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# AATS Update

AMERICAN ASSOCIATION FOR THORACIC SURGERY

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## PRESIDENT'S MESSAGE

Marc R. Moon, MD

### And It Has to Seem Normal...

In 2013, when I interviewed Dr. Alec Patterson, 90th AATS President, in preparation for the AATS Centennial commemorative text, *In the Words of the Presidents*, I asked him the secret to increasing diversity in our specialty. His response, “We have to make it possible for women to have a successful marriage and a successful family life while successfully training them to do what we do, and it has to seem normal.” I really liked what he said, but when you get right down to it, what do we ever do as cardiothoracic surgeons that is normal? After a decade or more of training beyond medical school we emerge still a novice in our chosen field — is that normal? Or, is it normal to enter the operating room every day not knowing whether our patient will survive through the night? I would challenge that almost nothing we do is normal — nothing we do is routine. But that is what excites me about the field. That is what excites me about the future. People have been predicting the demise of cardiothoracic surgery since before it was even a specialty, but we are not going anywhere — I guarantee

*Continued on page 4*

## MEETINGS

### 100th Annual Meeting: A Virtual Learning Experience

The 100th Annual Meeting took place May 22-23, 2020, and it was exciting for the AATS on many levels. Not only was it the historic 100th meeting, but the entire event was shifted to a virtual platform — a first for the Association — due to the global pandemic. The virtual 100th provided more than 6,000 live attendees from over 22 countries with complimentary access to the most exciting research, science, and education in the field of cardiothoracic surgery. It was truly a historic event.

While in-person networking and social events weren't feasible, the virtual event certainly presented its own opportunities — such as the live chat feature, allowing attendees and moderators to discuss each presentation in real time.

All presentations from the 100th Annual Meeting are available on-demand at [aats.org](https://aats.org) and conveniently searchable by specialty, session, and author. Content has been viewed more than 22,000 times by more than 10,000 attendees. Presentations will be available on AATS Online after September 23, 2020.



## Highlights

The two-day program featured 18 sessions consisting of 89 lectures on the latest innovations in the field.

Dr. G. Alexander Patterson gave the David J. Sugarbaker Memorial Lecture, *The Road to Excellence*. And in the Legacy Lecture, *Proud Past, Limitless Future*, Dr. Timothy J. Gardner

*Continued on page 2*

## WHAT'S INSIDE?

Page 2

▼ Meetings

Page 4

▼ AATS Board of Directors

▼ Membership

Page 5

▼ Important Dates

▼ New Member Profile

Page 6

▼ Committee Highlights

▼ News

Page 8

▼ Publications

Page 11

▼ AATS Foundation



### International Thoracic Surgical Oncology Summit

October 16-17, 2020

Virtual



### Surgical Treatment for Arrhythmias and Rhythm Disorders

October 30-31, 2020

Virtual



### Mitral Conclave

April 29-30, 2021

New York, NY, USA



### 101st Annual Meeting

May 1-4, 2021

Seattle, WA, USA



### Cardiovascular Valve Symposium

September 18-19, 2021

Shanghai, China



### Clinical Trials Methods Course

September 30-October 2, 2021

Durham, NC, USA



### Surgical Treatment for Arrhythmias and Rhythm Disorders

October 15-16, 2021

Boston, MA, USA

### 100th Annual Meeting continued



reflected on thoracic surgery's century of remarkable accomplishments and speculated on future opportunities.

Dr. Vaughn A. Starnes discussed the mission of pushing the discipline to constantly reinvent itself and strive for excellence in education, innovation, and professionalism in the 100th Presidential Address, *Thoracic Surgical Education in a Changing Paradigm*. In his keynote speech, he looked at the advantages and flaws of educational methods of the past in order to reveal a new paradigm for optimal thoracic surgical training in the future. With mentorship, recruitment of a wide range of talented candidates, and a deep commitment to professionalism, Dr. Starnes believes we can bring the field of thoracic surgery to even greater heights.



In addition to presentations and lectures, the Annual Meeting is a time to award individuals on their achievements. The Scientific Achievement Award was established by the Association in 1994. The Award serves to honor individuals who have achieved scientific contributions in the field of thoracic surgery worthy of the highest recognition the Association can bestow. This Award was presented to Dr. Walter Randolph Chitwood, Jr. for scientific contributions to the field of robotic heart surgery.

AATS established the Lifetime Achievement Award in 2003. The Award serves to recognize individuals for their significant contributions to cardiothoracic surgery in the areas of patient care, teaching, research, or community service. Dr. Tirone E. David was the recipient this year for contributions to the field of cardiac surgery in numerous areas including valvular, aortic, and coronary heart surgery. Dr. David is a prior recipient of the AATS Scientific Achievement Award.



And finally, the newly established Honorary Fellow Award serves to recognize individuals who are not cardiothoracic surgeons but have made major contributions to the fields of cardiac or thoracic surgery. Professor Ajit P. Yoganathan, PhD, was named an Honorary Fellow. He is Regents' Professor and Wallace H. Coulter Distinguished Faculty Chair in Biomedical Engineering at Georgia Tech. Dr. Yoganathan has made major contributions to the field of cardiac physiology and surgery, and is a pioneer in the study of function and mechanics of heart valves and complex heart defects.

### Annual Business Meeting

The Annual Business Meeting was conducted by providing electronic reports to the membership via email and posting to the Association's website.

