



Vision. Leadership. Scholarship.

AATS Update

AMERICAN ASSOCIATION FOR THORACIC SURGERY

VOL. 1 | ISSUE 1 | MARCH 2019



PRESIDENT'S MESSAGE

David H. Adams, MD

It is my privilege to share with you this inaugural edition of "AATS Update", our new quarterly member communication. Our leadership and staff have worked very hard this past year to achieve our goal of keeping you informed of the ongoing mission of our Association. This newsletter is one way we can provide updates on how we are executing the vision and strategic initiatives developed by our members, committee members, councilors, and executive

leadership. We will also be sharing educational highlights, journal updates, historical perspectives, as well as member news and profiles on a regular basis.

The concept, design, and format of this newsletter reflect the key features of the new brand of our Association. Our new brand, like this newsletter, is designed to deliver a more modern and focused message for the AATS. Shortly after last year's Annual Meeting concluded, I organized an executive leadership team including physicians and staff that would focus on an examination of AATS messaging and communications. We interviewed a number of the best branding firms in the world before selecting Big Duck as our strategic partner. Big Duck is a New York firm specializing in communications in the not-for-profit arena – their clients include a who's who of leaders in healthcare and education. We

Continued on page 2



SECRETARY'S REPORT

David R. Jones, MD

The Association's transition to self-management began in 2017 and since then the AATS leadership has focused on several initiatives to help usher the Association into its next 100 years of excellence. Since that time the goals of the AATS have been to increase the effectiveness and efficiency of AATS leadership, create more impactful participation opportunities for AATS members, and improve communications with AATS members and the

cardiothoracic surgical community. Below is a brief overview of some of the actions taken to achieve these goals:

Communication

This newsletter is the first issue of a newly established communications tool that will be distributed quarterly to all members and contacts of the AATS. In future issues, we plan to highlight significant academic, scholarly, and educational achievements made by our AATS members. We will also highlight sessions and high-impact presentations from all our AATS meetings. Finally, the newsletter will allow us to share important activities from all our standing committees with our members as well as announce involvement opportunities within the Association as they occur throughout the year. I encourage all members to submit ideas for additional content by reaching out to me or the Association's administrative office at newsletter@aats.org.

Continued on page 2

WHAT'S INSIDE?

Page 3

▼ **AATS Council**

Page 4

▼ **Committee Updates**

Page 5

▼ **AATS Meetings**

Page 6

▼ **News Feature: Cardiac Surgery for the Forgotten Millions**

Page 7

▼ **AATS Foundation**

Page 8

▼ **AATS Around the World**

Page 9

▼ **Publication Spotlight**

Page 10-11

▼ **In Memoriam**

Page 12

▼ **What's New at the AATS 99th Annual Meeting**

began with a day-long intensive session where we focused on the positioning and personality of the AATS – we settled on words including prestigious, smart, classic, bold, and generous to describe our members and organization. From there we had a series of regular conference calls where we examined and refined our goals for visual identity, including a new tagline.

All of us remain proud of our emblem of the past 60 years, a replica of the Presidential Medal presented to the Association by the Society of Cardiothoracic Surgery of Great Britain and Ireland – but the reality is Big Duck helped us understand that an evolution of the emblem would be a better representation of the AATS as a forward thinking association, positioned to help its members thrive in a modern world. A refinement to its design details ensures it will be conducive to a 21st century messaging strategy, without limitations of reproducibility on a smaller scale on smart devices and in other mediums. They also identified an opportunity to further define our key core values in a new tagline. Over a series of working calls, involving over 15 individuals between the AATS and Big Duck, we narrowed down options for a refined brand for the AATS and a new tagline. We also reviewed and developed a broader plan to rebrand our educational portfolio, as well as the AATS Foundation, to synchronize our communication across the Association. As we got closer, we then involved a larger leadership group of AATS members,

including the full Council, and many past AATS Presidents. Ultimately, a consensus was reached and on the front of this inaugural newsletter you can see the results of our combined efforts. The new logo is a modern version of our cherished Presidential medal which will enhance our efforts to represent our Association and its activities and lends itself to a variety of applications in modern communications. We will continue to use our original emblem on all gifts and related materials for our honorary awardees. Finally, our new tagline, “Vision. Leadership. Scholarship.” summarizes our heritage from the very beginning of our Association and highlights the continued core values which define the American Association for Thoracic Surgery.

I am very excited to share our new brand with all of you, and I want to especially thank Lisa McEvoy - Director of AATS Communications, David R. Jones MD - AATS Secretary, and Shaf Keshavjee MD - AATS Treasurer, for their efforts to help lead this initiative. Our designers and vendors are now hard at work with Big Duck to incorporate our new branding scheme at the completely redesigned 99th AATS Annual Meeting in Toronto from May 4th -7th, 2019 – where scientific sessions take on a new format and design and begin on Saturday morning. I am looking forward to welcoming all of you to Toronto in what will be an exciting and stimulating gathering of friends and colleagues. ▼

AATS Governance

Council worked diligently in 2018 to assess its current leadership structure and recommend changes to strengthen membership participation within the leadership of the organization. To streamline alterations to this structure, AATS members will now be able to consider and vote on by-law amendments electronically. Some of the Council's recommendations will require by-law amendments which have been sent to all members for consideration in the first quarter of 2019.

It remains one of the highest honors in an academic cardiothoracic surgeon's career to serve in a position on the AATS Council and this current Administration aims to increase the opportunities for members to participate in this capacity. The Association will expand Council to include more leaders, increase international member participation and increase engagement by Councilors in the Executive Committee discussions.

