Society presents $100,000 Clinical Investigator Awards

The Society presented three $100,000 Clinical Investigator Awards during the 60th Annual Cancer Symposium in Washington, D.C., Fellowship and Research Grant Committee Chair Dr. Kenneth K. Tanabe announced.

The awards, funded through educational grants from Genentech, AstraZeneca and Amgen, were created to promote patient-oriented research through the training of surgical oncologists in clinical and translational science. 2007 award winners are:


- Dr. Malcolm V. Brock, Baltimore, MD – “A New Paradigm for Molecular Staging of Lung Cancer – Translating DNA Methylation to the Clinic.” Funded by a grant from Genentech.

- Dr. Herbert Chen, Madison, WI – “A Phase II Clinical and Biological Study of Lithium in Patients with Neuroendocrine Tumors.” Funded by a grant from Amgen.

Awards will be funded for two years ($50,000 per year) beginning in July 2007. Award recipients will submit a one-year progress report in February 2008, a final report in February 2009, and make brief presentations at the 2009 Annual Cancer Symposium in Phoenix, AZ.

Information on the 2008 Clinical Investigator Awards, including availability, deadlines and application information, will be posted on the SSO Website, www.surgonc.org, later this year. Applicants must be surgical oncologists who have completed their training in the last 10 years, and be SSO members.

60th Annual Cancer Symposium sets attendance records

A record 1,284 physicians – including an all-time high 679 SSO members – gained a comprehensive overview of emerging innovations, advances and controversies in surgical oncology practice standards during the 60th Annual Cancer Symposium, March 15 – 18, in Washington, D.C.

Attendance by non-physicians, spouses and guests, media representatives and exhibitors brought the meeting’s total registration to 1,682, well ahead of initial estimates.

“Those who attended the Society’s meeting in our nation’s capital experienced a program that featured world-renowned presenters and lecturers speaking on topics that are critically important to surgical oncologists,” Scientific Program Committee Chair Dr. Henry M. Kuerer, Houston, TX, explained. “It offered a balanced perspective on topics ranging from translational laboratory research and practical clinical standards to large protocol-based national clinical trials.”

The program included clinical updates from around the world; presentations on vital issues in gastrointestinal cancer, breast cancer, melanoma, endocrine cancer, sarcoma and surgical outcomes; debut of a breast ultrasound imaging course/hands-on lab (co-sponsored by the American Society of Breast Surgeons); and a CPT coding program designed to help surgeons receive proper reimbursement through appropriate CPT Code use.

During the President’s Banquet, Dr. Raphael Pollock presented the 2007 James Ewing Layman Award to Sister Alice Louise Potts. Sister Alice has spent more than 30 years ministering to cancer...continued on page 3
MESSAGE FROM THE PRESIDENT

“If it was easy, anybody could do it”

By Dr. Nicholas J. Petrelli

As I begin my term as SSO President, I have big shoes to fill in light of the outstanding performance by my predecessors: Dr. Timothy J. Eberlein and Dr. Raphael Pollock. As I stated during my inaugural comments, filling their shoes would be like filling the shoes of Coach Bear Bryant at the University of Alabama! However, I will do my best.

I might add that I thoroughly enjoyed the mini-roast of Dr. Pollock as part of my introduction prior to his own Presidential Address during the 60th Annual Cancer Symposium. Those of us at the Saturday night banquet also enjoyed the outstanding roast by Dr. Steve Curley who, if you didn’t notice, actually had real spurs on his boots. I believe the saying in Texas is, “Don’t mess with Curley.”

I find myself already thinking about my presidential address next year in Chicago. Be forewarned that, as the leadership finally realizes the importance the community surgeon plays in the care of cancer patients, I wouldn’t be surprised if part of my presidential address centers around the success that we have had at our own institution in embracing the community surgeon to establish a successful cancer program for Delawareans.

Although some might consider this topic self-serving, my only comment (as someone born and raised in New York City) is, “so what?”

“I look forward to this next generation of surgeons to challenge the leadership of the Society...”

It is traditional for this presidential message you are now reading to summarize goals for the coming year. However, as I stated in my introduction for Dr. Pollock, I have never been traditional. Having said that, topics that are – and will continue to be – important include: 1) Getting the community surgeon more involved in our Society; 2) Branching out to our international colleagues, a process that has already started with Dr. Pollock’s formation of the International Committee; 3) Educating our membership on the disparities in cancer care throughout the United States; 4) Continuing discussions on certification in surgical oncology; 5) Ensuring that the next generation of surgical oncologists start (and continue) to play an important role in the SSO; and 6) Finding resources to help physicians place patients in clinical trials.

Throughout my career, I have been fortunate – like many members of our Society – to have been surrounded by young men and women for whom I have played a small role in their education. I look forward to this next generation of surgeons to challenge the leadership of the Society by thinking “outside the box” on many of the issues we will face in the ensuing years. Some of which have been mentioned above.

If anything, you will more than likely remember that this “Message From The President” is probably the shortest that has ever been published in SSO News. Nevertheless, my door (4701 Ogletown Stanton Road, Suite 1233 Newark, DE), e-mail (npetrelli@christianacare.org), and phone (302-623-4556) are always open to discuss any issues related to the care of our patients and the role that the Society of Surgical Oncology might play. I look forward to working with you.

As we move forward, please keep in mind that, as we work as a team, “if it was easy, anybody could do it”.

Members approve formation of new committees

SSO members have approved revisions to the organization’s bylaws that create two new committees dedicated to enhancing participation of community surgeons and international members, Constitution and Bylaws Chair Dr. Todd W. Bauer, Houston, TX announced.

The Community Surgical Oncologists Committee, chaired by Dr. Peter D. Beitsch, Dallas, TX, will identify and research challenges faced by surgeons who devote the majority of their practices to cancer management.

The new bylaws also create an International Committee, which will provide a formal conduit for important international perspectives from Society members outside North America. Dr. Joseph Klausner, Tel Aviv, Israel, chairs the committee.