The Nominating Committee, chaired by Dr. Pedro J. del Nido, proposed a slate, which was approved by members via an electronic vote:

- ▼ Dr. Marc R. Moon of Saint Louis, MO was inducted as the Association's 101st President;
- ▼ Dr. Shaf Keshavjee of Toronto, Canada was named President-Elect,
- ▼ Dr. Yolonda L. Colson of Boston, MA was elected to serve as Vice President;
- ▼ Dr. David R. Jones of New York City, NY was re-elected to serve as Secretary;
- ▼ Dr. Emile A. Bacha of New York City, NY was re-elected to serve as Treasurer;
- ▼ Dr. Ralph J. Damiano, Jr. of Saint Louis, MO, Director-at-Large, following his membership election in the Fall of 2019;
- ▼ Also elected to the Board, Dr. Anelechi C. Anyanwu of New York City, NY, who will join Drs. Ralph J. Damiano, Jr., Thierry-Pierre Carrel, Ke-Neng Chen, Leonard N. Girardi,

Continued on page 3



# 101st Annual Meeting | Aortic Symposium

## Call For Abstracts and Videos



May 1-4, 2021  
 Washington State Convention Center  
 Seattle, WA, USA

**Visit [aats.org/annualmeeting](https://aats.org/annualmeeting) for specific guidelines and instructions.**

*Waiver of mandatory manuscript submission for publication in JTCVS must be requested at the time of submission.*

**President**

Marc R. Moon

**Program Chairs**

- Rakesh C. Arora
- Christopher A. Caldarone
- Robert J. Cerfolio
- Marci S. Damiano
- Sudish C. Murthy
- Vinod H. Thourani
- Glenn J. Whitman
- Y. Joseph Woo

*100th Annual Meeting continued*

James D. Luketich, Todd K. Rosengart, Vaughn A. Starnes, and Y. Joseph Woo to form the 2020-2021 AATS Board of Directors.

AATS Secretary, Dr. David R. Jones’ report to the members outlined actions of the Board throughout the past year. His report focused on improving the Association’s governance, administrative, and digital structures to ensure the AATS is well positioned for future growth. His report outlined:



- ▼ Board member roles and responsibilities;
- ▼ Establishment of a Lillehei Forum Residents Committee to review abstracts submitted for consideration and identifying the winning participants during the Annual Meeting;
- ▼ Establishment of a New Revenue Taskforce;
- ▼ Adoption of a new three-year Strategic Plan with the following objectives:
  - ▽ Implement a revolutionary 21st century Quality Gateway Program to enhance the care of patients with cardiothoracic disease;
  - ▽ Lead, educate, and advocate to advance disease-specific care of patients;
  - ▽ Increase our educational footprint to improve patient care worldwide, and advance the AATS brand;
  - ▽ Commitment to the development and engagement of future cardiothoracic leaders;

*Continued on page 15*



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## AATS Board of Directors

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Marc R. Moon

Washington University

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Shaf Keshavjee

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Yolonda L. Colson

Massachusetts General Hospital

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Ralph J. Damiano, Jr.

Washington University

Leonard N. Girardi

Weil Cornell Medical College

James D. Luketich

University of Pittsburgh

Todd K. Rosengart

Baylor College of Medicine

Vaughn A. Starnes

University of Southern California

Y. Joseph Woo

Stanford University

### Foundation President

David H. Adams

Mount Sinai Health System

## 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 newsletter will periodically feature submitted artwork for all to enjoy. ▼



### The Creation of Hero

Bahaaldin Alsoufi, MD  
University of Louisville

### President's Message continued

it, as long as we continue to evolve as a specialty and become more inclusive of outstanding individuals who, until recent times, have been underrepresented.

I was in a European country last year for a conference and my host was the daughter of the Chief of Cardiac Surgery. She told me how much cardiac surgery excited her when she was young but that she ultimately chose to become a cardiologist. "Why not a cardiac surgeon?" I asked. "Because that is man's work," she replied. So often, we find ourselves on the crossroads where self-confidence and vulnerability seem unevenly balanced. A subtle reminder of the nature that begets our own identity. It is not an enigma. A brief repose to refresh the senses through mindfulness, guided self-awareness, or even coffee with a true mentor can reorient the disarray of the jigsaw puzzle fragments that is our daily grind. A proper conversation or two with this young woman from a dedicated mentor might be all it would have taken to impact her life forever.

A recent survey in *American Surgeon* reported recommendations from faculty mentors to female trainees for surgical specialization. The specialty that ranked at the very bottom, i.e., recommended the least to women mentees, was cardiothoracic surgery — recommended less than even neurosurgery or orthopedics. This has got to change. Cardiothoracic surgery is a great field for anyone and everyone who seeks a challenging, rewarding career, regardless of their gender or race. It is our responsibility as leaders to dispel the myth that certain individuals are not welcome. Les Emmerson's 1971 hit single, *Signs*, made reference to a warning that, "Long-haired freaky people need not apply." Those days are gone, at least in cardiothoracic surgery. Long hair, short hair, red hair, or gray — you are all welcome to apply.