Membership Engagement

The Association relies on its member volunteers to develop, implement, and improve all the Association's initiatives and educational programming. To increase more active participation by our members, the AATS examined the current self-nomination process and utilization of those interested in serving. While we were performing well, the Council believed that we could do better. Accordingly, we have established internal benchmarks to further increase member participation through the self-nomination process. Our goal is to have as many of the Association's active membership serving in leadership, committee or representative positions as possible. I strongly urge all members who are interested in participating in the Association to submit their committee self-nominations when the process re-opens in the fall of 2019.

The Association serves the entire cardiothoracic community and we encourage your feedback on the Newsletter or on any of the information noted above. ▼



AATS



AATS
Vision. Leadership.
Scholarship.



AATS
Foundation

Look for our new visual branding to be rolled out in our upcoming meeting marketing pieces.



Experiences of an AATS Council Member

Jennifer S. Lawton, MD

"I am an adult cardiac surgeon currently practicing at Johns Hopkins University and was delighted to be the 248th woman promoted to Full Professor there. I also have several roles there in addition to daily patient care, including Chief of the Division of Cardiac Surgery, the Cardiac Surgeon-in-Charge, the Program Director for the Cardiothoracic Surgery Fellowship, and the Director of the Cardiothoracic Surgery Research Laboratory. My

basic science laboratory is a tremendous source of intellectual stimulation, and it has been funded by the Nina Starr Braunwald Career Development Award from the Thoracic Surgery Foundation, the American Heart Association, and the NIH. I am a member of multiple national organizations and I currently serve as a Councilor for the American Association for Thoracic Surgery.

The AATS Council is the governing body of the AATS. Council members participate in multiple committees and provide communication from committees to Council, they model the values of the AATS (leadership, education, research and innovation, excellence in patient care, and mentoring), and they uphold the mission of the AATS (to promote scholarship, innovation, and leadership in thoracic and cardiovascular surgery). The Council meets four times a year, including one meeting at the Annual Meeting.

The first step in my path to being a Councilor was to become a member in the AATS. In 2008, I was honored to become the 19th female member of what is now 49 female members of the AATS. I was extremely fortunate to have Past President Dr. Alec Patterson as a sponsor and mentor. Thanks to his help, in 2009, I began my more than 10-year involvement in the AATS as a member of the Membership Committee, serving as the Chair of this committee for two years and a total of six years of service on this committee. During that time, I began to learn how the AATS functions and of the value that membership brings. I have served on several other committees including Scientific Affairs and Government Relations, Membership Taskforce, Centennial Committee, and Adult Cardiac Ad Hoc Program Committee. I have been the AATS Liaison to the American Heart Association Cardiovascular Surgery and Anesthesia (CVSA) Council (now the Chair of this Council), a member of the Cardiac Surgery Biology Club since 2008, as well as its Program Chair and now President, and former Editor of the Thoracic Surgery News (TSN). I participated in the AATS Strategic Planning Retreat (2011), the AATS Leadership Academy since 2012 (as an inaugural participant and since as a speaker and mentor), the AATS Grant Writing Workshop since 2013, and attended the Advanced Leadership Program in Health Care Management in association with AATS sponsorship.

I am now completing my term as an AATS Council member (2015-2019). During this experience, I have learned a great deal about the AATS and how it functions, including its finances and the collaboration with other organizations and industry. In that time, the AATS moved to self-management, celebrated its 100th year in existence, and evolved significantly with the ever changing and exciting world of cardiothoracic surgery. It has been an amazing learning experience. One of the things I have enjoyed most about this role is the opportunity to mentor and sponsor other members. Our students, residents, fellows, and junior faculty are the future of the AATS, and I hope they will enjoy being a part of it as much as I do." ▼



MEET THE NEWEST AATS COUNCIL MEMBER

Thierry-Pierre Carrel, MD

The newest member of the AATS Council is International Councilor, Thierry-Pierre Carrel. A native of Freiburg, Switzerland, Professor Carrel trained as a general surgeon in Basel and Bern, and then in cardiovascular surgery at the University Hospital Zürich, focusing on surgery in newborns and infants.

Following post-graduate training abroad in Hanover, Paris, Helsinki and Baltimore, he returned to Switzerland to work at the University Hospital of Bern, where he was appointed as the Chairman of the Clinic for Cardiovascular Surgery in 1999 as well as full professor at the University of Bern. For two years, he served as Chairman of the Clinic for Cardiac Surgery at the University of Basel.

Dr. Carrel is the author of more than 650 peer-reviewed publications, and a member of the JTCVS Editorial Board. His clinical interests include surgery of the thoracic aorta, congenital surgery, as well as surgical heart failure strategies. He visits the Heart Institute in Perm, Russia, to assist Russian congenital surgical colleagues, earned the Da Vinci Award from the European Society of Cardiothoracic Surgery as the best instructor in the field, and received an honorary doctorate from the Faculty of Mathematics and Natural Sciences of the University of Freiburg. ▼