Drs. Beitsch and Klausner will serve as voting members of the Executive Council to ensure that the committees’ actions and agendas receive effective consideration by Society officers and the general membership.

The Society also created four new task forces:

- American Board of Surgery Advisory Task Force, chaired by Dr. James E. Goodnight, Sacramento, CA;
- Disparities Task Force, chaired by Dr. Lisa A. Newman, Ann Arbor, MI;
- Outcomes/Research Task Force, chaired by Dr. Stanley P. L. Leong, San Francisco, CA;
- Membership Task Force, chaired by Dr. Charles M. Balch, Alexandria, VA.
Dr. Nicholas J. Petrelli, Newark, DE, was installed as SSO President at the 60th Annual Cancer Symposium in Washington, D.C. He succeeds Dr. Raphael E. Pollock, Houston, TX.

Dr. Petrelli is Medical Director of the Helen H. Graham Cancer Center, Christiana Care, Newark, DE, and Professor of Surgery at Thomas Jefferson University, Philadelphia, PA.

A former SSO President-elect and Vice President, Dr. Petrelli served two previous three-year terms on the Executive Council. He is former Chair of the Corporate Relations and Continuing Medical Education Committees; served on the Scientific Program, Training Program Directors, and Nominating Committees; spent five years on the James Ewing Foundation Board of Directors, and was Section Editor (Gastrointestinal) for *Annals of Surgical Oncology*.

Other new Officers and Council Members are:

- Dr. William G. Cance, Gainesville, FL, President-elect;
- Dr. Fabrizio Michelassi, New York, NY, Vice President;
- Dr. Monica Morrow, Philadelphia, PA, Secretary;
- Dr. Kenneth K. Tanabe, Boston, MA, Executive Council Member;
- Dr. Douglas S. Tyler, Durham, NC, Executive Council Member; and
- Dr. Martin J. Heslin, Birmingham, AL, Councillor-at-Large.

Drs. Peter D. Beitsch, Dallas, TX, and Joseph M. Klausner, Tel Aviv, Israel, also serve as voting members of the Executive Council.

Dr. Petrelli (right) accepts the Presidential gavel from his predecessor, Dr. Raphael Pollock.

Dr. Ching-Wei Tzeng, Birmingham, AL, was named the 2007 Harvey Baker Traveling Fellow for his abstract submitted for the 60th Annual Cancer Symposium in Washington, D.C.

The Harvey Baker Award is presented annually by the James Ewing Foundation of the Society of Surgical Oncology to help fund a trainee’s travel to SSO’s Annual Cancer Symposium. The honoree receives a $1,000 travel grant.

Dr. Tzeng’s study, *Pancreatic Cancer Epidermal Growth Factor Receptor (EGFR) Intron 1 Polymorphism Influences Clinical Outcome and Response to Erlotinib,* was conducted at the University of Alabama at Birmingham.

In addition, SSO recognized Dr. Tzeng’s outstanding Annual Meeting presentation with the Resident Essay Award for Best Basic Science Research Paper.

SSO honors three Resident Essay Award recipients each year at the Annual Cancer Symposium. Award winners receive a $500 award, airfare reimbursement and $100 for living expenses.

2007 winners, along with Dr. Tzeng, are:

- Dr. Sherry J. Lim, Houston, TX, Best Clinical Research Paper, “Sentinel Lymph Node Evaluation Does Not Improve Staging Accuracy in Colon Cancer.”
- Dr. Ulrich Guller, Toronto, Canada, Best Poster, “Trends in Adjuvant Treatment of Gastric Cancer: An Analysis of 9,528 Patients”

Cancer Symposium available on CD-ROM

More than 25 hours of programming from the 60th Annual Cancer Symposium’s scientific program are now available on CD-ROM.

The CD-ROM set, produced by Blue Sky Broadcast, features nearly all sessions held at the meeting, March 15 – 18 in Washington, D.C. “Meet the Professor” programs, and hand-on courses are not included.

The CDs allow PC users to start at any point during a presentation; pause, rewind, fast forward or exit at any time; and search via subject, keyword, author or title.

An order form is enclosed with this issue of *SSO News.*

Members may also order the CD-ROM directly from the Society’s Website, [www.surgonc.org](http://www.surgonc.org).
Dr. Raphael Pollock: SSO’s future depends
On response to four specific challenges

The Society of Surgical Oncology will either enjoy genuine growth or experience negative repercussions based on its response to four specific issues affecting healthcare professionals, outgoing President Dr. Raphael Pollock, Houston, TX, declared during his Presidential Address at the 60th Annual Cancer Symposium.

Dr. Pollock identified the looming crisis in surgical manpower, the possible introduction of board certification, the Society’s willingness to welcome new community-based and international members, and its participation in oncology’s “molecular-based revolution” as opportunities to expand the SSO footprint. If approached correctly, these issues will help the Society maintain its leadership role in the surgical oncology specialty.

“Together, we can consider some first steps that might be taken,” he urged. “As Bill Gates would say, ‘Control your own destiny, unless you would rather have someone else do it for you.’”

SURGICAL MANPOWER DECLINING
Demographic realities, unresolved medical-liability issues, increased documentation time demands and the erosion of all forms of payor compensation are combining to create a critical mass. Dr. Pollock reported that the per capita number of general surgeons is at a 50-year low.

“Not only is the rate of general surgical growth slower than that of the general population, it is also markedly less in absolute terms than that of non-surgical medical specialties. I suggest we can help, on a daily basis, by how we work as role models and mentors for our medical students and surgical trainees,” he explained.

Dr. Pollock offered three suggestions to help steer young healthcare professionals into surgical training:

- Create a culture where mentoring efforts are recognized and rewarded in departmental evaluation/promotion systems;
- Establish targeted outreach programs, such as student travel scholarships, that would allow medical students to attend the Annual Cancer Symposium;
- Develop a rational basis for continued increases in SSO-accredited training positions by using available data to determine future surgical oncology manpower needs.