I became the Program Director at Washington University in 2003. During the preceding 74 years, only one woman completed training in thoracic surgery and zero underrepresented minorities (URMs). Since 2003, 32% of the 50 graduates have been women or URMs. Since 2014, 50% have been women or URMs, and currently, the diversity ratio among trainees is 55%. Diversity in academic medicine does not occur passively, it requires a concerted effort to change the face of cardiothoracic surgery, both active and continuous. My call to AATS members and the global cardiothoracic community is to put forth that effort — without question, it is time for a change, but it is paramount for us to make it seem normal — at least as normal as we can. ▼



## New Member Profile

Marc W. Gerdisch, MD

In January 2020, the AATS elected Dr. Marc W. Gerdisch, a leader in the field of arrhythmia surgery, into AATS membership. Below, Dr. Gerdisch discusses his professional successes, the importance of mentors, becoming a member, and the fellowship that was established to honor his son, Matthew.

### What inspired you to pursue a career in academic cardiothoracic surgery, and how did your mentors impact your career?

My path in academic cardiothoracic surgery has been atypical. I am an Associate Clinical Professor at Loyola University Medical Center, but my primary position is as Chief of Cardiothoracic Surgery at Franciscan Health, a community hospital system. My closest mentor my entire career is my partner, Dr. Mandouh Bakhos, the Chair of Cardiovascular and Thoracic Surgery at Loyola. Beside guidance on technique, Dr. Bakhos taught that excellence cannot be achieved without thorough understanding of rationale and science. A perspective that coincided with my hope to contribute to the future of cardiac surgery. My method of doing so would be off the usual route, but perhaps it reveals that a spirit of academia does not require the walls of an academic center.

During cardiothoracic training, as a recipient of the Keeley Surgical Fellowship, I spent time with Dr. Alain Carpentier at l'Hopital Broussais. While a young attending surgeon, my principle concerns were to operate and build a large private practice focusing on valve surgery. I joined Cardiac Surgery Associates, as the fifth member of what became and remains the largest private cardiac surgery group in the nation, and I am a partner of 26 years. Meanwhile, I worked to create a career that encompassed academic engagement, in order to participate in active debate, and change in the practice of cardiac surgery.

**Describe a significant experience that impacted your career.** A few years into my practice, I became concerned that we were leaving a lethal disorder untreated, when we had the ultimate opportunity to address it and of course, the absolute responsibility to heal our patients. I had participated in a couple of cut and sew Cox Maze operations while in training and read Dr. James L. Cox's early publications. Then I became aware of Dr. Ralph J. Damiano, Jr. at Washington University, continuing the work of Dr. Cox and transitioning the Cox Maze to a less challenging and time-consuming procedure. After visiting Dr. Damiano, I came away prepared to attack atrial fibrillation, the disorder so often left to limit and diminish the lives of our patients. I was in private practice, so I built my research infrastructure by recruit-



L to R: Matthew Gerdisch, Dr. James L. Cox,  
Dr. Marc W. Gerdisch

ing volunteers. Eventually, it became one of the largest continuous concomitant and sole therapy surgical Afib ablation databases in the country. I went on to become a student of Dr. Cox, whom I consider one of the greatest minds of cardiac surgery, and I count among my closest friends. I spent countless hours listening to Dr. Cox and eventually trained hundreds of surgeons in treatment of atrial fibrillation.

In parallel, I found paths into other operating rooms, perhaps most importantly, visiting Dr. Tirone E. David several times to learn subtleties of mitral repair and aortic root surgery. Early, I sought inroads to breakthrough valve technology. As my practice grew, I was able to participate in landmark research. In 2002, I was lucky to spend an evening with Dr. Jack Bokros, inventor of pyrolytic carbon and eventually, the OnX mechanical valve. Understanding the design and material innovations, it became my sole mechanical valve. Having implanted several hundred, I was the highest enrolling surgeon in the remarkable PROACT study. With continued research diligence, and expanding scope and scale of my private practice, I found myself enrolling and publishing on minimally invasive surgery, valve repair and replacement technology, and of

*Continued on page 14*

## Important Dates

### October 6, 2020

Abstract Submission Deadline: 101st Annual Meeting

### October 30, 2020

Member for a Day Program Opens

### October 30, 2020

Cardiothoracic Resident Poster Competition Opens

### October 30, 2020

Cardiothoracic Resident Case Report Competition Opens

### October 30, 2020

Perioperative Care Poster Competition Opens

### December 1, 2020

Application Deadline: AATS Foundation Programs

### December 31, 2020

Final Day to make 2020 donation to the AATS Foundation

### 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

## Update Your Profile

Check that the information in your aats.org profile is current to ensure you are receiving AATS information that is most important to you. By updating your contact information and sharing your areas of interest, you will be able to optimize your use of AATS Online and receive relevant AATS news. While you are in your profile, you can upload a recent photo, view your AATS activity, and more. To access your profile, log in using the "Sign In" or "My Account" link at the top of aats.org. ▼



## Commitment to Others - But Too Often Not to Ourselves. The Value of Exercise in Busy, Successful Professionals

Robert J. Cerfolio, MD

We all know that regularly scheduled cardiovascular training with weight lifting and/or stretching, yoga, or mindful meditation has enormous physical, mental, and even spiritual benefits. However, most busy, successful professionals who are able to faithfully and dutifully perform other habits required to be successful fail in self-care. Why? The reason is simple. We put the concerns of others in front of our own. The goal of this short review is to reverse this cycle, provide clarity as to the root cause of the failure, and to blaze a clear pathway to success.