AATS Councilors

David H. Adams, President
Mount Sinai Health System

Vaughn A. Starnes, President-Elect
University of Southern California

Marc R. Moon, Vice President
Washington University

David R. Jones, Secretary
Memorial Sloan Kettering Cancer Center

Shaf Keshavjee, Treasurer
Toronto General Hospital

Emile A. Bacha, Councilor
Children's Hospital of New York Columbia University

Duke E. Cameron, Councilor
Massachusetts General Hospital

Thierry-Pierre Carrel, Councilor
University Hospital of Bern

Christine L. Lau, Councilor
University of Virginia

Jennifer S. Lawton, Councilor
Johns Hopkins University

James D. Luketich, Councilor
University of Pittsburgh



From The AATS Membership Committee

Rosemary F. Kelly, MD

In 2018, the AATS Membership Committee adopted a new application and review process which allows applicants to provide a self-assessment on how they meet each of the Association's five core values: Leadership, Education, Mentorship, Research and Innovation, and Excellence in Patient Care. The goal of this alteration is to increase transparency in the review process by highlighting what qualities the Committee considers when selecting candidates for membership. It also ensures that any non-traditional applicants are evaluated on their demonstration of excellence across all aspects of cardiothoracic surgery, not strictly academic productivity, which may have been the perception in the past.

In addition to an applicant's self-assessment, secondary, and tertiary sponsors are also asked to provide an evaluation on how their applicant's professional accomplishments align with the Association's core values in lieu of a formal sponsor letter. This process will allow the Committee to gauge how an applicant views their career accomplishments versus their peers and mentors.

Becoming a member in the AATS is a monumental point in a cardiothoracic surgeon's career and the Association would like to ensure that successful applicants can attend the Annual Meeting as a member

Continued on page 5



SAGR Committee Holds Meetings in D.C.

Y. Joseph Woo, MD

Scientific Affairs and Government Relations Committee members, Drs. Jennifer Lawton, Michael Mulligan, Todd Rosengart and I, gathered in Washington, D.C., on December 3, for meetings with leaders from the National Heart, Lung, and Blood

Continued on page 5



2017 AATS New Members

The following members were formally inducted into the American Association for Thoracic Surgery at the AATS 98th Annual Meeting in San Diego, CA:

Diana Aicher, MD
Tohru Asai, MD
Umberto Benedetto, MD
Bryan M. Burt, MD
Robert B. Cameron, MD
Chang Chen, MD
Danny Chu, MD
Joseph B. Clark, MD
Andrea Colli, MD
Lorraine D. Cornwell, MD
Martin Czerny, MD

David A. D'Alessandro, MD
Ryan R. Davies, MD
Göran Dellgren, MD
Ali Dodge-Khatami, MD
Daniel Engelman, MD
Stephan M. Enslinger, MD
Michael P. Fischbein, MD
Teddy JM. Fischlein, MD
Tomoyuki Fujita, MD
Mario Gaudino, MD
Matthew G. Hartwig, MD
Mohammad Izzat, MD
Gening Jiang, MD

Vigneshwar Kasirajan, MD
Joon Bum Kim, MD
Lu-Xu Liu, MD
Edwin C. McGee, MD
Daniela Molena, MD
Jeffrey A. Morgan, MD
Meena Nathan, MD
Siva Raja, MD
Daniel P. Raymond, MD
Rishindra M. Reddy, MD
Amiran Revishvili, MD
Yoshikatsu Saiki, MD
Aya Saito, MD

Masaaki Sato, MD
Paul Schipper, MD
Kenji Suzuki, MD
Lijie Tan, MD
Betty C. Tong, MD
Prashanth Vallabhajosyula, MD
Thomas K. Varghese, MD
Chun-Sheng Wang, MD
I-wen Wang, MD
Bryan A. Whitson, MD
Thomas Yeh, MD

in the year that they are accepted. As a result, the AATS Council has proposed a by-law amendment for membership consideration which condenses the timeline for applicants to be reviewed, selected and notified prior to the Annual Meeting rather than after the meeting concludes.

The Association relies on its members to identify, mentor, and sponsor leaders in the field for membership within the AATS and it is our goal as the Membership Committee to maintain the integrity and standards of the Association while ushering in the next generation of leaders in the field of cardiothoracic surgery.

Although the application cycle has closed for 2019, I urge all members and candidates with any questions regarding these updates or the application process itself to contact either myself or the Association's administrative office at membership@aats.org. ▼

Scientific Affairs and Government Relations

Continued from page 4

Institute (NHLBI), Center for Scientific Review (CSR), and National Cancer Institute (NCI). In these meetings, we addressed a variety of topics including enhancing research funding opportunities for cardiothoracic surgeons, the NHLBI CT Surgery Network, a potential lung transplantation focused RFA, and increasing involvement of AATS members and surgeon scientists in CSR activities. Significant progress was made, and several areas of understanding were achieved. To increase collaboration between the organizations and the AATS, various NIH leaders were invited to attend and participate in upcoming AATS events such as the Annual Meeting, Granting Writing Workshop, Clinical Trials Course, and the Innovation Summit.

The SAGR Committee is charged with identifying and interacting with various federal agencies and serves as a resource for the Membership in the development of programmatic activities appropriate to research efforts and funding opportunities in cardiothoracic surgery. The Committee aims to provide a vehicle for research and development of new technologies, as well as pathways for cardiothoracic surgeon involvement in clinical trials. ▼

AATS Future Meetings

Save The Date For These Upcoming AATS Meetings!



