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AATS Update

AMERICAN ASSOCIATION FOR THORACIC SURGERY

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PRESIDENT'S MESSAGE

Marc R. Moon, MD

Let's Do Our Part to Narrow the Gap...

Hippocrates walked the Earth in 400 BC. You know what is amazing? We are still quoting his words. Some have suggested his musings are antiquated, but if one takes a deep dive into his oath, his teachings remain profound, some even speak to a universal health care system, treating "man or woman" and "pauper or prince" with equal respect.

Sadly, inequalities have been around for more than 8,000 years. Grave sites from the Neolithic Period identified overrepresentation of men in cave art with biased burial patterns. Men, who accounted for the majority of formal burial sites, were laid to rest with tools, arrowheads, and precious metals, while the small number of women were buried with ceramics. Gender and racial inequality is not determined by biologic differences, instead it is cultural. Whether we want to admit it or not, health inequities and health disparities are the consequence of gender and racial inequality, though often more subtle.

Elimination of gender and racial inequality is the right thing to do. So, in medicine, what is holding us back?

The last few months around the globe have been filled with divisiveness and conflict but the medical profession is held to a higher standard, as it should, in regards to interpersonal communication skills, systems-based practice, and professionalism. Cultural variability leads to differences in the definition of professionalism. The Western world focuses on patient rights, East Asia on respect and responsibility, and the

Continued on page 2



SECRETARY'S REPORT

David R. Jones, MD

As we all continue to navigate this new virtual world, the Association has continued its steady push for normalcy with holding regularly scheduled meetings, such as the International Thoracic Surgical Oncology Summit and the Surgical Treatment for Arrhythmias and Rhythm Disorders, continued monthly meetings of the AATS Board, and the first ever virtual sessions of the Leadership Academy and Member for a Day Program.

As the Association enters its fourth year of self-management, the AATS Board has focused its efforts on infrastructure, systems, and strategies to ensure that AATS has the necessary foundation to continue its leadership standing within the surgical community. As such, the AATS has continued to work with outside consultants to help readjust the Strategic Plan to ensure that it aligns with the mission and goals of our organization and membership. These adjustments will be reflected on AATS.org in early 2021. Additionally, your Board, understanding the Association's current limitations with AATS's current online systems, has approved the transition to Nimble AMS, a software that will be hosted on the Salesforce

Continued on page 14

WHAT'S INSIDE?

Page 2

▼ Important Dates

Page 3

▼ AATS Board of Directors

Page 3

▼ Membership

Page 6

▼ Meetings

Page 8

▼ Committee Highlights

Page 9

▼ News

Page 11

▼ AATS Foundation

Page 13

▼ Publications



AATS Quality Gateway



Learn more at aatsquality.org/getupdates

Important Dates

January 15, 2021

Application Deadline:

Member for a Day Program

January 31, 2021

Application Deadline:

Cardiothoracic Resident Poster Competition

January 31, 2021

Application Deadline:

Cardiothoracic Resident Case Report Competition

January 31, 2021

Application Deadline:

Perioperative Care Poster Competition

February 8, 2021

Submission Deadline:

Annual Meeting Call for Late Breaking

Clinical Trial Abstracts



President's Message continued

Middle East on morality and personal character; regardless, they all funnel down to the need for compassion and integrity when dealing with patients, patients' families, and colleagues both in and out of the operating room. The overarching theme, as Hippocrates first implied, includes a commitment to society as a whole.

Health disparities are differences in outcomes. Health inequities are differences in opportunities, exposure, and resources. Inequities have to do with all that comes before the outcomes are realized. The Department of Health and Human Services "Healthy People 2030" notes that socioeconomic outcome gaps for cardiovascular measures such as ESRD in diabetes and timing of intervention for acute MI have dramatically narrowed since 2000, but important disparities remain. Inferior outcomes following CABG in both women and underrepresented minorities persist, and underrepresented minorities more often undergo CABG by low-volume surgeons in hospitals with higher risk-adjusted mortality rates. Such disparities result from unequal access to and receipt of quality health care. Studies demonstrate that providing equal access can eliminate racial differences in lung cancer survival. The same is likely true for the majority of other disease processes we treat. Health disparities will only be eliminated when health equity is achieved.

We tend to focus on the negative in healthcare delivery, but progress has been made. Dr. Nick Kouchoukos in his 1999 STS Presidential Address noted the paradox that while the US is the wealthiest nation and spends the most per capita on health care, 16% of the population lacked health insurance, including 12% White, 22% Black, and 35% Hispanic. More recent data from 2019 reports only 8% without insurance, including 5% White, 10% Black, and 17% Hispanic. Most importantly, the gap has narrowed for children. Uninsured children fell from 15.4% in 1999 to 5.2% in 2019, including currently 4.3% White, 4.6% Black, and 8.2% Hispanic. While there is general improvement, these data demonstrate that gaps still remain. Preventive measures and early detection, accomplished by allocating resources according to greatest need, may impact outcomes by decreasing the disease burden in the hardest hit populations.

The UNICEF "Narrowing the Gaps" project demonstrates the superior benefit realized from an equity-enhancing approach to interventions. Return on investment directly correlates with the needs of the population. The number of lives saved by investing in health and nutrition interventions for the poorest children yield nearly twice the number of lives saved than would be saved with an equivalent investment in less deprived groups. The Cardiac Surgery Intersociety Alliance (CSIA) is the first ever transcontinental collaboration of all the major cardiothoracic surgical societies. The AATS partnered with ASCVTS, EACTS, and STS with the goal to improve access to millions of children suffering from rheumatic heart disease. The CSIA may be the perfect vessel through which to focus global cardiothoracic surgery efforts with an equity-enhancing approach.

Let's pledge to lead the way in cardiothoracic surgery as Hippocrates outlined 2,400 years ago with beneficence, integrity, respect for patients, mentors, and mentees, and personal and professional virtue in our quest for social justice. ▼

AATS New Members

AATS welcomed 46 new members in 2020. The 13 new members below graciously shared their thoughts on the AATS and how they were inspired to apply for membership.