BOARD CERTIFICATION TO ENHANCE SSO’S AUTHORITY
Possible establishment of board certification for surgical oncology is a second issue critical to the specialty, and SSO has a major role to play, Dr. Pollock reported, citing a recent SSO survey in which more than two-thirds of members favored board certification in surgical oncology.

Board certification would reinforce “our identity as a surgical specialty in the eyes of trainees, Congress, other surgical societies, and the medical centers where we work,” he predicted. It would also strengthen the position and impact of surgical oncologists practicing in the community.

“In our era of Pay for Performance, definable outcomes and transparent quality assurance programs, board certification would enable us to be more of a force to positively affect these concerns,” Dr. Pollock added.

SIMPLY STATED, IF WE WANT TO AFFECT THE QUALITY OF SURGICAL ONCOLOGY CARE, WE MUST EXTEND BEYOND OUR ACADEMIC CENTERS.

EMBRACE COMMUNITY, INTERNATIONAL MEMBERS
A third key to SSO’s continued growth and development, according to Dr. Pollock, is to welcome community surgical oncologists and those practicing abroad.

“If we continue to view the SSO primarily as the domain of U.S. academic surgical oncologists, we may well be undercutting our ultimate potential for influence,” he warned. “Expanded strength and vitality will come from inclusion and diversity, not by narrowness and exclusivity.”

The recent creation of the Community Surgical Oncologists and International Committees was the first step in seeking to connect with potential members who will fuel the Society’s continued growth. Today, more than 80% of cancer resections in the U.S. are performed in the community.

“Simply stated, if we want to affect the quality of surgical oncology care, we must extend beyond our academic centers. If surgical oncology is to provide leadership in contemporary multidisciplinary cancer care, we must embrace those who are providing the bulk of cancer surgery,” Dr. Pollock reported.

He also advocated aggressive engagement with surgeons from around the world to position SSO as an authority in international surgical oncology.

MOLECULAR-BASED RESEARCH A “REMARKABLE” OPPORTUNITY
SSO must begin to address how it can best be positioned for the advances in molecular-based research, Dr. Pollock said.

Research is leading to non-toxic, personalized oncology treatments based on individual patient and tumor biomarkers.

“If we do not vigorously participate in this as committed stakeholders, a remarkable opportunity will pass us by, and ultimately our role in multidisciplinary cancer care can be predicted to shrink as well,” he added. ©
SSO thanks Annual Cancer Symposium supporters

SSO expresses its sincere appreciation to the following organizations for their generous support of the 60th Annual Cancer Symposium and other Society programs:

**Aloka Ultrasound** – Co-sponsor of, and equipment provider for, the Sunday Breast Ultrasound Imaging course.

**American Cancer Society** – Sponsor of the Thursday Symposium, “Advances in Molecular and Cellular Staging of Breast Cancer,” and the convention valises.

**Amgen** – Sponsor of a two-year Clinical Investigator Award, the Internet Café and the Abstracts on CD-ROM.

**AstraZeneca LP** – Sponsor of a one-year Clinical Investigator Award.

**Bard Biopsy Systems** – Provider of equipment for Sunday’s Breast Ultrasound Imaging course.

**B-K Medical Systems, Inc.** – Co-sponsor of, and equipment provider for, Sunday’s Breast Ultrasound Imaging course.

**Bristol-Myers Squibb Company**

Sponsor of the Sunday morning breakfast symposium, “Multidisciplinary Advances in Head and Neck Cancer: Implications for Surgical Oncologists,” and the Reception and Dinner in honor of the President.

**Genentech** – Sponsor of a two-year Clinical Investigator Award, the Convention Program Guide and the President’s Banquet.

**ImClone Systems** – Sponsor of the four Plenary Sessions.

**James Ewing Foundation** – Sponsor of the James Ewing Lecture, three travel grants for Fellowship Award Winners, and one Trainee Award.

**John Wayne Foundation** – Sponsor of the John Wayne Clinical Research Lecture.

**Novartis Oncology** – Sponsor of the Thursday dinner symposium, “Aromatase Inhibitors and Early Breast Cancer: Treatment Strategies for Surgical Oncologists.”


**RITA Medical Systems, Inc.** – Sponsor of the Thursday symposium, “Multi-Modality Management of Primary and Metastatic Liver Lesions, Including Bridge to Transplant.”


**Schering-Plough** – Sponsor of the Thursday symposium, “Advances in Melanoma Therapy,” and the 2007-08 SSO Membership Directory.

**ThermaSolutions, Inc.** – Sponsor of the Friday session, “Current Status: Surgical Oncology for Peritoneal Carcinomatosis.”

**Toshiba America Medical Systems, Inc.** – Equipment provider for Sunday’s Breast Ultrasound Imaging course.

**Veridex, LLC** – Sponsor of the Thursday symposium, “Advances in Molecular and Cellular Staging of Breast Cancer.”

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**2007-08 SSO Committee Chairs**

The Executive Council has approved the following committee chair appointments for the 2007-08 program year:

**Committees:**

Clinical Affairs ................................. Dr. Rosemary B. Duda, Boston, MA
Community Surgical Oncologists .............. Dr. Peter D. Beitsch, Dallas, TX
Constitution and Bylaws ...................... Dr. Todd W. Bauer, Houston, TX
Continuing Medical Education .............. Dr. David N. Danforth, Jr., Bethesda, MD
Corporate Relations ......................... Dr. Kelly M. McMasters, Louisville, KY
CPT .................................. Dr. Lawrence D. Wgan, Duarte, CA
Education ................................. Dr. William G. Cance, Gainesville, FL
Fellowship and Research Grant .......... Dr. Kenneth K. Tanabe, Boston, MA
Finance ................................ Dr. Mitchell C. Posner, Chicago, IL
International ............................... Dr. Joseph M. Klausner, Tel Aviv, Israel
Issues and Government Affairs .......... Dr. Michael Bouvet, San Diego, CA
Local Arrangements ....................... Dr. Mitchell C. Posner, Chicago, IL
Membership ............................... Dr. Monica Morrow, Philadelphia, PA
Nominating ................................ Dr. S. Eva Singletary, Houston, TX
Planning .................................. Dr. William G. Cance, Gainesville, FL
Scientific Program ......................... Dr. Timothy J. Yeatman, Tampa, FL
Training .................................. Dr. Jeffrey E. Gershenwald, Houston, TX
Training Program Directors
Subcommittee (Breast) ...................... Dr. Armando Giuliano, Santa Monica, CA
Training Program Directors
Subcommittee (Surgical Oncology) ........ Dr. Mitchell C. Posner, Chicago, IL
Web Site ................................ Dr. Funda Meric-Bernstam, Houston, TX

**Task Forces**

ABS Advisory ............................... Dr. James E. Goodnight, Sacramento, CA
Disparities ................................ Dr. Lisa A. Newman, Ann Arbor, MI
Membership ............................... Dr. Charles M. Balch, Alexandria, VA
Outcomes/Research ...................... Dr. Stanley P. L. Leong, San Francisco, CA
Dr. Kelly M. McMasters expresses the Society’s appreciation to Jai Balkissoon, MD, Assistant Medical Director, BioOncology, Genentech, for the company’s support of the SSO and the 2007 Annual Cancer Symposium.

Hundreds of exhibitors offered meeting attendees an opportunity to explore new cancer treatment products and services.

Former SSO President Dr. S. Eva Singletary honors 1998-99 President Dr. Edward Copeland during the meeting’s Annual Heritage Presentation.

SSO Corporate Relations Committee Chair Dr. Kelly M. McMasters expresses the Society’s appreciation to Jai Balkissoon, MD, Assistant Medical Director, BioOncology, Genentech, for the company’s support of the SSO and the 2007 Annual Cancer Symposium.

American Cancer Society/SSO Basic Science Lecturer Dr. Leroy Hood (left) receives an award of appreciation from Dr. Steven Sener.

Society Treasurer Dr. Mitchell C. Posner (left) and Vice President Dr. Fabrizio Michelassi (right) congratulate Dr. Nicholas J. Petrelli on his election as President.
Outgoing President Dr. Raphael Pollock presents the James Ewing Layman Award to Sister Alice Potts.

Executive Council Member Dr. Lisa Newman shares a laugh with Scientific Program Committee Chair Dr. Henry Kuerer.

John Wayne Clinical Research Lecturer Dr. John Mendelsohn (top) and Dr. Donald Morton, who presented the James Ewing Lecture, were among an impressive slate of distinguished speakers featured at the Washington meeting.

1996-97 SSO President Dr. Kirby Bland greets Bristol-Myers Squibb Company representative Damon Owens during the President’s Reception.

Dr. Raphael Pollock and his wife, Dr. Dina Lev (left), display their Texas pride with Dr. Steven Curley and his fiancé, Ms. Karen Beaty, during the 2007 President’s Banquet.
Society updates statement on Prophylactic Mastectomy

In 1993, the SSO developed a position statement on prophylactic mastectomy to guide insurance programs in determining coverage and help patients obtain reimbursement. The original statement was co-authored by Drs. Kirby I. Bland, Edward M. Copeland, and David P. Winchester, and approved by the SSO Standards of Care Committee.

The position statement was revised in 2001 by Drs. Douglas Reintgen, Armando Giuliano, and Suzanne Klimberg.

In January 2007, the SSO Executive Council requested that Dr. Giuliano chair a Prophylactic Mastectomy Task Force and again revise the document. The following guidelines were revised by Drs. Henry Kuerer, Monica Morrow, Marilyn Leitch, Amy Degnim, Susan Boobol and Giuliano.

**Potential Indications for Bilateral Prophylactic Mastectomies**
*(In Patients without a Cancer Diagnosis)*

**High Risk**
- BRCA mutations or other genetic susceptibility genes
- Strong family history with no demonstrable mutation
- Histologic risk factors

Bilateral prophylactic mastectomy in a patient without a diagnosis of breast cancer or evidence of a suspicious breast lesion is one form of risk reduction for the development of breast cancer. Ideally, indications for consideration of bilateral prophylactic mastectomies are best evaluated by a multidisciplinary team which may include a surgeon, medical oncologist, pathologist, as well as a genetic counselor. A thorough discussion of alternative approaches includes close surveillance and other risk-reduction strategies. Such strategies include preventive agents such as tamoxifen or raloxifene, participation in clinical trials, and/or bilateral prophylactic oophorectomy (in pre-menopausal women). This discussion is essential to properly inform the patient of the spectrum of options for risk management. The patient should also be informed of potential risks and benefits of prophylactic mastectomy as well as the fact that the procedure does not provide 100% protection against the development of breast cancer. Additional factors to consider include patient age and other co-morbidities.

Prophylactic mastectomy should not be discussed without a concurrent discussion of the potential benefits and risks of immediate reconstruction.

Clinicopathologic presentations that portend an additional risk of the development of breast cancer and that justify proceeding with bilateral prophylactic mastectomies include any of the following:

1) A known mutation of BRCA 1 or BRCA2 or other strongly predisposing breast cancer susceptibility genes

2) A family history of breast cancer in multiple first-degree relatives and/or multiple successive generations of family members with breast and/or ovarian cancer (familial cancer syndrome). Additionally a family history of multiple family members with bilateral and/or pre-menopausal and/or male breast cancer may be associated with a familial breast cancer syndrome. Genetic counseling should be strongly considered, although prophylactic surgery is appropriate in women with a family history consistent with genetic predisposition and no demonstrable genetic mutation.

3) High-risk histology: Atypical ductal or lobular hyperplasia, or lobular carcinoma in situ confirmed on biopsy. These changes are especially significant if present in a patient with a strong family history of breast cancer.