Postgraduate Course on Heart Valve Disease

March 29, 2019
Royal Seginus Convention Center
Antalya, Turkey
[Program Directors](#)
Duke E. Cameron, MD
Vaughn A. Starnes, MD



Cardiovascular Valve Symposium

April 4, 2019
Fundação Dom Cabral – Campus Aloysio Faria
Belo Horizonte, Brazil
[Program Directors](#)
Vinay Badhwar, MD
Walter J. Gomes, MD
Marc R. Moon, MD



Mitral Conclave

May 2 - 3, 2019
New York Hilton Midtown
New York, NY, USA
[Program Director](#)
David H. Adams, MD



99th Annual Meeting

May 4 - 7, 2019
Metro Toronto Convention Centre
Toronto ON, Canada
[President](#)
David H. Adams, MD



Cardiovascular Valve Symposium

September 4 - 6, 2019
Buenos Aires, Argentina
[Program Directors](#)
Vinay Badhwar, MD
Marc R. Moon, MD
Daniel O. Navia, MD



Mechanical Support for the Heart and Lung Symposium

September 20 - 21, 2019
Marriott Marquis Houston
Houston, TX, USA
[Program Directors](#)
Shaf Keshavjee, MD
Mark S. Slaughter, MD



International Thoracic Surgical Oncology Summit

September 27 - 28, 2019
Sheraton New York Times Square
New York, NY, USA
[Program Director](#)
David R. Jones, MD



NEWS FEATURE

Cardiac Surgery For The Forgotten Millions

R. Morton Bolman, III, MD
Percy Boateng, MD

In December, 2017, Dr. Peter Zilla, Professor and Chairman of the Christiaan Barnard Department

of Cardiothoracic Surgery at the University of Cape Town and Groote Schuur Hospital convened an international conference to celebrate the 50th anniversary of the first human heart transplant, which was performed by Dr. Barnard at that institution on December 3, 1967. This landmark event in the history of medicine and cardiac surgery is emblematic of the myriad of advances in medicine which have occurred in the 20th and 21st centuries, and which have granted improved quantity and quality of life to countless thousands of people in the developed world.

Professor Zilla had the vision to leverage this transformational milestone as a point of punctuation to cast in stark relief the fact that, while the progress in medical and surgical care since the first heart transplant has been truly astounding, the benefits of this progress have been largely denied to the forgotten millions of people in the developing world. To highlight this disturbing circumstance, the conference convened leaders from the international cardiac surgery community, the major cardiac surgery societies, the World Heart Federation, the medical device industry, and government to use this unique occasion as an opportunity to begin to seriously address the massive disparity in access to cardiac surgery which exists between the developed and the developing world.

The product of this seminal gathering is the Cape Town Declaration (CTD), a document that commits all signatories to work together to fight the scourge of primarily rheumatic heart disease by increasing access to cardiac surgery in the developing world(1). The overwhelming need for this critical intervention is detailed in a recent publication by Zilla, et al(2).

The CTD was adopted by all the major societies of cardiothoracic surgery and published simultaneously in nine CT journals in December, 2018.

References:

- 1.The Cape Town Declaration on access to cardiac surgery in the developing world. Zilla, P, Bolman, R, Yacoub, M, et al. JTCVS 156, no. 6, 2206-9, Dec. 2018.
- 2.Global unmet needs in cardiac surgery. Zilla, P, Yacoub, M, Zuhlke, L, et al. Global Heart 13, no. 4, 293-303, Dec. 2018

The Cardiac Surgery Intersociety Alliance (CSIA), the implementation arm of the CTD, with members from each of the major CT societies, as well as cardiology and the medical device industry, is empowered to: 1. evaluate and endorse potential sites for increased cardiac surgical care delivery in low and middle income countries (LMIC's), and 2. evaluate and endorse potential sites for training of critical providers in LMIC's (surgeons, cardiologists, anesthetists, perfusionists, etc.).

The parallel session at the AATS Annual Meeting in Toronto on Tuesday morning will provide further detail regarding the goals and desired outcomes of the CSIA. The figure (fig.1) provides a schematic of the entities necessary to enable identification and establishment of successful programs.

In conclusion, it is the deeply-held conviction of the signatories of the Cape Town Declaration, and of the members of the CSIA, that at this moment in time, there exists the very real possibility to bring cardiac surgery to parts of the world where it has not heretofore existed. It is not likely that we will see such an opportunity to unite the major societies of cardiac surgery, as well as our partners in cardiology and industry, behind such an effort again in the foreseeable future. The time to act is now. ▼

