the Royal Society of Medicine in the United Kingdom and the Royal Society of Medicine Foundation in the United States to apply for a visiting professorship in the U.K.

SSO is an inclusive society. The stars on the map in Fig. 7 symbolize the presence of representatives from institutions within that state that have members on one of our committees or council. There are just 12 states without representatives, and all but one have 10 or fewer members; and two have none. In an online open process, a record 175 members expressed interest in the 40 open committee positions for the 2014–2015 leadership year.

International attendance has always been high. Notably, Dr. Harald Hoekstra always brings in a large contingent from the Netherlands. There are representatives on SSO committees from Brazil, Canada, Chile, Egypt, Greece, Italy, Israel, Japan, Mexico, the Netherlands, and Spain. SSO is a global society.

What I wanted to point out through all of this is that education is global; it can be translated in many ways and many languages. The SSO has invested over half a million dollars in new educational initiatives and established several funds that will further add to armamentarium of SSO educational products. The reason we can do that has to do with the success of our number one global educational tool, which I haven’t talked about yet: our journal, Annals of Surgical Oncology. This year marks its 20th anniversary.

**HISTORY OF ANNALS OF SURGICAL ONCOLOGY**

In June 1992, Dr. Robert Beart, then the SSO Publications Committee chair, proposed to the SSO Executive Council that SSO publish a bimonthly oncology journal. Drs. Winchester and Bland proposed to name the journal Annals of Surgical Oncology (ASO). At the same time, the Executive Council unanimously appointed Dr. Charles Balch as editor in chief; Drs. Donald Morton, Murray Brennan, and Ted Copeland III as associate editors; and Mark Roh as assistant editor and later executive editor.
In January 1994, the journal launched 6 issues and 534 pages per year. In January 2014, the journal celebrated 20 years of publication, with 16 issues and over 4,000 pages published in 2013 alone. This represents a dramatic growth in accepted manuscripts per year as well as published pages per year (Fig. 8).

ASO garners 2,000 global peer reviewers for over 3,000 submitted manuscripts each year; we have an average review time of 34 days and time to publication of only 31 days. The impact factor has dramatically risen. The citation index at 2 years is 4.12 (Fig. 9). Average citations per article over a rolling 4-year span is high.

Seeking intersocietal collaborations, we became the official organ of the American Society of Breast Surgeons (ASBrS) in 2010, nearly doubling our readership. ASBS members greatly expanded our community-based surgeon audience, thus complementing and enriching our journal content.

We have further expanded our reach globally, receiving manuscripts from 45 different countries in 2013. The journal became one of international collaboration in surgical oncology, with more than half a million downloads per year.8 All this has made a huge financial impact on the society; these monies have been invested back into the educational offerings of the SSO over the past 20 years. Yet the cost of the journal has remained the same to members: $75. This year, as we continue to improve, we began offering Part II MOC for our articles, publishing a total of nine this past year.

SPECIAL RECOGNITION OF SSO EDITORS

At this time I would like to ask Dr. Brennan (Dr. Copeland couldn’t attend) and two of the original associate editors to help me honor Drs. Balch and Roh, as well as managing editor Deb Whippen, whom I will also ask to come to the podium (Fig. 10). While they are coming up, I would like all past and present editorial board members to stand and be recognized. The society would like to present you each these certificates and engraved pens that are made from lava from Mount Vesuvius. Like lava, you are formidable and can’t be stopped; you are ever flowing with new ideas.

PRESENTATION OF JAMES EWING LAYMAN’S AWARD FOR OUTSTANDING COMMITMENT IN THE BATTLE AGAINST CANCER

As surgical oncologists, we know our work would not be possible without the support of those from many sectors of society . . . but who could have foreseen that the footwear industry would be one of the greatest champions of breast cancer research? Well, if you knew Joe, you would never doubt that!