Rarely, bilateral prophylactic mastectomies may be warranted for an exceptional patient without family history or high-risk histology. Such a patient would exhibit the following characteristics: extremely dense fibronodular tissue that is difficult to evaluate with standard breast imaging, several prior breast biopsies for clinical and/or mammographic abnormalities, and strong concern about breast cancer risk.

The opinion of a surgeon familiar with the natural history and therapy of benign and malignant breast disease is advised. Patients undergoing prophylactic mastectomy for suspected hereditary disease should consider ovarian cancer screening or consultation for consideration of prophylactic removal of the ovaries. The decision to undergo prophylactic mastectomy with or without immediate reconstruction may involve complex body image and psychosexual issues. These issues and others should be discussed with qualified professionals prior to undergoing these procedures.

There is insufficient evidence at this time to recommend routine SLN biopsy for patients undergoing prophylactic mastectomy. However, this may be considered since high-risk patients may have an unsuspected cancer and axillary staging would be difficult after mastectomy.

**Potential Indications for Prophylactic Contralateral Mastectomy** *(In Patients with a Current or Previous Diagnosis of Breast Cancer)*

- Risk reduction
- Difficult surveillance
- Reconstructive issues *(Symmetry/Balance)*

Unilateral mastectomy, considered to be “prophylactic,” may be appropriate in a patient in whom therapeutic mastectomy has previously been performed or is being contemplated for breast cancer. Such women are at higher than normal risk for developing contralateral breast cancer. However, when considering contralateral prophylactic mastectomy in a patient with cancer, it is important to recognize that many women overestimate their risk of developing a second cancer. A detailed discussion of an individual’s risk of a contralateral breast cancer, the lack of impact of prophylactic mastectomy on mortality from the index cancer, and the significant benefit of endocrine therapy in reducing the risk of contralateral cancer should be included in the discussion of prophylactic mastectomy in this circumstance.

...continued on page 9
Strategic planning retreat focuses on Training Committee activities

SSO President Dr. Nicholas J. Petrelli, Newark, DE, joined members of the Society’s Training Committee for a day-long strategic planning session in Chicago, Committee Chair Dr. Jeffrey E. Gershenwald, Houston, TX, reports. Given the unprecedented growth of the SSO Fellowship training programs over the past four years, the retreat presented an opportunity for participants to reflect on current activities and plan for the future. Participants concentrated on enhancing the Surgical Oncology and Breast Fellowship Matching programs.

Discussion topics included:
- Potential benefits of using the National Residency Matching Program (NRMP) to facilitate the Society’s 2008 Matching programs;
- Potential benefits of implementing the Electronic Residency Application Service (ERAS) System. ERAS is a secure, Web-based application that allows fellows to submit applications to multiple training programs online and enables program directors to review, manage and track the application process;
- Updates to the Society’s training program application and review process;
- Customizing the ACGME Web-log to better reflect surgical oncologic and breast procedure.

Training Committee and Executive Council members will continue to explore these issues, with plans to implement those that meet the Society’s goals.

SSO member named ACCC President

SSO member and cancer survivor Dr. Richard B. Reiling, Charlotte, NC, was named President of the Association of Community Cancer Centers (ACCC) at its annual meeting in March.

The ACCC membership, comprised of more than 650 hospital cancer programs and oncology private practices, treats nearly 60% of all new cancer patients seen in the United States each year, according to a news release distributed by the organization. It provides a national forum for addressing issues that affect community cancer programs, such as regulatory and legislative issues, quality of care measurements, and clinical research.

“Serving as ACCC President is a great honor. The year ahead entails a number of challenges for community cancer programs and oncology practices,” Dr. Reiling said. “At the top of the list is ensuring access to comprehensive cancer care at a cost affordable to all our patients.

“ACCC is in a unique position to offer support and advice to its member programs and clinics in the full range of oncology care, as it affects the growing number of cancer survivors,” he explained.

Prophylactic Mastectomy statement …continued from page 8

Mastectomy of the contralateral breast may be considered in the following situations:

1) For risk reduction in patients at high risk for a contralateral breast cancer. (See indications as listed above for bilateral prophylactic mastectomy.)

2) For patients in whom subsequent surveillance of the contralateral breast would be difficult. This includes patients with clinically and mammographically dense breast tissue or diffuse indeterminate microcalcifications in the contralateral breast.

3) For improved symmetry in patients undergoing mastectomy with reconstruction for the index cancer who have a large and/or ptotic contralateral breast, or disproportionately sized contralateral breast. It is difficult to reasonably match these patients’ breasts with reconstructive techniques, and a contralateral mastectomy with reconstruction may be indicated to maintain symmetry. Mastopexy and reduction mammoplasty are alternatives to contralateral mastectomy. In rare situations a patient having had, or who will undergo, mastectomy without reconstruction may also request a contralateral mastectomy to maintain balance and/or decrease the risk of contralateral breast cancer.
Residents applying for the 2007 SSO Surgical Oncology Fellowship or Breast Fellowship Matching Programs may download applications for both programs online at the SSO Website, www.surgonc.org.

Candidates for Surgical Oncology Fellowships must submit applications to the Society’s Executive offices no later than September 17. Breast Fellowship applications, meanwhile, are due by November 13.

Last year, the two programs placed a combined 85 residents in SSO-approved training programs across the U.S. and Canada. Applicants for the 2007 Surgical Oncology Match will be notified of the results in October. The Breast Fellowship Match will take place in December.