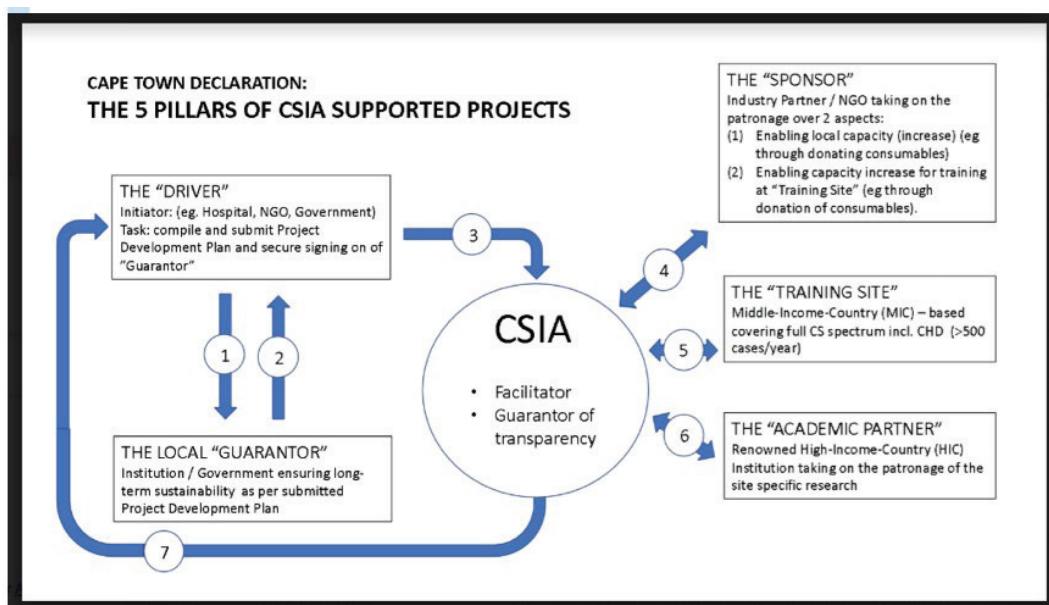


Fig. 1 Schematic of necessary elements for CSIA supported projects

Programs to Open in April

The AATS and AATS Foundation offer a number of opportunities throughout the year and are pleased to announce the following programs which will be open during the spring of 2019:

- ▼ AATS Research Scholarship
- ▼ Advanced Valve Disease Educational Fellowship
- ▼ Aldo R. Castaneda Fellowship
- ▼ Aortic Training Program
- ▼ Denton A. Cooley Fellowship
- ▼ Evarts A. Graham Memorial Traveling Fellowship
- ▼ Every Heartbeat Matters Valve Fellowship
- ▼ F. Griffith Pearson Fellowship
- ▼ Honoring Our Cleveland Clinic Mentors Program
- ▼ Jack A. Roth Fellowship in Thoracic Surgical Oncology
- ▼ James L. Cox Fellowship in Atrial Fibrillation
- ▼ Japanese Association for Thoracic Surgery AATS Foundation Fellowship
- ▼ Marc R. de Leval Fellowship
- ▼ Surgical Investigator Program
- ▼ Timothy J. Gardner Visiting Professorship
- ▼ Travel Awards to AATS Cardiovascular Valve Symposium in Argentina

To apply for these programs and learn more about other opportunities visit www.aatsfoundation.org or contact our office at 978-252-2200.

AATS Foundation Year In Review

David H. Adams, MD

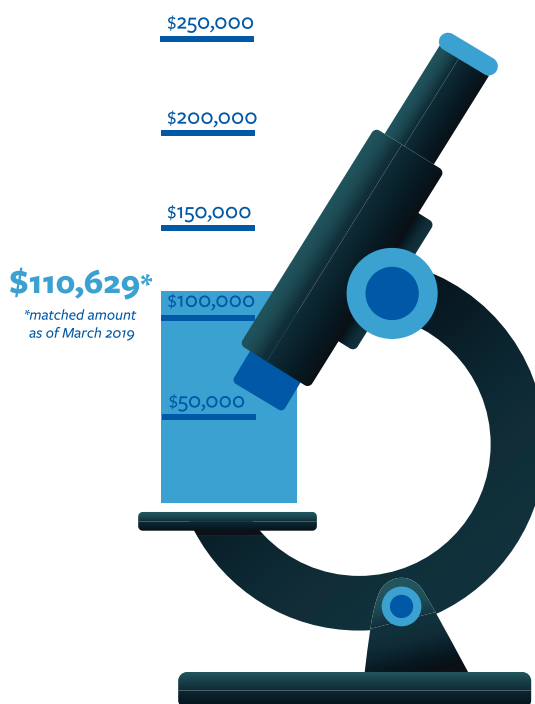
Generous donors and partners ensured that 2018 ended on a positive note by contributing **more than \$266,000** to the AATS Foundation end-of-year Annual Appeal with a grand total of **more than \$1.6 million** donated for the year. AATS leaders have a strong belief in individual scholarship and supported the mission of the AATS Foundation, by providing an AATS matching grant, resulting in an **additional \$95,129** invested in the Foundation. The support of those who took part in the match is greatly appreciated.

AATS will continue to invest in the Foundation by extending the matching grant up to a total of \$250,000 through the AATS 99th Annual Meeting. Every individual one-time gift of \$5,000 or more will be doubled, making each dollar you contribute twice as valuable – and you will receive recognition for the matched gift total.

This will profoundly impact individual surgical scholarship, advance patient-care in cardiothoracic surgery around the world and continue our mission of *supporting cardiothoracic surgeons in research and education*.

The philanthropic arm of the American Association for Thoracic Surgery will continue to foster careers and develop leaders in 2019. In the coming months, there will be additional information regarding available educational programs, ways to support the Foundation, and future plans for the AATS Foundation. ▼

AATS Matching Grants



Double your gift to the AATS Foundation!



Dr. Adams leads a surgical team at Zhongshan Hospital in Shanghai, China.



Drs. del Nido and Starnes meet with staff at Shanghai Children's Medical Center.



International Partnerships

Marc R. Moon, MD

The AATS has partnered with international organizations across the globe to promote excellence in patient care for those with cardiovascular and thoracic disease. The 12th Annual AATS/Asian Society for Cardiovascular and Thoracic Surgery Postgraduate Course just took place in Chennai, India, in partnership with the Indian Association of Cardiovascular-Thoracic Surgeons. Then in April 2019, the biennial South American AATS Cardiovascular Valve Symposium will take place in Belo Horizonte, Brazil in partnership with the Brazilian Society of Cardiovascular Surgery (SBCCV).