### Root Cause Analysis

For the physicians or caregivers who are reading this, we ALWAYS put the patient's concerns in front of our own. As people that serve significant others, as children that serve parents, as parents that serve children, as mentors that serve trainees, etc., we always put them first. And exercise is incorrectly viewed as a luxury of our own self-indulgence. Time runs out in our long-groundhog-days and exhaustion wins. This leads us to the root cause mistake. First, if we truly value those around us, we must maximize our own physical and mental health to better serve them. Exercise must be viewed by us differently and in this way.

Second, we must optimize efficiency in how we exercise and when. Too many suggest that travel to the gym, changing, exercising, and then showering just takes too long. "I just don't have time." Find ways to exercise without a gym, and/or limit the travel time and be flexible. COVID-19 has provided an opportunity to hone this skill set. Third, do not be wedded to just one form of exercise. Most of us prefer to only jog or ride a bicycle or lift weights or do yoga. To maximize our health, we need to have at least 20 minutes of intense cardiovascular exercise, two to three times per week, and weight training and stretching. It is best to combine them all. Muscle confusion is important. Variety keeps it fresh and should include foam-rolling, passive and ballistic stretching, high intensity training, massage therapy, hydrotherapy, and

*Continued on page 10*

## Ralph J. Damiano, Jr., MD AATS Board Member



At the conclusion of the 100th Annual Meeting, Ralph J. Damiano Jr., MD, began his term as Director-at-Large on the AATS Board following the membership's election in the Fall of 2019. Dr. Damiano was

elected into AATS membership on May 1, 1994, and has served as both a member and chair on more than seven committees, including the Cardiothoracic Residents, Education, and Publications Committee, as well as an Associate Editor of JTCVS, and Vice President of the AATS Foundation.

Dr. Damiano is the Evarts A. Graham Professor of Surgery and Chief of the Division of Cardiothoracic Surgery at Washington University School of Medicine and Barnes-Jewish Hospital in St. Louis and Co-Chairman of the Heart & Vascular Center. He received his medical degree from Duke University, and went on to complete both his general surgery and cardiothoracic surgery training at Duke University Medical Center.

In 1996, Damiano was appointed professor of surgery and chief of the Division of Cardiothoracic Surgery at the Milton S. Hershey Medical Center at Penn State University. At Penn State, he was

*Continued on page 10*



AATS

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Program Director

David R. Jones

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## Shaf Keshavjee, MD AATS President-Elect



Dr. Shaf Keshavjee was named AATS President-Elect in a presentation during the virtual AATS 100th Annual Meeting in May 2020. Dr. Keshavjee has contributed to the AATS throughout his career. He served as AATS Vice President last year, and Treasurer for the five prior years.

Dr. Keshavjee is Surgeon in Chief of the Sprott Department of Surgery and the James Wallace McCutcheon Chair in Surgery at University Health Network in Toronto. He is also Director of the Toronto Lung Transplant Program and Professor in

the Division of Thoracic Surgery and Institute of Biomedical Engineering, as well as Vice Chair for Innovation in the Department of Surgery at the University of Toronto. He completed his medical training at the University of Toronto in 1985, and subsequently trained in general surgery, cardiac surgery, and thoracic surgery at the University of Toronto, followed by fellowship training at Harvard University and the University of London for airway surgery and heart-lung transplantation, respectively.

His clinical practice is in thoracic oncology, lung cancer, and lung transplantation. He has a passion for surgery and innovative research. He is a senior scientist in the Toronto General Hospital Research Institute, University

*Continued on page 15*

## Success of the AATS Leadership Academy

Entering its twelfth year with over 160 previous participants, the AATS Leadership Academy provides participants with the administrative, interpersonal, and mentoring skills necessary to serve successfully as an academic cardiothoracic surgeon. The intensive, didactic, and interactive program gives up to 20 surgeons the opportunity to interact with well-known thoracic surgical leaders who might subsequently serve as personal mentors. Academy faculty consists of well-known leaders in cardiothoracic surgery as well as invited guest speakers. The program maintains close to a 1:1 ratio to ensure mentorship opportunities are readily available to all.

The AATS Leadership Academy has positively impacted many surgeons' careers. Dr. Lauren C. Kane is a new AATS Member who attended the Leadership Academy in 2012, designed for surgeons who had concluded their residency and been in an academic appointment for no more than two years or finished their residency in 2012. Dr. Antonio Lassaletta attended the Leadership Academy in 2019, designed for surgeons who had concluded their residency and been in an academic appointment for no more than four years or finished their residency in 2019.



Lauren C. Kane, MD  
Associate Professor  
University of Central Florida

### LAUREN C. KANE, MD

#### What is your current specialty?

Congenital Heart Surgery

#### What were your initial goals for attending the Leadership Academy?

To gain knowledge and insight into being an effective and successful leader in cardiothoracic surgery, network, and professional satisfaction.

#### Since completing the AATS Leadership Academy, how has your career changed?

I have been promoted to Associate Professor and am able to put my leadership skills to work in my professional life.