What does the AATS mean to you?



Martin Andreas
Medical University of Vienna Cardiac Surgery, Vienna, Austria

"The AATS represents a strong network to drive innovation and clinical excellence for cardiac surgery."



Robert Merritt
The Ohio State University Wexner Medical Center, Columbus, OH, USA

"The AATS is the pinnacle of academic cardiothoracic surgery."

Why did you want to become an AATS member?



Harmik J. Soukiasian
Cedars-Sinai, Los Angeles, CA, USA

"I wanted to be a part of something bigger than just myself and my accomplishments. The AATS is not only a congregation of excellent and accomplished academic surgeons, it's also a place that pushes one to excel and achieve to stay on par with your friends and peers in the Association."



DuyKhanh Ceppa
Indiana University, Indianapolis, IN, USA

"For an opportunity to have a positive influence on the profession."

What inspired you to pursue a career in academic cardiothoracic surgery?



Pramod Bonde
Yale University School of Medicine, New Haven, CT, USA

"An opportunity to help fellow human beings in a technologically advanced branch of medicine."

What was the most impactful presentation you saw at an AATS Annual Meeting?



John Entwistle
Thomas Jefferson University Hospital, Philadelphia, PA, USA

"Some of the debates among those who are recognized as giants in the field—when they cannot agree, it is clear that there is not always a single answer to the problem."

AATS Board of Directors

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Continued on page 4

Help AATS
celebrate your
successes.
Notify us of
any awards
and/or honors
received by
AATS Members.

Whether it's a
Tweet, or an
official institution
press release,
we want to
hear about it.

Send to admin@aats.org

SPREAD THE WORD

AATS New Members continued

Describe a significant case/patient interaction that impacted your career.



Pradeep Narayan

*Rabindranath Tagore International Institute of Cardiac Sciences (NH RTIICS)
Kolkata, India*

"There was an old man on whom we had done a CABG. Later, he was admitted with some unrelated complication in another part of the hospital. I was asked to see him as he had cardiac surgery and to ensure there were no surgical concerns. I, for no real reason, used to go and see him every day for few minutes and make sure he was OK. He then was discharged, and I forgot all about it. Then one day, I received a letter from him mentioning how much my daily visits meant to him. I realized on that day that it is not enough being a surgeon. A pleasant smile and a kind word are probably no less important than dexterity with the scalpel."



Anders Franco-Cereceda

Karolinska University Hospital, Stockholm, Sweden

"I had the fortune to be the 1999-2000 Evarts A. Graham Traveling fellow spending most of my time at the Cleveland Clinic Foundation hosted by Dr. DM Cosgrove. A highlight of the year at the CCF was the upcoming holiday party for all personnel. At that same day we had a most difficult re-transplant at the heart failure team. It soon became clear that the patient would not survive the night. That evening, Dr. Patrick M. McCarthy, head of the heart failure team, told the whole team of doctors and fellows that we were not going to the party, we were staying by the patient and by his family in their troubled time and grief. I will never forget that kind of commitment! That is probably the most important patient-interaction I have ever experienced. Patient first, Always!"

What is your number one piece of advice for trainees?



Jeremiah Hayanga

West Virginia University, Morgantown, WV, USA

"Develop an interest that you can craft into a superpower with which to protect yourself in times of strife and with which you can propel yourself to the cutting edge against stiff competition."



Mark Cunningham

Keck Hospital/USC, Santa Monica, CA, USA

"Be a doctor first and a surgeon second."

What are the most pressing issues within cardiothoracic surgery that you are most interested in monitoring?



Ikenna Okereke

University of Texas Medical Branch, Galveston, TX, USA

"Accessibility of care to everyone in society is one of my top priorities."

Continued on page 5



David Winlaw
Cincinnati Children's Hospital, Cincinnati, OH, USA

"Development of bioengineering solutions, impact of genomics, and surgeon well-being"

How do you see the field advancing in the next ten years?



Haibo Zhang
Shanghai Children's Medical Center, Shanghai, China

"We are now dealing with numbers of double ventricular conversion patients with the technique of 3D printing in advance. 3D printing will give us a new picture in the next 10 years. Also, we could use Da Vinci surgical robot system to do some minimal invasive surgery for VSD/ASD etc." ▼

AATS Member Art Showcase

The AATS values the talents of our members both in and outside of the operating room. AATS Annual Meeting has always displayed members' many artistic talents, from painting, to photography, and beyond, in the Member Art Showcase. The AATS Update will periodically feature submitted artwork for all to enjoy. ▼



Introspection

James R. Edgerton, MD, *Baylor Scott & White Health*

AATS ONLINE

**Presentations from the
100th Annual Meeting
are available on
AATS Online.**

Advance Your Knowledge
aats.org/aatsonline

Vision. Leadership. Scholarship.

International Thoracic Surgical Oncology Summit: A Virtual Learning Experience

Program Director, David R. Jones



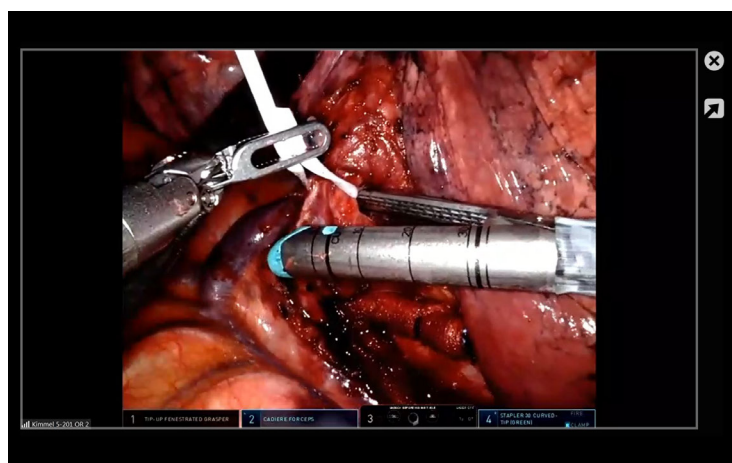
The AATS International Thoracic Surgical Oncology Summit looked a little different than in past years. Due to the COVID-19 pandemic, the program went virtual on October 16-17, 2020. The Symposium attracted more than 600 attendees from 47 countries, and included presentations on the latest clinical trials, evolving therapies in the surgical management of lung cancer, multidisciplinary induction strategies in the treatment of esophageal cancer, and disparities in the care of the thoracic oncologic patient.