The AATS Mitral Conclave Workshop in China, which took place in December 2018, and the AATS Cardiovascular Valve Symposium in Brazil are both supported by a generous grant from the Edwards Lifesciences Foundation as part of their Every Heartbeat Matters Initiative. During both of these programs, AATS members share clinical expertise and treat underserved patients with valvular disease at local hospitals. “The China and South American programs are a great opportunity for surgeons to give back to the global community, but to also learn from our local hosts,” notes Marc Moon, AATS Vice President. Vinay Badhwar, who codirects the Brazilian effort with myself and Walter Gomes from Sao Paulo notes that “Rheumatic valve disease has become quite rare in the United States and Europe, but remains a daily challenge in Asia and South America. Sharing our experiences through these global programs leads to bidirectional learning.”

Joining Moon, Badhwar, and Gomes are Dr. Rui Almeida, who is the current president of the Brazilian Society, and other leading surgeons from Switzerland (Thierry Carrel), Canada (Tirone David), Germany (Volkmar Falk), and the United States (Joe Sabik). “It is truly exciting to be a part of such a diverse, global faculty,” says Moon. “This type of international commune of knowledge and science in education is what the AATS is all about.” The AATS Cardiovascular Valve Symposium will take place on Thursday April 4, 2019 immediately preceding the 46th Congress of the SBCCV which convenes Friday-Saturday April 5th and 6th. ▼



Focus In China

Thomas A. D'Amico, MD

The AATS Focus on Thoracic Surgery: Lung and Esophageal Cancer meeting that took place in Guangzhou, China in November 2018, was another successful collaboration. It was a meeting that met the educational and academic goals and developed a sense of camaraderie among the international faculty, as well as those who attended the course from across Asia, Europe, North America and South America. Keeping to the theme of Modeling Excellence,

the faculty was dedicated not only to creating outstanding presentations, but also to establishing an environment of inquiry and engagement. In the process, stronger relations were formed that will continue to develop worldwide, identifying and mentoring future members of the AATS. ▼



AATS Focus on Thoracic Surgery, Guangzhou, China

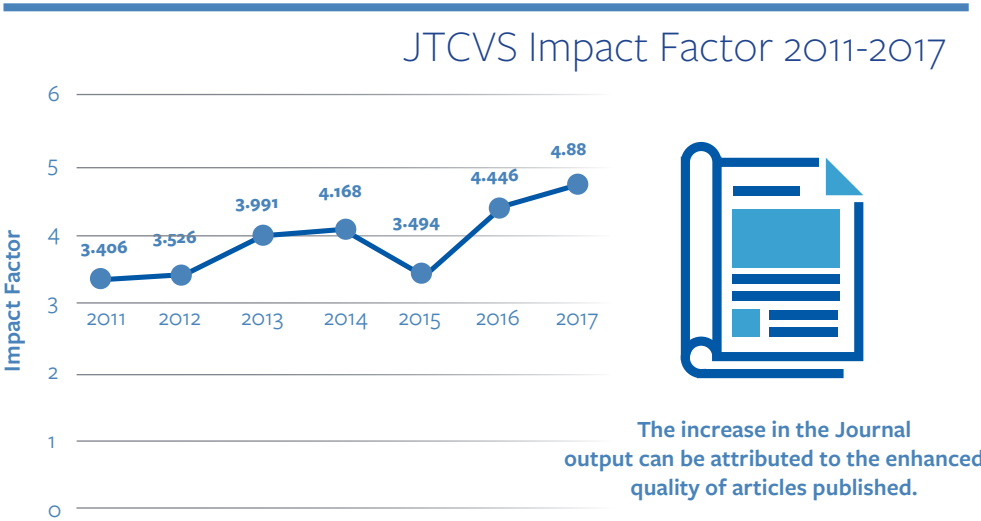


AATS Publications Spotlight

Richard D. Weisel, MD

We are delighted to share some of the many innovations for the Journal of Thoracic and Cardiovascular Surgery (JTCVS) and the other AATS Journals. In recent years, JTCVS has significantly increased the number of submissions, online article downloads and annual citations. The increase in the Journal output can be attributed to the enhanced quality of articles published.

The recent Impact Factor for JTCVS reached an all-time high, increasing to 4.880. JTCVS is now ranked 9th of 200 Surgery journals. Previously, JTCVS was ranked 12th of 197 Surgery journals with an IF of 4.446. Additionally, JTCVS is ranked 28th of 128 journals in Cardiovascular Systems and 8th of 59 journals in Respiratory Systems. In 2017, JTCVS received a total of 27,492 citations to articles published the previous two years. Below is the Journal's Impact Factors each year since 2011.



Online readership continues to grow as well. In 2017, JTCVS generated over 2.3 million article downloads across the three platforms on which it is accessible (www.jtcvs.org, ScienceDirect and Clinica Key). AATS members have been a major driver of growth in online readership, especially in the past two years. Between 2016 and 2017 full-text article views doubled, reaching nearly 900,000 views in 2017.

The JTCVS editorial team and publications office have undertaken several initiatives to achieve these milestones. Our first priority was to increase the quality of articles. Each article published in the Journal receives at least three reviews in addition to the statistical reviews. To accommodate the increased attention paid to an increasing number of submissions, the JTCVS has increased the number of Associate Editors and Associate Statistical Editors as well as the number of reviewers and Deputy Statistical Editors.