The following institutions will participate in this year’s matching program:

**SURGICAL ONCOLOGY FELLOWSHIP**
- City of Hope National Medical Center, Duarte, CA;
- Fox Chase Cancer Center, Philadelphia, PA;
- Dana Farber-Partners Surgical Oncology Fellowship, Boston, MA;
- H. Lee Moffitt Cancer and Research Institute, Tampa, FL;
- John Wayne Cancer Institute, Santa Monica, CA;
- The Johns Hopkins Hospital & Sidney Kimmel Cancer Center, Baltimore, MD;
- M. D. Anderson Cancer Center, Houston, TX;
- Memorial Sloan-Kettering Cancer Center, New York, NY;
- Ohio State University, Columbus, OH;
- Roger Williams Medical Center and Cancer Center, Providence, RI;
- Roswell Park Cancer Institute, Buffalo, NY;
- University of Calgary, Calgary, AB, Canada;
- University of Chicago, Chicago, IL;
- University of Louisville James Graham Brown Cancer Center, Louisville, KY;
- University of Miami School of Medicine, Miami, FL;
- University of Pittsburgh, Pittsburgh, PA;
- University of Toronto, Toronto, ON, Canada;
- Virginia Commonwealth University, Richmond, VA.

**BREAST FELLOWSHIP**
- Akron General Medical Center, Akron, OH;
- Allegheny General Hospital, Pittsburgh, PA;
- Anne Arundel Medical Center, Annapolis, MD;
- Baylor University Medical Center, Dallas, TX;
- The Beth Israel Medical Center & St. Luke’s Roosevelt Hospital Center, New York, NY;
- The Breast Health Center Program in Women’s Oncology/Women & Infants Hospital, Providence, RI;
- The Breast Health Institute, Jefferson Medical College, Philadelphia, PA;
- Bryn Mawr Hospital, Bryn Mawr, PA;
- The Cancer Institute of New Jersey ? Robert Wood Johnson Medical School, New Brunswick, NJ;
- The Cleveland Clinic Foundation, Cleveland, OH;
- Columbia Presbyterian Medical Center, New York, NY;
- Emory University School of Medicine, Atlanta, GA;
- Fox Chase Cancer Center, Philadelphia, PA;
- Grant Medical Center, Columbus, OH;
- H. Lee Moffitt Cancer Center and Research Institute, Tampa, FL;
- John Wayne Cancer Institute, Santa Monica, CA;
- Massachusetts General Hospital, Dana Farber Cancer Institute and Brigham & Women’s Hospital, Boston, MA;
- Mayo Clinic, Rochester, MN;
- M. D. Anderson Cancer Center, Houston, TX;
- Memorial Sloan-Kettering Cancer Center, New York, NY;
- Northwestern University, Feinberg School of Medicine, Chicago, IL;
- Stanford University School of Medicine, Stanford, CA;
- University of Arkansas for Medical Sciences, Little Rock, AR;
- University of California at San Francisco Breast Care Center, San Francisco, CA;
- University of Massachusetts Interdisciplinary Breast Fellowship Program, Worcester, MA;
- University of Michigan, Ann Arbor, MI;
- University of Pennsylvania Breast Cancer Fellowship, Philadelphia, PA;
- University of Pittsburgh Medical Center, Magee Women’s Hospital and University of Pittsburgh Cancer Institute, Pittsburgh, PA;
- University of Southern California, Keck School of Medicine, Los Angeles;
- University of Texas Southwestern Center for Breast Care, Dallas, TX;
- Washington Cancer Institute at the Washington Hospital Center, Washington, D.C.;
- Washington University School of Medicine, St. Louis, MO;
- William Beaumont Hospital Breast Care Center, Royal Oak, MI.

Submit manuscripts to *Annals*

To submit a manuscript for potential publication in *Annals of Surgical Oncology*, log onto the Journal’s online submission site: [http://mc.manuscriptcentral.com/aso](http://mc.manuscriptcentral.com/aso).

Manuscripts must be prepared in accordance with the submission guidelines and uploaded directly onto the site. For more information, contact Deborah Whippen, Senior Managing Editor, at 904/451-6263, or [info@asoeditorial.org](mailto:info@asoeditorial.org). All manuscripts submitted are subject to peer review and editing. Each manuscript will be reviewed by at least two experts in the field.
SSO membership hits record 2,069

The Society added 131 new members in January, increasing overall SSO membership to a record 2,069, reported SSO Secretary Dr. Monica Morrow, Philadelphia, PA. New and elevated members include:

**ACTIVE MEMBERS**

Eddie K Abdalla, MD, Houston, TX
Raafat Z. Abdel-Misih, MD, Wilmington, DE
Gretchen M. Ahrendt, MD, Wesford, PA
Thomas A. Aloi, MD, Houston, TX
Sadir Junnaa Arlawi, MD, Jacksonville, FL
Cletus A. Arciero, MD, Martinez, GA
Juan Pablo Ariola, MD, Baltimore, MD
Thomas L. Bauer, MD, York, PA
Thomas L. Bauer, II, MD, Newark, DE
Todd W. Bauer, MD, Charlottesville, VA
Nancy N. Baxter, MD, PhD, Toronto, Canada
Isabelle Bedrosian, MD, Houston, TX
Joseph Jon Bennett, MD, Newark, DE
Jose Luiz Barbosa Bevilaqua, MD, PhD, Sao Paulo, Brazil
Susan K. Boobil, MD, New York, NY
Bruce Mark Brenner, MD, West Hartford, CT
Claire L. Buchanan, MD, Seattle, WA
Kristine E. Calhoun, MD, Seattle, WA
Fabio Cappuccini, MD, Portland, OR
Ronald Scott Chamberlain, MD, Livingston, NJ
George J. Chang, MD, Houston, TX
Anita W. Chow, MD, Fort Worth, TX
Thomas E. Clancy, MD, Boston, MA
Peter G. Cordeiro, MD, New York, NY
Elizabeth Ann Cunningham, MD, Santa Fe, NM
Robert S. Davidson, MD, Safety Harbor, FL
Keith Andrew Delman, MD, Atlanta, GA
Sophie Dessureault, MD,PhD, Lutz, FL
Ken Dixon, MD, Gainesville, GA
Wade G. Douglas, MD, Huntington, WV
Kelli Bullard Dunn, MD, Buffalo, NY
Richard A. Ehlers, II, MD, Baytown, TX
John A. Ehrenfried, MD, Kingsport, TN
Souzan E. El-Eid, MD, Houston, TX
Mark B. Faries, MD, Santa Monica, CA
Teresa Flippo-Morton, MD, Charlotte, NC
Rob Alan Fuller, MD, Austin, TX
Viviana Galiberti, MD, Milano, Italy
James C. Garber, MD, Savannah, GA
Atul A. Gawande, MD, Boston, MA
Gary R. Gecelter, MD, New Hyde Park, NY
Jason S. Gold, MD, New York, NY
David Lee Gorden, MD, Nashville, TN
Ana M. Grau, MD, Nashville, TN
Lisa M. Guirguis, MD, Sacramento, CA
Seza A. Gulcu, MD, Goshen, IN
Amy L. Halverson, MD, New York, NY
Andrea A. Hayes-Jordan, MD, Houston, TX
Leonard R. Henry, MD, Ijamsville, MD
Rosa F. Hwang, MD, Houston, TX
Ted A. James, MD, Burlington, VT
Eric H. Jensen, MD, Minneapolis, MN
Jacqueline S. Jeruss, MD, PhD Chicago, IL
Kathie-Ann P. Joseph, MD, MPH Brooklyn, NY
Natalie E. Joseph, MD, Philadelphia, PA
Mailhan A. Kavanagh, MD, MPH Santa Clara, CA
Nuzhatin Khakoo, MD, Homestead, MD
Eric T. Kimchi, MD, Hershey, PA
Edward James Kruse, DO, Martinez, GA
Swati Kulkarni, MD, Buffalo, NY
Steven Ladosinsky, MD, BSc, Winnipeg, Canada
Rakshshanda Layeque-Rahman, MD, Holden, MA
Susan H. Lee, MD, New York, NY
James B. Lockhart, Jr., MD, Tulsa, OK
Julie A. Margenthaler, MD, St Louis, MO
Aaron G. Margulies, MD, Knoxville, TN
John H. Marks, MD, Wynnewood, PA
Brian P. McKinley, MD, Simpsonville, SC
Jane E. Mendez, MD, Boston, MA
Marc Lee Miller, DO, Columbia, MO
Mary K. Murray, MD, Tallmadge, OH
Tammy Neblock-Beirne, MD, Kansas City, KS
Kristophe L. Nguyen, MD, Spartanburg, SC
Nancy C. O’Neal, MD, Tulsa, OK
H. Leon Pachter, MD, New York, NY
Lee C. Pederson, MD, Charlotte, NC
Michael B. Pesey, MD, Newport News, VA
Monica Rizzo, MD, Atlanta, GA
Joshua T. Rubin, MD, Pittsburgh, PA
David L. Smith, MD, Fair Oaks Ranch, TX
Michelle C. Specht, MD, Boston, MA
John H. Stewart, IV, MD, Winston-Salem, NC
Vivian E. M. Strong, MD, New York, NY
Lee W. Thompson, MD, Mobile, AL
Vijay Trihal, MD, Duarte, CA
Huan N. Vu, MD, Richmond, VA
Michael James Walker, MD, Danbury, CT
Anne M. Wallace, MD, La Jolla, CA
Garrett Lyndon Walsh, MD, Houston, TX
Jurgen Weitz, MD, PhD, Heidelberg, Germany
E. Stephen Yeager, MD, Savannah, GA
Sam S. Yoon, MD, Boston, MA
Jonathan Scott Zager, MD, Tampa, FL
Herbert J. Zeh, III, MD, Pittsburgh, PA
Theresa G. Zogakis, MD, Dallas, TX

**ASSOCIATE MEMBERS**

Sally P. Hauser, NP, Advance, NC
Allison N. Pitroff, PA-C, Baltimore, MD
E. Lyn Wooten, RN, MSN, Winston-Salem, NC
Marie Ziglar-Norman, RN, MSN, Winston-Salem, NC

**CANDIDATE MEMBERS**

Mohamed M. Alassas, MD, Buffalo, NY
Preya Ananthakrishnan, MD, Santa Monica, CA
Casandra A. Anderson, MD, Pasadena, CA
Charlotte E. Ariyan, MD, PhD New York, NY
Brian Badgwell, MD, Pearlard, TX
Julie L. Barone, DO, New York, NY
Andrea V. Barrio, MD, New York, NY
Jean-Francois Boileau, MD, Montreal, Canada
Monet Bowling, MD, Dallas, TX
E. Ramsay Camp, MD, Houston, TX
Darren R. Caprizzo, MD, PhD, New York, NY
Catherine Dougall-Carruthers, MD, Chisholmton, PA
Lori A. Chapleskie, DO, Bryn Mawr, PA
John M. Cox, MD, Tampa, FL
Kimberly S. Cox, MD, Highland Park, NJ
Regina Marie Femandini, MD, Pearlard, TX
Rebecca A. Gloyd, MD, PhD, New York, NY
Linsey P. Gold, DO, Grand Blanc, MI