This year's David J. Sugarbaker Memorial Lecture was given by Dr. Walter Weder of Thoraxchirurgie Bethanien and discussed *The Evolution of Surgery for Stage III Non-Small Cell Lung Cancer*. Another highlight of the meeting was the G. Alexander Patterson Giant's Lecture, presented by Dr. Gail Darling of Toronto General Hospital. Her talk, entitled *It Starts with a Patient: Thoracic Oncology in the Era of Protocols, Practice Guidelines, and Clinical Trials*, provided lively discussion and debate. The International Faculty shared "How I Do It" videos and updates on clinical trials from around the world. And for the first time in the history of the AATS, a live surgery was performed during the meeting. Dr. Robert J. Cerfolio of New York University lead the attendees through the procedure from start to finish while sharing his best practices and answering questions from the audience.

You can relive the educational experience by registering for the meeting and viewing the presentations on-demand at aats.org/thoracicsummit. All sessions will be available until January 17, 2021.

A tremendous thank you to our industry partners who continue to support our education and research. Thank you in particular to our Premier Platinum Sponsor: Medtronic; and our Platinum Level Sponsors: Intuitive Surgical, Ethicon, and AstraZeneca. In addition, we would like to thank Peerview and Medical Learning Institute, Inc., Genentech, Panther Healthcare, Novartis, Edda Technologies, KLS Martin, Novocure, and Scanlan.

Plans are under way for next year's AATS International Thoracic Surgical Oncology Summit. ▼



Live Chat

Welcome, Meetings AATS Member M

(2:29 PM) Ashok K : Very excited to watch this case
(2:41 PM) Oleg K : Hi from Russia!
(2:47 PM) Thrasivoulos M : good evening from Greece
(2:57 PM) Morris M : Good evening from Nairobi, Kenya
(2:58 PM) Laura R : Greetings from Barcelona, Spain
(2:58 PM) Jari R : Hi from Finland

Add

Ask A Question

If you would like to ask the presenter(s) a question, please enter it in the box below and hit Send Question.

Send Question

Live surgery performed by Dr. Robert J. Cerfolio.



101st Annual Meeting
Featuring Aortic Symposium and Mitral Conclave
A Virtual Learning Experience
April 30-May 2, 2021

President

Marc R. Moon



Focus on Thoracic Surgery

September 4-5, 2021
Fuzhou, China

Program Directors

Thomas A. D'Amico, Chun Chen, Mark Onaitis



Cardiovascular Valve Symposium

September 18-19, 2021
Shanghai, China

Program Directors

Marc R. Moon, Song Wan, Y. Joseph Woo



International Thoracic Surgical Oncology Summit

September 24-25, 2021
New York, NY, USA

Program Director

David R. Jones



Clinical Trials Methods Course

September 30-October 2, 2021
Durham, NC, USA

Program Directors

Marco A. Zenati, David H. Harpole

Surgical Treatment for Arrhythmias and Rhythm Disorders: A Virtual Learning Experience

Program Director, Ralph J. Damiano, Jr.
Program Director, A. Marc Gillinov

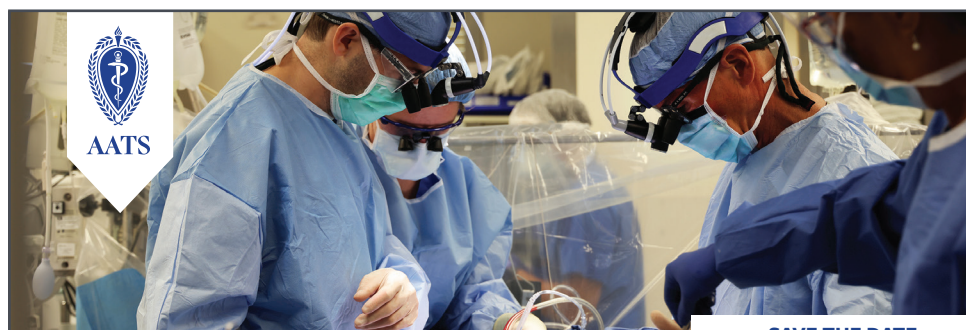


The second AATS Surgical Treatment for Arrhythmias and Rhythm Disorders meeting took place on October 30-31, 2020. It adapted well to a virtual environment, with live turnout exceeding expectations with 289 attendees representing 32 countries.

This interdisciplinary course discussed clinical decision making in selecting the medical, catheter-based, and surgical options for the treatment of arrhythmias. The main emphasis was on the surgical and hybrid treatment of atrial fibrillation. The two days seamlessly displayed seven pre-recorded sessions integrating numerous videos and twelve live panel discussions. Initial attendee feedback indicated that the presentations were provocative and extraordinarily educational.

The first day was devoted to presentations on the mechanisms of AF, basic electrophysiology for surgeons, and a comprehensive discussion on the present guidelines and indications for the treatment of AF. There was a thorough discussion of the treatment of AF concomitant to other cardiac surgery and experts from around the world discussed their approaches to AF in patients with valvular and coronary disease. There was also a lively discussion on important issues in preoperative and postoperative management of these patients.