*Continued on page 10*

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## Seminars in Thoracic and Cardiovascular Surgery Impact Factor Debut

We are pleased to announce the first Impact Factor assignment for *Seminars in Thoracic and Cardiovascular Surgery* (*Seminars*), debuting at a score of 2.133, which ranks the journal 81st of 138 journals in the Cardiac & Cardiovascular Systems category. We would like to thank our authors, editors, and reviewers for their invaluable contributions to the journal's success. This scoring is the result of the decision made in 2014 to offer authors the option to transfer their paper to *Seminars* for publication after review and revision at the *Journal of Thoracic and Cardiovascular Surgery* (JTCVS). The transferred papers have been frequently cited in articles from other high-impact journals and greatly contributed to the first impact factor scoring for *Seminars*.



The option of transferring JTCVS submissions to *Seminars* has been extremely successful, and we are grateful for the support of all the authors who have agreed to transfer their article for publication. Since 2014, more than 300 manuscripts have been transferred, and 85% of authors who were offered transfer to *Seminars* agreed. In 2019, the articles of 86 authors were offered transfer and 78 authors agreed to publish their article in *Seminars*, representing more than 90% author approval.

The transferred articles are improved by the extensive revisions required by the reviewers and the JTCVS and *Seminars* editors. Also, they are reviewed by the JTCVS statistical reviewers and editors so that the conclusions are justified by the results presented. The articles are considered to have interest and value for our community, but they did not achieve the impact required for JTCVS.

There has been a progressive increase in readership and citations to *Seminars* as our community has embraced the value offered. *Seminars* articles are highly downloaded, and total downloads have increased 10% or more each year. In 2019, *Seminars* totaled 128,280 downloads, which ranks among some of the top journals in the specialty. *Seminars* has published many high-impact, peer-reviewed articles such as the ones below that you can read online:

**Adult:** *The Eternal Debate With a Consistent Answer: CABG vs PCI*

[https://www.semthorcardiovascsurg.com/article/S1043-0679\(19\)30182-0/fulltext](https://www.semthorcardiovascsurg.com/article/S1043-0679(19)30182-0/fulltext)

**Congenital:** *Tetralogy of Fallot in the Current Era*

[https://www.semthorcardiovascsurg.com/article/S1043-0679\(18\)30314-9/fulltext](https://www.semthorcardiovascsurg.com/article/S1043-0679(18)30314-9/fulltext)

**Thoracic:** *The Influence of Airway Closure Technique*

*for Right Pneumonectomy on Wall Tension During Positive Pressure Ventilation: An Experimental Study*

[https://www.semthorcardiovascsurg.com/article/S1043-0679\(20\)30134-9/fulltext](https://www.semthorcardiovascsurg.com/article/S1043-0679(20)30134-9/fulltext). ▼

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17  
DAYS

Time to first decision

Two new  
Open Access  
Journals

NEW



NEW



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co-director of the Cardiovascular Center and was appointed professor of cellular and molecular physiology. In 2000, Damiano was appointed Chief of the Section of Cardiac Surgery in the Division of Cardiothoracic Surgery at Washington University in St. Louis. In 2005, he was named Vice Chairman for Clinical Services in the Department of Surgery. He was named Co-Chair of the Heart & Vascular Center at its inception in November, 2009. In May 2014, Damiano was appointed Chief of the Division of Cardiothoracic Surgery and assumed the Everts A. Graham Professorship.

Damiano has authored more than 380 scientific publications and given more than 570 lectures and presentations around the world. His major contributions have been in the area of myocardial preservation during heart surgery, surgical electrophysiology, and minimally invasive cardiac surgery.

Damiano has been a pioneer in the area of minimally invasive cardiac surgery. His developmental work on robotically assisted microsurgery for coronary artery bypass grafting (CABG) earned him a Computer World Smithsonian Award in June of 1997. Damiano performed the first robotically assisted surgical procedure in North America, a CABG, in December 1998. He completed the first prospective clinical trial in the world on robotically assisted CABG. Damiano also has been a leader in the field of the surgical treatment of arrhythmias.

His team at Washington University is world-renowned for its clinical and basic research on the surgical treatment of atrial fibrillation. Recently, his group has developed a less-invasive procedure for atrial fibrillation that is more widely applicable to patients with this arrhythmia. Dr. Damiano is the PI of the Cardiothoracic Surgical Research Training Grant, one of only two training grants that have been awarded in the United States for Cardiothoracic Surgery. ▼

**What were the major takeaways that you received from the Leadership Academy?**

A major takeaway was increasing my sponsoring of others in addition to mentoring. Also, the pervasiveness of bias and how far we have to go to make a dent in improving things in cardiothoracic surgery.

**Have you implemented any of the knowledge/skills into your practice?**

Yes, I am consciously sponsoring more colleagues instead of focusing mostly on mentoring. I have published papers and championed improving bias in cardiothoracic surgery.

**What topics, presenters, and/or discussions did you find the most interesting?**

Learning from Failures - Vaughn A. Starnes; Bias - Jessica S. Donington; Art and Science of Negotiation - Ralph J. Damiano, Jr.; Sponsors and Mentors - Yolonda L. Colson

**Would you recommend this program to a colleague?**

Yes, definitely. Thank you for the input of the speakers, and the commitment by AATS in offering this amazing opportunity.



Antonio D. Lassaletta, MD  
Assistant Professor  
Tufts Medical Center

**ANTONIO D. LASSALETTA, MD**

**What is your current specialty?**

Thoracic Surgery

**What were your initial goals for attending the Leadership Academy?**

Obtain advice, insight, and develop a skill set to identify and address common pitfalls early in our careers. I certainly achieved those goals.