Ricardo J. Gonzalez, MD, Pearlard, TX
Ulrich Guller, MD, MHS, Toronto, Canada
Vadim Gushechin, MD, Ellicott City, MD
Hannah W. Hazard, MD, Chicago, IL
Lucy Kathry Helyer, MD, Toronto, Canada
Faith R. Horton, MD, Pittsburgh, PA
Michael G. House, MD, New York, NY
Ravi Kumar Jonnalagadda, MD, Copley, OH
Matthew H. G. Katz, MD, Houston, TX
Erin Kennedy, MD, Toronto, Canada
Timothy J. Kennedy, MD, New York, NY
Troy F. Kennedy, MD, New York, NY
Laurie J. Kirstein, MD, New York, NY
Chris C. Lee, MD, Santa Monica, CA
June J. Lee, MD, Columbus, OH
Marie Catherine Lee, MD, Ann Arbor, MI
Sherry J. Lim, MD, Houston, TX
Aye Moe Thu Ma, MD, Dallas, TX
Carolyn McCourt, MD, Providence, RI
Andrew McKay, MD, Calgary, Canada
Sarah Melaughlin, MD, New York, NY
Marcovalerio Melis, MD, Chicago, IL
Kenneth L. Meredith, Jr., MD, Tampa, FL
Walter J. Miller, III, DO, Calgary, Canada
Manuel A. Molina, MD, Miami, FL
Kouroos L. Moozar, MD, Toronto, Canada
Melinda M. Mortenson, MD, Houston, TX
Michael B. Nicholl, MD, Santa Monica, CA
Martin James O’Sullivan, MD, Philadelphia, PA
Evan S. Ong, MD, Williamsville, NY
Melody Paulishak, DO, North Berdes, MD
Benjamin J. Pochock, MD, New York, NY
Agnes Radzio, MD, Corte Madera, CA
Antonella M. Restivo, MD, Bellingham, MA
Aeisha K. S. Rivers, MD, Chicago, IL
Katina M. Robison, MD, Cranston, RI
Loren L. Rourke, MD, Houston, TX
Amad A. Saranik, MD, Tampa, FL
Daniel Schiller, MD, MSc, Toronto, Canada
Carl R. Schmidt, MD, New York, NY
Rohit R. Sharma, MD, Chicago, IL
Joseph Skitzki, MD, Buffalo, NY
Ponnandai S. Somasundar, MD, Providence, RI
Perry A. Soriano, MD, Duarte, CA
Ashley R. Stuckey, MD, Providence, RI
Karl Joseph Sweeney, MD, New York, NY
Alicia Maria Tebano, MD, Santa Monica, CA
Nate Thepiajati, MD, Dallas, TX
Margaret E. Thompson, MD, Little Rock, AR
Ekaterini Tsipalaki, MD, Providence, RI
Marcia C. Valenzuela, MD, Valparaiso, Chile
Aislinn Vaughan, MD, St Louis, MO
Angelique F. Vitug, MD, Ann Arbor, MI
Jessica A. Wernberg, MD, Clarence Center, NY
Charles E. Woodall, III, MD, Prospect, KY
Curtis J. Wray, MD, Houston, TX
Byron Edward Wright, MD, Northbridge, CA
Jeanne Yu, MD, New York, NY
Douglas B. Zippel, MD, Miami, FL

**CORRESPONDING MEMBERS**

Pedro Bretacha-Boix, MD, Alicante, Spain
Igor Galaychuk, MD, PhD, Ternopil, Ukraine
Hirotoshi Kobayashi, MD, Tokyo, Japan
Gilbert Sebbag, MD, Meitar, Israel
Kito Young-Gonzalez, MD, Miami, FL ©
SSO invites qualified non-physician healthcare providers and scientists to apply for Associate Membership in the Society. The deadline to submit applications is August 15.

“Society members may encourage their allied health professionals and nurse practitioners to apply for Associate Member status. Growing participation in SSO will benefit the greater membership and the patients we serve,” Membership Committee Chair Dr. Monica Morrow, Philadelphia, PA, explains.

To qualify as an Associate Member, applicants must be:

• A non-physician healthcare provider significantly involved in oncologic patient care; or
• A scientist, not in clinical practice, conducting cancer research and who has published at least three cancer-related papers in peer-reviewed journals within the past three years.

Applications must be sponsored by an Active or Senior SSO member. Associate Member applications are available on the SSO Website, www.surgonc.org, or by calling the Society’s Executive Offices at 847-427-1400.

Applications approved by the Membership Committee will be considered by the Executive Council later this year. Candidates will be notified of their status in January 2008.

Non-physician health professionals, scientists may qualify for Associate Member status

Explore Chicago during 2008 Annual Cancer Symposium

Members planning to attend next year’s 61st Annual Cancer Symposium, March 13 – 16, in Chicago, may want to schedule some free time in order to take in the sights and sounds of the world-famous “Second City.”

Go back through time, reach for the stars or explore the ocean depths at the museum campus, just south of downtown Chicago. Nestled along the shores of Lake Michigan, the campus features the Field Museum of Natural History, the Adler Planetarium and Shedd Aquarium.

Tour an authentic U-505 submarine, explore the frontiers of genetics, experience the Apollo 8 Command Module – the first manned ship to orbit the moon – and walk down “Yesterday’s Main Street” at the Museum of Science and Industry. Visitors with more artistic tastes will enjoy a venture through the Art Institute of Chicago, or a visit to Orchestra Hall at Symphony Center, home of the Chicago Symphony Orchestra.

For the best in shopping, take in the Magnificent Mile along Michigan Avenue. Visit the Merchandise Mart and Riverfront Antique Mart – 10,000 sq. ft. of antique and home furnishing specialty shops under one roof.

See Chicago in a whole new way from the observation decks of the Sears Tower, the tallest building in North America, and John Hancock Center. Sports enthusiasts may want to take in a Chicago Bulls or Blackhawks game at “the house Michael Jordan built,” the United Center, just west of downtown.

2008 Annual Meeting abstracts due September 4

Abstracts for the 61st Annual Cancer Symposium, March 13 – 16, 2008, in Chicago, IL, may be submitted online through September 4. Submissions received after September 4 will not be considered.

To submit abstracts for review, log onto the SSO Website, www.surgonc.org, click on the “Submit Abstracts Online” icon, then follow the screen prompts.

Authors whose abstracts are accepted for oral or poster presentation will display and present their research Friday, March 14 and Saturday, March 15. Accepted abstracts will also be published and cited in Annals of Surgical Oncology.

Any papers scheduled for publication prior to the Cancer Symposium dates, or which have been presented at national meetings of other organizations, should not be submitted.

A “Call for Abstracts” is enclosed with this newsletter. Additional information is available on the SSO Website or by calling the Society’s Executive Offices at 847/427-1400.