Day two kicked off with a live panel discussing case presentations of the management of lone AF. The talks covered the diverse procedures available to surgeons to treat lone AF including minimally invasive on-pump Cox-Maze procedures,



SAVE THE DATE

101st Annual Meeting

Featuring Aortic Symposium and Mitral Conclave

A Virtual Learning Experience



April 30-May 2, 2021

President

Marc R. Moon

Program Committee

Niv Ad
Anelechi C. Anyanwu
Rakesh C. Arora
Ko Bando
Clifford W. Barlow
Joseph E. Bavaria
Shanda H. Blackmon
Christopher A. Caldarone
Robert J. Cerfolio
Edward P. Chen
Joseph S. Coselli

Marci S. Damiano
Pirooz Eghtesady
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CALL FOR ABSTRACTS

Call For Late Breaking Clinical Trial Abstracts

SUBMISSION DEADLINE: Monday, February 8, 2021 at 11:59PM Eastern Time

Submission Categories

- Adult Cardiac
- Congenital
- Thoracic Surgery
- Perioperative Care

For more information, visit aats.org/annualmeeting

Continued on page 14

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Where Do You Turn?

Ross Ungerleider, MD, MBA

Jamie Dickey Ungerleider, MSW, PhD

The punishing reality of COVID-19 is that it has raged like a hurricane on the seascape of human interaction. Contact with one another has become potentially dangerous, and it is a cruel irony that those whom we long to hug can be a source of our suffering or even our death. So, we arrange to see each other virtually, on

computer screens, on separate sidewalks, or even through windows. Unfortunately, this conflicts with our basic human need to belong, to touch, and to be joined with one another.

There has been extensive research over the past decade in the field of Interpersonal Neurobiology (the science of relationships) showing that our need to connect and belong is as essential as our need to survive. As described by Kurt Lewin, Peter Coleman, John Gottman, and others, only one of three things happens in relationship: We *turn towards* each other (empathic or friendship cycle); We *turn away* from each other (withdrawal or stranger cycle); or we *turn against* each other (adversarial or enemy cycle). Research on human attachment (what we learned about security and trust associated with relationships from our early primary care givers) suggests that what we experienced in these earliest relationships *between* ourselves and important others ultimately manifests in our relationships *within* our self. Expanding on terminology introduced by Stan Tatkin and in keeping with our ravaged relational seascape, those who turn away from themselves and others become islands—at risk for depersonalization (as relationships are not seen as an important source of understanding and soothing); those who turn against themselves and others become like waves—desiring relationships, often idealizing what the relationship can provide, and then receding from their “shore” when that idealized relationship “disappoints” due to the imperfection that is inherent in humans. Both of these relationship styles can predispose us to burn-out. Then there are those who turn towards themselves and others—*anchored* with compassion for themselves and others as they find the courage to see and accept what is present without judgment, to learn, to love, and to forgive struggle in themselves and others. Research would suggest our relationship style characterizes how we lead, work, and survive or thrive during times of challenge.

Relationships in the time of COVID-19 are altered, and because relationships are central to our well-being, many of us carry around a general sense of uneasiness and loss. It is helpful to notice this loss, grieve it, and perhaps take this as an invitation to explore your own preferred relationship style in order to better understand this loss in more personal terms. It is our early exposure to relationships that generates how we choose to relate to ourselves. Take a moment to reflect on your preferred approach to relationships—particularly the one with yourself. Do you prefer being an island (relationships are secondary to achievement), a wave (relationships are desired but are often a source of disappointment), or have you learned to be an anchor (relationships take work, forgiveness, courage and compassion and are an important part of my life)? As adults, we can choose to develop a secure attachment (anchor) with ourselves and others by truly seeing and understanding ourselves and addressing our needs and unmet needs with kindness and compassion. If it fits for you, try spending some time checking inside and using a method offered by Dan Siegel—reflect with Compassion (for yourself for being willing to explore), Openness to whatever you discover, Acceptance of this as being real at this time (those three words permit change), and non-judgmental Loving for yourself (COAL).

In this time of COVID-19—a time of enormous challenge and loss—may you be happy, safe, healthy, and at ease. ▼

Thomas A. D'Amico AATS Medical Director



Thomas A. D'Amico, MD, Professor and Chief, Section of Thoracic Surgery, at Duke University Medical Center, has been appointed a two-year term as the AATS Medical Director. He was chosen for this position based on his leadership, expertise, and continued support of the Association.

The AATS Medical Director is responsible for assisting the Association in its efforts in content planning, faculty selection, and faculty development. The person in this role is also the physician champion during the ACCME reaccreditation process and interviews.

The Medical Director will be engaged throughout the process of authoring the Association's self-study through to when the interview is executed, and also present to the Board periodically as the ACCME review approaches. Dr. D'Amico will also be charged with populating and driving the AATS/ACCME Taskforce with agreed upon AATS Members.

Dr. D'Amico is a graduate of Harvard University (BA) and the College of Physicians & Surgeons of Columbia University (MD). He received training in general surgery and thoracic surgery at Duke University Medical Center. After completing a fellowship in thoracic surgical oncology at the Memorial Sloan-Kettering Cancer Center, Dr. D'Amico joined the faculty at Duke University Medical Center in 1996. He is currently the Gary Hock Endowed Professor, Chief of General Thoracic Surgery, and Director and Director of the Thoracic Oncology Program of the Duke Cancer Institute.

As Director of the Thoracic Oncology Program of the Duke Cancer Institute, Dr. D'Amico supervises the clinical and research programs in Lung Cancer and Esophageal Cancer. He is involved in improving safety and quality in patient care, as a member

AATS Leading the Way in Lung Cancer Care Initiative

Strategic Collaboration Established with a \$1M Grant from AstraZeneca



Brendon M. Stiles, MD



Yolonda L. Colson, MD

The AATS and AATS Foundation have established a strategic collaboration with AstraZeneca to create the AATS Leading the Way in Lung Cancer Care Initiative. AstraZeneca is a leader in the evolving landscape of early-stage lung cancer, and has committed \$1M in funding for this important initiative in 2020-2021, ultimately launching a novel collaboration in the cardiothoracic surgery specialty.