Joe Moore is president and CEO of the Fashion Footwear Association of New York, known as FFANY, and chairman of the Fashion Footwear Charitable Foundation. For 15 years, Joe has led this organization with exceptional talent, vision, and tenacity, as well as a philanthropic heart. “FFANY Shoes on Sale” started in a tent in Central Park in 1994 and, starting in its second year, QVC came on board to broadcast this effort to reach a wider audience to raise funds for innovative breast cancer research. Although this was successful in the early years, this effort didn’t take off until Joe Moore came to the helm at FFANY in 1999 (Fig. 11).

Under Joe’s tenure, the participation of the shoe industry has skyrocketed to new heights, tripled the dollars given
away each year, and now has about $5 million of shoes donated each year to sell at half price, with net proceeds going to beneficiaries coast to coast. These funds are earmarked to support ideas at the earliest stages, called First Step Awards, because they know that this is the hardest funding for organizations to raise, as there isn’t a track record yet—just a spark that could lead to discovery.

Joe is a man who builds partnerships in all he does, and he has done that with the lead donors to this effort, called Special Pink Benefactors. These companies donate over a half million dollars’ worth of shoes each year and include the Jones Group, who cofounded the Shoes on Sale program with FFANY; Brown Shoe Company; and Vince Camuto. Some other friends that Joe has brought to the cause include Suze Orman, Felicity Huffman, Marcia Cross, Jamie Lee Curtis, Sheryl Crow, Reba McEntire, Kristin Davis, Fergie, Mischa Barton, Nicole Richie, Julianne Hough, and Jessica Simpson. You didn’t know we had such sizzling hot friends in oncology, did you?

Joe doesn’t stop at Hollywood for help—he goes to the highest levels to create partnerships for this cause. Last year at the 20th anniversary event, I had the privilege of accepting the FFANY Jodi Fisher Humanitarian Award on behalf of a man Joe has had engaged in the event over the years. You might recognize him. Let me share with you the words that former president Bill Clinton had to say that night (see on line film).

All this adds up to one important fact: Joe Moore has led FFANY and its donors know that from these sparks come the greatest achievements, so they have dedicated themselves to help us in this important way.

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Cedars Sinai Sam Oschin Comprehensive Cancer Center, John Wayne Cancer Institute at St. John’s Health Center, Siteman Cancer Institute, University of Michigan Comprehensive Cancer Center, University of Pittsburgh Cancer Institute, Winthrop P. Rockefeller Cancer Institute, and the Breast Cancer Research Foundation.

I would ask those here today from these organizations to join me on stage for the presentation to Joe, to show our appreciation for the depth and breadth of his work and to show the collaboration he always stresses for us to have in our work, pushing through the barriers of geography, institution, and ego. To show the power of pump, boot, and stiletto in our work, it is important to know that, given the area FFANY has funded all these years, their dollars have opened the gateway to other donors who are willing to fund once there is a proven commodity. As you see on the screen, FFANY’S over $42 million (which will be almost $45 million with last year’s proceeds) has brought in over $200 million to find a cure. Therefore, it is my privilege to present the 2014 James Ewing Layman’s Award to Joe Moore for 15 years of visionary commitment to bring us steps closer to a cure. Without QVC Presents FFANY Shoes on Sale, their ongoing commitment, and the commitment of like-minded donors, we could not have achieved all that we have to date or all that we hope to in the future.

Together, we must put more dollars to work to create better science and real hope—not only to deliver globally better care through translational education, but also to create better treatments. I challenge all here today to renew their efforts in this quest. Working together, we must break down the barriers between organizations, because our strength is in our collaboration.

ACKNOWLEDGMENT Thanks to Dr. Ron Weigel for his kind introduction and for being a great partner, not only this year but for the last 7 years, in so many of the educational efforts that we have endeavored to enact together at the ABS, the ABS-SOB, and the SSO.

DISCLOSURE The author declares no conflict of interest.

REFERENCES