**Since completing the AATS Leadership Academy, how has your career changed?**

I have been appointed chair of our robotic steering committee and director of robotic surgical education.

**What were the major takeaways that you received from the Leadership Academy?**

There are many common pitfalls that no one talks about and certainly aren't part of our training in any formal capacity. The Leadership Academy addressed these issues head-on in a very productive way.

To learn more, please contact Dawn Garrett at dgarrett@aats.org or 978-252-2200 Ext. 520. ▼

meditation or periods of mindfulness. All should be weaved in to complete the complex and dynamic tapestry of health and wellness. How can we find time to do it all?

**Pathway**

Our suggested pathways provide self-leniency for missed days, highly flexible workouts that are no longer than 30-35 minutes, and can be performed in most any rooms in order to minimize or eliminate travel times. For example, on a day you were scheduled to lift weights and perhaps life got in the way or you just do not feel like it, substitute ten minutes of stretching, or five minutes of meditation or even nothing, just sleep. Do not record or see that day as a failure but rather as part of the program's inherent flexibility. Set yourself up for success. We are all busy and have high and low energy days. Be flexible and fluid and forgive yourself. Set the program's goal as a month to accomplish a set number of diverse exercises rather than a week. The program is yours to build but it still requires thoughtful and honest self-accountability. If you find you work better in pairs then report to them. However, it may be unrealistic to coordinate their busy schedule and yours to always work-out together. As leaders, we are all committed to the success of others around us. We cannot fulfill that goal without maximizing our own mental and physical health. Let's make exercise a necessary routine part of our own lives to better help those we care for and value. ▼



## AATS Research Scholarship Spotlight

Smita Sihag, MD



I first learned about the AATS Foundation's Research Scholarship program as a senior cardiothoracic surgery fellow at Massachusetts General Hospital. Dr. Thoralf M. Sundt III, a past AATS Research Scholarship recipient and one of my mentors, encouraged me to apply given my academic aspirations. When I asked him whether it was worth a shot, he replied simply with "Why not? 100% of grants unsubmitted go unfunded." Moreover, he told me that the AATS Foundation's Research Scholarship Committee placed a premium on

"grit". I should maintain low expectations the first or second time around, but eventually I might prevail if I persisted. I finished my fellowship at the end of 2016 and applied for the first time in 2017 as a member of the Thoracic Surgery Service at Memorial Sloan Kettering Cancer Center (MSKCC).

Since joining the faculty at MSKCC, my Chief, Dr. David R. Jones, has heavily supported my commitment to embarking on a pathway to becoming a surgeon-scientist. I applied for an AATS Research Scholarship in the 2017 cycle with the full weight of a prestigious cancer center behind me, but my proposal was not funded as anticipated. I applied a second time in 2018, after successfully competing for smaller awards, and I was lucky to secure the first David J. Sugarbaker Research Scholarship (2019-2021) in a year that two awardees were able to be funded.

*Continued on page 13*



## AATS Foundation Mentors Spotlight

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



Dr. Vinay Badhwar

"It has been an honor and pleasure working with the AATS Foundation and the excellent recipients of the James L. Cox Fellowship. Our program affords a broad exposure to the core principles of the Cox Maze IV operation, setting up an AF program, and applying minimally invasive and robotic approaches. In addition to the experience gained while at our institution, I have enjoyed staying in touch with each of the AATS recipients as they implement changes to their practice. Many thanks to the AATS Foundation for the vision and support of for this form of educational activity."

-Dr. Vinay Badhwar, AATS Foundation program host

*Continued on page 13*

## AATS Foundation Congratulates the Following Awardees:

### Thoracic Surgical Robotics Fellowship

#### Sponsored by Intuitive Surgical

Familiarizes North American general thoracic fellows and their attending surgeons with the da Vinci robotics system during advanced training. Awardees who complete the fellowship are eligible to participate in the Advanced Lobectomy Course.

#### 2020 Recipients:

Asishana A. Osho  
Massachusetts General Hospital  
**Attending Surgeon:** Lana Y. Schumacher

Ali Alameri  
University of Miami Hospital  
**Attending Surgeon:** Nestor Villamizar

Brian Yoo  
University of Pittsburgh Medical Center  
**Attending Surgeon:** Inderpal S. Sarkaria

Ian C. Bostock  
MD Anderson Cancer Center  
**Attending Surgeon:** David C. Rice

Andres Samayoa  
William P. Clements Jr. University Hospital  
**Attending Surgeon:** Kemp H. Kernstine

Ann Hwalek  
Wexner Medical Center  
**Attending Surgeon:** Robert E. Merritt

Brian D. Kilmartin  
UT Southwestern  
**Attending Surgeon:** Kemp H. Kernstine

Nakul Valsangkar  
Emory University Hospital  
**Attending Surgeon:** Manu Sancheti

Osman Hashmi  
UAB Hospital  
**Attending Surgeon:** Benjamin Wei

Stephen Chiu  
Northwestern Memorial Hospital  
**Attending Surgeon:** Samuel Kim

Curtis Bergquist  
University of Michigan  
**Attending Surgeon:** Jules Lin

*Continued on page 12*

## AATS FOUNDATION

### *AATS Foundation Congratulations continued*

Christopher Digesu  
*Beth Israel Deaconess Medical Center*  
**Attending Surgeon:** Michael S. Kent