To enrich the readers' appreciation of the research we provide a central picture, central message and perspective statement on the first page of each article. Additionally, JTCVS now publishes high-quality surgical videos with most papers and a QR (Quick Response) matrix barcode is available for each paper so that readers can view the videos on their smartphones while reading the print articles. Most recently, many papers now have graphical abstracts presenting the most important aspects of their research in a concise format. Looking ahead, we are working with the Journal's Publisher, Elsevier, to redraw all

the figures published in JTCVS in order to present readers with standardized, uniform figure format that will be more legible and easily recognized as JTCVS figures.

The enhanced graphical quality of articles published in JTCVS enables the Journal and its authors to better promote their research through social media channels, such as Twitter. In a joint effort with the Society of Thoracic Surgeons (STS) and The Annals of Thoracic Surgery, we are working with the Thoracic Surgery Social Media Network (TSSMN) to engage authors and readers in online discussions of recently published articles in the Journal.

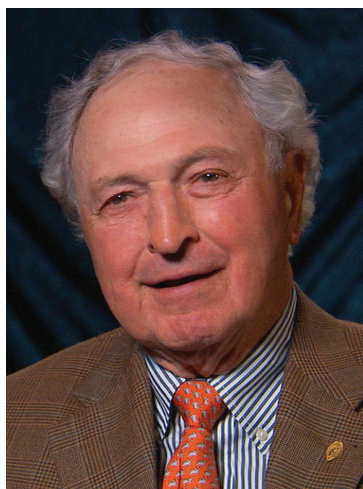
Another significant change to the Journal that has greatly improved engagement of readers and authors is the introduction of Commentaries published alongside original research articles. Last year, we surveyed JTCVS readers to solicit feedback regarding these changes. We received responses from 675 authors and members – a 17% response rate. Most respondents commented favorably about the introduction of Commentaries. 90% of readers like the Commentaries and read JTCVS more often because of them; only 2% of respondents did not like commentaries and some suggested that we have fewer.

Finally, we want to highlight the many improvements to Seminars in Thoracic and Cardiovascular Surgery. In short, if you haven't read Seminars lately, then we urge you to visit the Seminars online or open a recent print issue. The Editors have markedly increased the number and quality of the published papers. Since 2015, when we began transferring articles from the JTCVS, more than 200 manuscripts submitted to JTCVS have been published in the Seminars. Many of the Seminars papers now include high-quality surgical videos just as in JTCVS. The format of the Seminars articles has also changed to make the content more easily appreciated. The online usage figures reflect an increased interest in Seminars. Last year, we surpassed 100,000 annual article downloads for the first time.

We look forward to sharing future updates in subsequent editions of the Newsletter as we continue to bring new developments for all the AATS Publications. The editors and editorial board members, reviewers and authors consistently demonstrate enthusiastic engagement and the publications are greatly improved as a result. ▼

AATS Member Usage

	2011	2012	2013	2014	2015	2016	2017
Visits	115,181	129,215	261,272	319,005	370,658	369,215	424,025
Full Text Article Viewed	30,351	46,726	115,458	188,719	243,235	406,230	868,962



John Lockwood Ochsner, MD | AATS President 1992-1993

Marc R. Moon, MD

John Ochsner was born February 10, 1927, in Madison, Wisconsin, but spent most of his formidable years in New Orleans where his father, Alton, was Chief of Surgery at Tulane and the Ochsner Clinic. When John was 17-year-old, he enlisted in the merchant marines during World War II as a purser pharmacist on board ship. He couldn't join without his parent's permission at that age, which they did reluctantly, but they were very happy when he served out his tour in the Atlantic after the fighting had shifted to the Pacific. John then returned to New Orleans to complete his undergraduate and medical school at Tulane. After his internship year at the University of Michigan, Dr. Ochsner was again drafted during the Korean War in the Doctors Draft Act, and served in a field hospital in Hokkaido, the northern island of Japan. Dr. Ochsner then completed his residency training in Houston with Drs. Michael DeBakey and Denton Cooley. In 2011, during Dr. Ochsner's interview in celebration of the impending AATS Centennial, I asked him about that experience:

All I ever did was say "Yes, Sir" and "No, Sir." After about a month or two, Dr. DeBakey grabbed me by the lapel. "Isn't there anything you can say but Yes, Sir and No, Sir?" Without hesitation I replied, "No, Sir!"

Dr. Ochsner spent his career at the Ochsner Clinic as a pioneer in all areas of cardiac surgery from infants to the elderly. He was referred to as the "King of Hearts" by his family and friends. Dr. Ochsner was a fun loving raconteur with an enthusiasm for life and was passionate about New Orleans. Dr. Ochsner and his father both served as AATS President (73rd and 27th, respectively). More amazing though is that they were both bestowed with what John considered his greatest honor: Rex, King of Carnival during Mardi Gras (Alton in 1948, John in 1990) as the only father-son team not native to New Orleans to receive this honor. Dr. Ochsner maintained his office and remained a trusted confidant and philanthropic workhorse for the institution that bore his name until his passing on July 6, 2018, at 91 years of age. ▼

Ochsner



Frank Cole Spencer, MD AATS | President 1982-1983

Aubrey C. Galloway, MD

Frank Cole Spencer, the 63rd President of the American Association for Thoracic Surgery (AATS), was born in rural Texas in 1925. He was accepted to medical school at age 17, proceeding to an internship at Johns Hopkins. During the Korean War, while still in his 20's, he revolutionized the surgical repair of battlefield vascular injuries. After the war he returned to Johns Hopkins to complete his surgical training, and then remained on the faculty for 6 years. In 1966, at age 41, he was appointed as Chairman of the Department of Surgery at NYU. He served in that capacity for 32 years, producing one of the great surgical departments in the nation. His contributions to training hundreds of surgeons were legendary. His trainees and faculty were guided by simple core principles "Do what is best for the patient" and "Don't be smart enough to quit."