AstraZeneca's strategy in lung cancer is focused on early detection and treatment, enhancing innovation and delivering life-changing medicines that help patients live better, longer lives. This is fully aligned with the mission of the AATS to "Promote Scholarship, Innovation, and Leadership for Thoracic and Cardiovascular Surgery."

Spearheaded by Dr. Yolonda L. Colson, AATS Vice President, and Dr. Brendon M. Stiles, Advisory Council Member, this collaboration has two strategic focus areas. The first is in fostering new knowledge and innovative ideas to improve lung cancer treatment through research and the education of the next generation of thoracic surgeons. The strength of AATS' commitment to the future of the specialty and patient care is embodied in more than 25 research and educational programs administered for cardiothoracic surgeons through the AATS Foundation.

As highlighted by Dr. Stiles, "As cardiothoracic surgeons, our patients are some of the most complex patients in the world. We gladly take on the challenge of providing excellent multidisciplinary patient care for each one and we strive to innovate every day to find new cures and to continually improve care delivery to all our patients."

Central to this new AATS and AstraZeneca collaboration is the support for Surgical Investigators Awards focused on lung cancer research, as well as support for emerging thoracic surgical oncologists, and women and underrepresented minorities early in their thoracic surgical careers in order to better address the communities served. These programs fund the research and outreach of young thoracic surgeons that will ultimately lead the future in thoracic surgery, improving outcomes and changing treatment paradigms for thoracic surgical patients throughout all communities. Improving the care of thoracic surgical patients, inclusive of different genders, ethnic and racial compositions, in both academic and community practices, is of great importance to this initiative.

The second focus of this strategic collaboration is centered around collaborative leadership for a new paradigm for thoracic surgical oncology, particularly for early-stage thoracic cancers. The opportunity to educate surgeons about systemic therapies and learn from key opinion leaders in a collaborative way will introduce new ideas and can serve to shift the surgeons view of the treatment paradigm from "either-or" to a "synergistic" approach to patient care. This will lead to improved trial design and enrollment, and the creation of a life-long partnership in an ever changing world.

As Dr. Colson summarized, "Given our similar goals and missions to innovate for lung cancer patients, this collaboration with AstraZeneca is a natural and mutually beneficial endeavor. Our initial efforts will focus on research, innovation, and collaborative leadership to foster education and the sharing of ideas between AATS, AATS Foundation, and AstraZeneca—all for the benefit of our patients." ▼

Smarter Than Your Attending?

“Smarter Than Your Attending?” is a smartphone-based contest sponsored by AATS, scheduled to begin in January 2021. Watch for the free downloads from the Apple App Store and Google Play Store. Answer five questions per week, for six weeks, for a chance to win some great prizes from the AATS, such as complimentary registration to an AATS Annual Meeting. Test your knowledge and skills in Adult Cardiac Surgery, General Thoracic Surgery, Congenital Surgery, and Critical Care. The contest and apps are free for all to enter no matter your level of training—medical student through attending. Watch for announcements on Twitter @AATSHQ. ▼



An Update From Women in Thoracic Surgery



Lauren C. Kane, MD, *Children's Hospital New Orleans*
Associate Professor, Congenital Heart Surgery
President, Women in Thoracic Surgery



In the holiday season and giving thanks, the Women in Thoracic Surgery (WTS) want to share with you some of the things that inspired, taught, and left us grateful during a strange year that is 2020. The pandemic called for quick adjustments and forward-thinking leadership across the country. The AATS 100th Annual Meeting went virtual, becoming the first major national meeting to do so. As part of a new, more formal relationship, the WTS held a virtual scientific session, with scientific presentations from all three subsections of the field. The country has felt the division of racial tensions and many leaders in the field issued a statement of solidarity of anti-racism. The WTS added to that show of support by creating a photo collage, with permissions, highlighting Black women thoracic surgeons.

One of the visions the WTS has and is now building, is an expert database where program committees, national and international societies, and academic centers can go to tap into the expertise of women cardiothoracic surgeons across the country. We are excited to be able to role this out in 2021. Our website is getting a re-design which will have a more intuitive experience and easier navigation to many resources and opportunities for awards, mentorship, and careers. One of the more exciting endeavors was 11 women leaders in the field, put together a proposal for the *Equality Can't Wait Challenge*. As part of the challenge, we put together a wonderful 90 second video of strong women in thoracic surgery calling for equity in cardiothoracic surgery and for women throughout the country. That was the first step in a journey of learning and thinking outside the box.

The WTS and its members have been busy publishing and adding to the body of literature, and here is just a tiny sampling. I, Drs. Backhus, Williams, et al., published the experience of Women in Thoracic Sur-

Continued on page 15



Women in Thoracic Surgery events have had wonderfully high attendance over the past few years. Looking forward to future in-person gatherings.





AATS Foundation Mentors Spotlight

The leadership of mentor hosts is critical to the success of offered educational programs, and it cannot be expressed enough how grateful the Foundation is for their mentorship.



"I have been honored to host the recipient of the "Honoring Our Mentors Program" under the Dr. Denton A. Cooley Fellowship. The recipient has the opportunity to spend four weeks studying at Dr. Cooley's famed Texas Heart Institute located in the Texas Medical Center, Houston, TX. This program, as do the others, reflects the AATS Foundation's efforts to enhance education and innovation by bringing the community of cardiothoracic surgeons together creating bonds, friendships, and camaraderie that last a lifetime."