Brandon M. Wojcik  
*UCHealth University of Colorado Hospital*  
**Attending Surgeon:** Christopher Scott

Antonios Sideris  
*Memorial Sloan Kettering Cancer Center*  
**Attending Surgeon:** Bernard J. Park

Bradley M. Genovese  
*Sulpizio Cardiovascular Center at UC San Diego Health*  
**Attending Surgeon:** Mark Onaitis

Hai Viet-Nguyen Salfity  
*Duke University Hospital*  
**Attending Surgeon:** Matthew G. Hartwig

Jonathan Rice  
*Penn State Health Milton S. Hershey Medical Center*  
**Attending Surgeon:** Michael F. Reed

Andrew Feczko  
*Cleveland Clinic*  
**Attending Surgeon:** Usman Ahmad

Brandon Guenthart  
*Stanford University Hospital*  
**Attending Surgeon:** Natalie Lui

Desiree Steimer  
*Brigham and Women's Hospital*  
**Attending Surgeon:** Jon O. Wee

Yihan Lin  
*University of Colorado Hospital*  
**Attending Surgeon:** Christopher Scott

Christian Probst  
*University of Rochester Medical Center*  
**Attending Surgeon:** Christian G. Peyre

Fatima G. Wilder  
*Johns Hopkins Hospital*  
**Attending Surgeon:** Stephen C. Yang

John R. Spratt  
*University of Florida Shands Hospital*  
**Attending Surgeon:** Tiago Machuca

Marc Vimolratana  
*New York-Presbyterian/Weill Cornell Medical Center*  
**Attending Surgeon:** Benjamin Lee

Caitlin Demarest  
*University of Michigan*  
**Attending Surgeon:** Rishindra M. Reddy

Anh-Thu Le  
*Ohio State University*  
**Attending Surgeon:** Desmond M. D'Souza

Hadley Kitchin Wilson  
*UNC Health*  
**Attending Surgeon:** Jason Long

Ayodele Osasona  
*Ochsner Health*  
**Attending Surgeon:** Brian Pettiford

Megan Kimberly Loo  
*Los Angeles County + USC*  
**Attending Surgeon:** Anthony W. Kim

Ankit Dhamija  
*West Virginia University*  
**Attending Surgeon:** Alper Toker

Jenalee Nicole Coster  
*Baylor St. Luke's Medical Center*  
**Attending Surgeon:** Shawn S. Groth

Barbara Hamilton  
*UCSF Parnassus*  
**Attending Surgeon:** Johannes R. Kratz

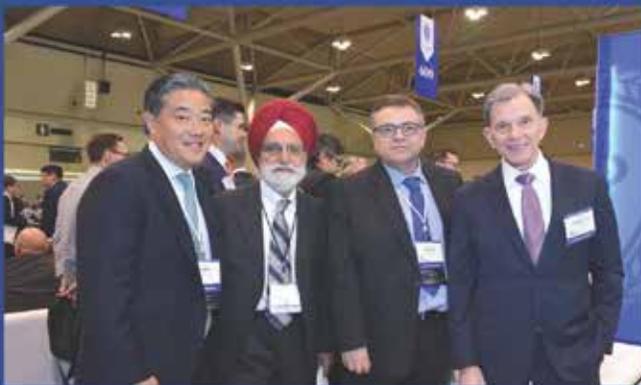
Simran K. Randhawa  
*Barnes Jewish Hospital*  
**Attending Surgeon:** Bryan F. Meyers

Carlos Alberto Puig Gilbert  
*Mayo Clinic*  
**Attending Surgeon:** Dennis Wigle

To learn more about the Foundation's various programs, visit [aatsfoundation.org](https://aatsfoundation.org). ▼

## SUPPORT THE AATS FOUNDATION

AATS Foundation programs are made possible by the generous support of donors, leaders, and partners. Visit [aatsfoundation.org](https://aatsfoundation.org) to learn more.



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- > Start a Program

Honoring Our Mentors Program: Create and fund a program in honor of your mentor.

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

For questions or to support the critical work of the AATS Foundation, contact Katie Federico, Director of Development, at [kfederico@aats.org](mailto:kfederico@aats.org) or 978-252-2200 Ext. 544.



*AATS Foundation Research Scholarship continued*

The central premise of the work we have proposed involves integrating circulating tumor DNA (ctDNA) measurements with clinical and genomic data from the primary tumor to inform an individualized treatment plan for patients with esophageal cancer, thereby improving outcomes and long-term survival. Technologies to detect and quantify tumor-derived DNA in the bloodstream are rapidly evolving and have been successfully applied to various solid tumor types with the goal of improving assessment of tumor progression and treatment response. However, a role for this technology has yet to be defined in patients with esophageal cancer, a relatively rare but aggressive disease with a five-year survival rate under 20%. Our focus is on the development of adjunctive tools using ctDNA in order to help overcome critical blind-spots that clinicians face in treating these patients, as existing methods are limited in accurately assessing both pre-treatment disease burden and post-treatment response.