Dr. Spencer encouraged innovation from his faculty, paired with precise technique and rigorous outcomes analysis. Under his leadership, in the 1970s NYU was one of the first centers to adopt of routine use of the internal mammary for coronary artery bypass and use of spinal cord monitoring for thoracic aortic aneurysm repair. He frequently recognized the importance of a new advance before others. In 1978 he dispatched a young faculty member to learn mitral valve repair from Alain Carpentier, which was his pattern for introducing new techniques. In 1983 as AATS President he invited Carpentier to give the keynote address, the "French Correction". Two years later, at the 1985 AATS meeting, Drs. Spencer, Colvin, et al, presented the NYU results with 103 patients, the first report of Carpentier-type mitral repairs in the United States, confirming the validity of the concept.

Dr. Spencer was both a Master Surgeon and a Master Surgical Educator. He was editor of the Yearbook of Surgery from 1971 to 1991, a founding editor of Schwartz's Principles of Surgery and a co-editor of Surgery of the Chest (Gibbon, Sabiston and Spencer; 5th and 6th editions). In 1997 he received the American Heart Association Achievement in Cardiovascular Science and Medicine Award and in 2007 he received the second AATS Lifetime Achievement Award. Dr. Spencer was one of the few surgeons in history to be named president of the AATS (1982-1983), the American College of Surgeons (1990-1991) and the American Surgical Association (1997-1998). Among his peers Dr. Spencer was considered one of the most important surgeons of the 20th century and his influence will be long lived. ▼

Spencer



David John Sugarbaker, MD | AATS President 2013-2014

David H. Adams, MD

While 2018 was a year of gains for the AATS Foundation, it was also a year of a tremendous loss for the Foundation with the death of David J. Sugarbaker, MD, 94th President of the American Association for Thoracic Surgery and long-standing President of the AATS Foundation. It was his vision and leadership that enabled the Foundation to expand opportunities and become the significant organization that it is today.

His contributions to the Foundation are just a small part of his influence on the specialty. No other contemporary leader has left a larger footprint on the field of thoracic surgery than Dr. Sugarbaker. A legendary pioneer who helped define the management of patients with mesothelioma and other complex thoracic tumors, Dr. Sugarbaker's legacy now endures through the numerous Division Chiefs and Professors of Thoracic Surgery he trained that are now in leadership positions throughout the United States.

Likewise, his impact on the American Association for Thoracic Surgery cannot be underestimated, through his service as Councilor, Treasurer, President, and then President of the AATS Foundation. He personified the Association's core values of Leadership, Education, Research and Innovation, Excellence in Patient Care, and Mentoring as a teacher, physician, and compassionate healer that he was. He loved the American Association for Thoracic Surgery, and through his leadership and focused attention, he played a major role in transforming the organization into the contemporary, international, and philanthropic organization that it is today. His mentorship of so many leaders in the Association will have a lasting effect on the trajectory of the organization for years to come.

It was Dr. Sugarbaker's vision that the Foundation would foster and promote individual scholarship to enhance the knowledge of cardiothoracic surgeons throughout the world, and thanks to his exceptional leadership and the generosity of our donors, this mission is now being realized.

Soon, the Foundation will announce its new President who will be tasked with moving Dr. Sugarbaker's vision forward, while continuing to honor his memory and his importance to the growth and success of both the AATS and its Foundation. ▼



AATS

Vision. Leadership.
Scholarship.

800 Cummings Center, Suite 350-V
Beverly, Massachusetts, USA 01915

PRESORTED
STANDARD
US POSTAGE
PAID
BRAINTREE, MA
PERMIT NO.
56309



The All-New AATS 99th Annual Meeting

Prepare yourself for an all-new educational experience at the AATS 99th Annual Meeting in Toronto from May 4 through May 7. With more than 100 parallel breakout sessions, and the first plenary session taking place on Saturday, the completely redesigned format is full of scholarship opportunities that will help attendees become better surgeons.

The new meeting structure will explore every major topic in cardiovascular and thoracic surgery in a “deep dive” format. The content and focus of the meeting is organized around broad categories, including essentials, master classes, undertreatment, innovation, and clinical/basic research. The majority of the sessions will feature invited expert presentations and videos, in combination with the accepted abstracts and videos that the program committee found most competitive and ranked the highest. The main plenary sessions have been organized thematically and will follow the same format featuring invited lectures and accepted abstracts.

Industry partners have expanded non-CME educational activities, including many specialized sessions and hands-on training, and there are also multiple educational sessions to promote academic development at different career stages. Headed by Tirone E. David, MD, the social program is second to none in the storied history of the AATS, including a performance by Grammy-winning jazz singer Diana Krall at Monday night’s President’s Reception.

The meeting will only reach its full potential if members and the international community of cardiothoracic surgeons participate to ensure the lively debate and discussion that has been a hallmark of this annual event since 1917.

Register today at aats.org/annualmeeting and make your plans to be in Toronto for the most exciting and dynamic AATS Annual Meeting ever. ▼