Dr. Joseph S. Coselli, AATS Foundation program host



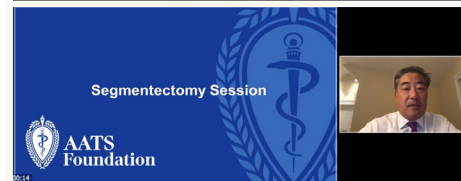
"For me, being a part of the AATS Foundation is one of the most important activities that I participate in. The Foundation invests in our Association's future as it supports our young faculty as they pursue an academic career."

Dr. Pedro del Nido, AATS Foundation program host

To learn more about being an AATS Foundation mentor, please contact Heather Goss at hgoss@aats.org or 978-252-2200 Ext. 518 ▼

Surgical Robotics Virtual Course

The AATS Foundation is dedicated to educating the next generation of cardiothoracic surgeons, even during these unprecedented times. On November 6th, the Foundation's Surgical Robotics Virtual Course was held, bringing together 35 Thoracic Surgical Robotics Fellowship recipients, and their mentors, to participate in a full day program comprised of 6 didactic sessions covering a variety of topics related to robotic thoracic surgery. ▼



Congratulations to the 2021-2022 Evarts A. Graham Memorial Traveling Fellowship Recipients



Francesca D'Auria, MD
Maggiore della Carità University Hospital of Novara
Novara, Italy

"This is an exciting experience which will allow me to work with world leaders in cardiac surgery, acquiring competence in clinical practice and research, exposing me to cutting-edge technology and knowledge. I am really thankful for being awarded the fellowship, it is a privilege and honor for me to have received it."



Victor A. Paz Flores, MD
Hospital Maria of Pediatric Specialties
Tegucigalpa, Honduras

"This fellowship is an excellent opportunity to master and research complex congenital cardiac procedures to improve patient outcomes with the help of master surgeons."

AATS Foundation Awards

Congratulations to the awardees of the AATS Foundation 2020 Spring Awards Cycle:

Every Heartbeat Matters Valve Fellowship

Awardees

Anton Avramenko, MD
Samara State Medical University
Samara, Russian Federation

Marcio Rufino Barbosa, Jr., MD
Santa Casa de Misericórdia de Vitória, Espírito Santo
Santo, Brazil

Mina Wahba, MD
Beni-suef University Hospital
Beni-suef, Egypt

Advanced Valve Disease Educational Fellowship

Awardees

Ashraf A. Sabe, MD
Brigham and Women's Hospital
Boston, MA, USA

Chizoba Efobi, MD
University of Benin Teaching Hospital
Benin City, Nigeria

Honoring our Mentors Programs

Aldo R. Castaneda Fellowship

Margarita Camacho, MD
Children's National Hospital Heart Center
San Jose, Costa Rica

Denton A. Cooley Fellowship

Christopher Mehta, MD
Bluhm Cardiovascular Institute of Northwestern Memorial Hospital
Chicago, IL, USA

F. Griffith Pearson Fellowship

Uma Sachdeva, MD
Massachusetts General Hospital
Boston, MA, USA

Jack A. Roth Fellowship in Thoracic Surgical Oncology

Arianna Rimessi, MD
San Gerardo Hospital
Monza, Italy

AATS Foundation Gardner Lectureship

UC Davis School of Medicine

Medical University of South Carolina

To learn more about the AATS Foundation's various programs, visit aatsfoundation.org ▼



AATS Foundation



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Surgical Investigator Program
Create and fund a named award to support an investigator.

Supporting Cardiothoracic Surgeons in Research and Education

New Editors for *Seminars in Thoracic and Cardiovascular Surgery*

AATS Members have been appointed as Editors for *Seminars in Thoracic and Cardiovascular Surgery*.



Eugene Grossi, MD

Adult Editor, Seminars in Thoracic and Cardiovascular Surgery

Dr. Eugene Grossi currently holds the tenured Steven B. Colvin Cardiothoracic Surgery Professorship at the NYU Grossman School of Medicine. He has been an attending surgeon at Tisch-Langone, Bellevue, and Manhattan VA hospitals for the past three decades. His medical school degree was obtained at the College of Physicians and Surgeons in 1981 and post-graduate training was all completed at the New York School of Medicine which included internship, general surgery residency, cardiothoracic research fellowship, and thoracic residency training. He is currently the Program Director for the Thoracic Surgery Residency in the NYU School of Medicine. In addition to practicing in the NYU Medical Center, Dr. Grossi has been chief of cardiothoracic surgery at the New York Harbor Veterans' Administration Hospital for greater than a decade.

He has conducted research on topics including myocardial protection, infarct salvage, and reduction of inflammatory response during cardiopulmonary bypass. Currently his areas of study include left ventricle reshaping, minimally invasive valve surgery, and the use of artificial intelligence techniques for surgical Quality Analysis. His clinical practice is split between cardiothoracic surgery at the Veterans' Administration and a highly specialized robotic mitral valve repair practice at the NYU Langone Medical Center.



Nahush A. Mokadam, MD

Adult Editor, Seminars in Thoracic and Cardiovascular Surgery

Dr. Nahush A. Mokadam is the Division Director of Cardiac Surgery at The Ohio State University Wexner Medical Center, where he holds the Kakos and Williams Endowed Professorship in Cardiac Surgery. He is the Program Director of both the traditional and integrated six-year cardiothoracic residency programs and is committed to developing the next generation of cardiothoracic surgeons while advancing opportunities for women and minorities to pursue careers in cardiothoracic surgery.

His clinical expertise includes all aspects of adult cardiac surgery, including minimally invasive valve repair and replacement, all-arterial revascularization, heart and lung transplantation, mechanical circulatory support, and aortic root reconstruction. He is internationally recognized as a leader in total artificial heart implantation. Dr. Mokadam has been an avid participant in novel national and international clinical trials, especially in the field of advanced heart failure and minimally invasive LVAD implantation. He collaborates closely with basic scientists and biomedical engineers to promote ground-breaking translational research, resulting in one of the highest NIH-funded Divisions of Cardiac Surgery in the country. Dr. Mokadam also has extensive experience in surgical education, with a focus on high fidelity surgical simulation.



R. Taylor Ripley, MD

Thoracic Editor, Seminars in Thoracic and Cardiovascular Surgery

Dr. R. Taylor Ripley is the Director of the Mesothelioma Treatment Center and Associate Professor at Baylor College of Medicine. He is the co-director of the Thoracic Oncology Working Group and a member of the Dan L Duncan Comprehensive Cancer Center. Previously, Dr. Ripley was an Associate Professor of Surgery at National Cancer Institute, NIH. Dr. Ripley trained in the care of patients with mesothelioma during his fellowship at Memorial Sloan-Kettering Cancer Center in New York. He also completed a fellowship in Surgical Oncology at the

Continued on page 14

Vision. Leadership. Scholarship.

What to Read

Today we are inundated by a tsunami of information and each day our inboxes are filled with more papers than we could ever digest. What to read? This is a question we face every day. How do I select from the thousands of choices?

The AATS Journals have expanded and we now have six journals and a robust website (AATS Online). We have an exceptional amount of material from the AATS family alone.

To meet this challenge, the AATS Journals propose new initiatives to curate our content and place it in the context of the current literature to assist you (our readers) to make your choice: **What to read?**

New Initiatives of AATS Journals

Curated papers from AATS journals and high impact journals

1. Invited Expert Reviews
2. Invited Expert Technical Reviews

Focus on Technical Expertise

3. Invited Expert Techniques
4. Video Atlas Articles

The latest discoveries



5. Invited Expert Opinions

Featured papers in press in AATS journals for each specialty: Adult, Congenital, and Thoracic

6. JTCVS eAlerts
7. AATS Journal eAlerts
8. Featured papers in AATS Journals

Continued on page 14

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Secretary's Report continued

platform. This will allow for administrative staff to provide a more targeted and catered experience for viewers on the AATS website.

I would also like to take a moment to thank everyone who has taken advantage of the Association's matching grant to the AATS Foundation. Although this has been an unprecedented year for all, your generous contributions have continued to provide research and training opportunities for deserving awardees. Additionally, thanks to Drs. David Adams, Yolonda Colson, and Timothy Gardner's continued leadership and vision for the Foundation. Believing strongly in the mission of our philanthropic arm, the Association has agreed to provide another matching grant for individual donations of \$2,500 or more for up to \$250,000 by the end of 2021. The success of the past matching grants is a testament to the impact of the AATS Foundation and its commitment to the cardiothoracic surgery specialty. ▼

Surgical Treatment continued

thoracoscopic right and left sided approaches, and single and two staged hybrid procedures. Focused videos highlighted the technical tips and tricks that the experts used to treat patients at their institutions. The day ended with three presentations of the highest scoring abstracts submitted to the Program Committee.

At the end of the program, Drs. Damiano and Gillinov had a twenty minute live discussion on the highlights of the virtual meeting. There also was an intimate live interview of Dr. James L. Cox and Dr. Richard Schuessler about the History of the Maze Procedure conducted by Dr. Damiano. Two lunch symposia on the undertreatment of AF during concomitant cardiac surgery, and on post-operative AF also provided informative content.

The AATS Surgical Treatment for Arrhythmias and Rhythm Disorders meeting is available on-demand through January 2021. Members are encouraged to share this interesting, informative, and educational content with residents, colleagues, and peers by registering at aats.org/stars.

AATS and the Program Directors would like to extend thanks to the industry partners who support education and research. Thank you in particular to our Premier Platinum Sponsors: AtriCure and Medtronic. Without the continued support of our industry partners, this event would not have been possible. ▼

New Editors continued

NCI, NIH. Dr. Ripley did a general surgery residency at the University of Colorado and received his Medical Doctorate from Vanderbilt University.

He is a nationally recognized, board-certified thoracic surgeon and expert in malignant pleural mesothelioma and thoracic surgical oncology. In addition to mesothelioma, he focuses on robotic surgery, chest wall tumors, lung cancer, esophageal cancer, thymoma, and thymic carcinoma. In the laboratory, Dr. Ripley focuses on the metabolic reprogramming of thoracic cancers including mesothelioma, lung cancer, and esophageal cancer. His team utilizes Dynamic BH3 Profiling to predict which mitochondrial targets will sensitize tumor cells to standard therapeutics.



Ram Kumar Subramanian, MD

Congenital Editor, *Seminars in Thoracic and Cardiovascular Surgery*

Dr. Ram Kumar Subramanian is an Assistant Professor of Surgery and Pediatrics at the Keck School of Medicine of the University of Southern California. He received his medical degree from Madras Medical College, India. He completed his general surgery residency at the University of Southern California in 2008. During his residency, he also completed a PhD in Pathobiology studying angiogenesis and blood vessel maturation. He then continued his cardiothoracic surgery training at the University of Southern California and his Congenital Cardiac Surgery Fellowship at Children's Hospital, Los Angeles, both under Vaughn A. Starnes, MD. He is the editor of the congenital heart surgery curriculum for Thoracic Surgery trainees nationally as well as the editor of curriculum for Congenital Cardiac surgery trainees.

He is an attending pediatric cardiothoracic surgeon practicing the full spectrum of pediatric cardiac and thoracic procedures. His clinical interests include neonatal cardiac surgery and complex bi-ventricular repairs. He runs an NIH-funded basic science laboratory that studies cardiac development with a particular focus on outflow tract maturation. ▼

What to Read continued

We expanded our cadre of outstanding Feature Editors who together with the Associate Editors from our Journals and invited world experts will provide you with their selection of the top ten best papers for important topics for each of our subspecialties: Adult, Congenital, and Thoracic.

Aortic valve surgery in children: Recent articles from AATS Journals

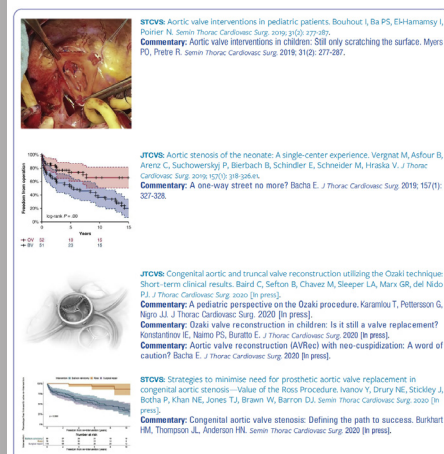


Figure 1

Continued on page 15

Invited Expert Reviews

The Feature and Associate Editors of JTCVS, *JTCVS Open*, *JTCVS Techniques*, *Seminars*, and *Op Techs* review topic proposals including those chosen for presentation at AATS meetings, the highest downloaded papers from our journals, as well as important publications in high impact journals. Then the Feature Editors and invited experts review the papers on these topics from the AATS Journals and seminal papers in other journals to create their top ten lists. These mini reviews present these papers to you with commentaries. The curated lists will get you started to know **what to read**.

To facilitate your access to the best papers, each review has an illustrated bibliography with links to these papers and their accompanying commentaries (Figure 1).

Management of AAOC Artery: Recent articles from AATS Journals

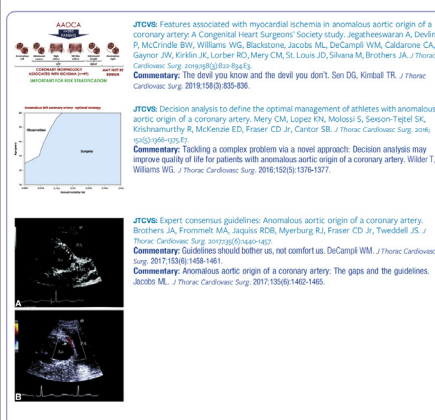


Figure 2

Invited Expert Techniques

The new *JTCVS Techniques* journal is intended to provide our community with the latest surgical approaches to challenging problems. Techniques presents an extensive number of case reports and surgical techniques. In addition, our Associate and Feature Editors have invited world experts to provide brief but detailed descriptions about their surgical approaches to important clinical conditions. These invited “how I do it” papers will show you the techniques employed by masters.

Video Atlas Articles

The new *JTCVS Techniques* journal is also a repository of operative videos demonstrating new technical approaches in great detail. To provide the best instructional videos, the Associate and Feature Editors have invited experts to present their techniques in a series of short videos which show each of the steps required for their procedures. This atlas should provide learners and proficient surgeons with detailed directives from world experts.

Invited Expert Opinions

For the last four years, JTCVS has included brief editorials based on the latest advances in each of our subspecialties. These featured editorials have been very popular and our Feature Editors continue to search the literature for new developments.

AATS Journal Alerts

We have developed a new method to provide our readers with the latest information from our publications specific to their specialty. The Adult, Congenital, and Thoracic AATS Journal Alerts provide illustrated, specialty-specific links to featured in press content each month. You can sign up to receive these alerts at <https://bit.ly/3c6xCFz>.

Featured Papers in AATS Journals

Finally, to ensure that you receive the latest information, we provide an illustrated, specialty specific links to papers in other AATS Journals in each area of interest at the front of each section of the JTCVS. You can review the illustrated links for January by clicking for Adult, Congenital, and Thoracic sections.

We hope that you enjoy these new initiatives and appreciate the efforts that our editors have made to help you to decide what to read. ▼

Invited Expert Technical Reviews

Cardiothoracic surgery is a very technically oriented specialty and surgeons appreciate new approaches to technical challenges. In addition to the papers published in JTCVS and Seminars, we also publish brief technical reports in *JTCVS Techniques* and drawings in *Operative Techniques*. Therefore, the Feature and Associate Editors have selected important topics and reviewed all recent publications in the AATS Journals as well as seminal papers in other journals to create the Invited Expert Technical Reviews. These mini reviews provide the top ten list of the best technical papers on the topics with commentaries, visuals, videos, and drawings. These lists will allow you to know **which techniques to emulate**.

These technical reviews also have an illustrated bibliography with links to the curated papers and their commentaries (Figure 2).

of the Duke Quality and Safety Committee and the Perioperative Executive Committee.

Dr. D'Amico is an Associate Editor for the Journal of Thoracic and Cardiovascular Surgery and serves on the editorial board of the *Annals of Surgery*, as well as others. In addition to AATS, he is in leadership positions with the Society of Thoracic Surgeons and the International Association for the Study of Lung Cancer. Finally, he is active in the National Comprehensive Cancer Network (NCCN), as a member of NCCN Board of Directors and Guidelines Steering Committee, the Chair of the Quality and Outcomes Committee, as well as a member of the Non-Small Cell Lung Cancer and Small Cell Lung Cancer Guidelines Committees, and co-chair of the Esophageal Cancer Guidelines Committee.

AATS is honored to have Dr. D'Amico serve as it's Medical Director for the next two years. ▼

Women in Cardiothoracic Surgery continued

gery Scholarship Program: Impact on Career Outcomes and Interest in Cardiothoracic Surgery and the data shows we are making a difference. Drs. Litle, Yanagawa, and I contributed to a series on the experience of Women Cardiac and Thoracic surgeons across the globe, with a paper on The Impact and Reach of Women in Thoracic Surgery in the USA: past and future directions. Drs. Erkmann, Cooke, and I published on bias mitigation in cardiothoracic recruitment. Drs. David, Stephens, and I provided a commentary on mitigating burnout, supporting health for surgical residency.

I think it is fair to say that we are all hoping to leave the challenges of 2020 behind and are looking forward to progress in 2021. We will continue to adapt and overcome challenges, and strengthen relationships with other societies that share in a common goal. We are grateful for the support we receive for our vision to elevate everyone who dedicates their life to caring for those with cardiac, thoracic, and congenital heart needs. ▼



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