Thus far, we have analyzed 34 patients over the course of treatment and surveillance: seven patients with clinical stage I disease whose primary treatment was surgery, either esophagectomy or endoscopic resection, 17 patients with clinical stage II-III disease, treated with chemoradiotherapy followed by surgery, and 10 patients with clinical stage IV or unresectable disease, treated with systemic therapy alone. Of these, 27 (79%) had detectable mutations in pre-treatment ctDNA. Approximately 85% of mutations detected in ctDNA were also detected in the primary tumor, suggesting a high rate of concordance. As we hypothesized, pre-treatment detection of ctDNA correlated closely with disease burden as defined by clinical T and N stage and metabolic uptake on positron emission tomography. Furthermore, post-treatment detection appears to predict short-interval recurrence and may reveal a subset of patients who could benefit from adjuvant therapy, including targeted agents or immune checkpoint inhibitors.

Overall, I believe the support of an AATS scholarship has helped to justify my protected time in the laboratory and provide the fuel for this work, effectively launching my career as a surgical investigator. By the conclusion of the scholarship period, my objective is to have sufficient data to put together a successful grant proposal for either an NIH R21 or K level award, which will bridge me to ultimately becoming an independently funded investigator through an NIH R01 or equivalent grant. ▼

*AATS Foundation Mentor Spotlight continued*



Dr. Thomas A. D'Amico

“Duke has recently had the opportunity to host two brilliant thoracic surgeons through the AATS Foundation’s Thoracic Surgery Training Fellowship. These visits were characterized by mutually beneficial educational experiences during their visit, and each of these Fellows made a strong impact among faculty, residents, and students at Duke. We have remained in contact since the conclusion of their Fellowship, and I hope to be able to visit their centers in Ningbo and Tianjin during the upcoming AATS Focus China.”

-Dr. Thomas A. D'Amico, *AATS Foundation program host*

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

## AATS Foundation Fall Awards Now Accepting Applications

The AATS Foundation provides numerous educational and research opportunities to cardiothoracic surgeons around the world each year. The following programs will be accepting applications from September 1 to December 1, 2020\*.

### THORACIC

#### Thoracic Surgical Robotics Fellowship

*Sponsored by Intuitive Surgical*  
Familiarizes North American general thoracic fellows and their attending surgeons with the da Vinci robotics system during advanced training. Awardees who complete the fellowship are eligible to participate in the Advanced Lobectomy Course.

#### Thoracic Surgery Training Fellowship

*Sponsored by Ethicon China*  
Offers young surgeons from China the opportunity to obtain advanced thoracic surgery skills at North American institutions.

### MULTI-SPECIALTY

#### AATS Foundation Cohn Lectureship

Provides a unique opportunity to host an AATS Member lecturer for a virtual presentation.

#### Japanese Association for Thoracic Surgery Fellowship

*Sponsored by Medtronic*  
Engages Japanese cardiothoracic surgeons in an interactive educational opportunity to observe and converse with specialists in the treatment of heart valve disease or advanced minimally invasive thoracic surgery at select host institutions in North America.

#### Summer Intern Scholarship

*Supported by Scanlan*  
Provides first- and second-year medical students with an eight-week summer internship in an AATS member’s cardiothoracic surgery department.

#### Research Scholarship

Supports North American surgeons with a two-year grant of \$80,000 each year to pursue research, training, and clinical experience.

#### Surgical Investigator Program

Provides up to \$50,000 annually to support innovative clinical or translational research by young cardiothoracic surgeons for up to two years.

**\*Please note that this year’s fall award timeline may be impacted by COVID-19 ▼**

course treatment of atrial fibrillation. All of which segued into teaching and training in our operating room and presenting around the world. By virtue of a simple love for the field, I became a de facto academician.

**What was your first experience with the AATS, and how did you become an AATS member?** In 2014, I made my first presentation at AATS Annual Meeting, when after several years of animal and in-human work, we published on the use of a complete extracellular matrix cylinder valve for tricuspid valve replacement. Work that eventually led to an FDA IDE trial, for which I am national PI. In 2016, I became a host instructor for the AATS Foundation's James L. Cox Fellowship in Atrial Fibrillation and have trained several young surgeons.

I will remain an "enthusiast" of cardiac surgery my entire life. The word embodies the sort of alacrity and zeal shared among the members of AATS. A few years ago, my good fortune brought me to cross paths with Dr. J. Scott Rankin. He possesses an infectious desire to standardize repair of aortic valvular insufficiency, in a fashion similar to the brilliant transformation of mitral insufficiency to a disease that can be nullified through repair. As we worked through techniques employing his innovative annuloplasty system, I became a high-volume aortic valve repair surgeon and instructor, melding lessons in anatomy and valve mechanics into a cohesive approach. It was Dr. Rankin who nominated me for AATS membership.

About this same time, Dr. David H. Adams was in the process of shifting the most distinguished and academic cardiac surgical society (AATS) to be more inclusive of those traveling alternate but still exciting paths in cardiac surgery. A group of forward-thinking surgeons, anesthesiologists, and critical care physicians had recently created a new society, Enhance Recovery After Surgery – Cardiac. I was a founding member of the innovative ERAS - Cardiac Society, and together, we wrote and published the ERAS – Cardiac guidelines. Our society presented a dedicated forum at the AATS Annual Meeting in 2019. During the same meeting, I presented on several aspects of atrial fibrillation and left atria appendage management. All of this came together as my nomination was made, and I matriculated this year to AATS.



Matthew Gerdisch and Dr. Marc W. Gerdisch

**Tell us about your son Matthew and the AATS Foundation fellowship in his name.**

The marvelous opportunity to join the ranks of the most distinguished surgeons around the globe was bittersweet. In December of 2019, our beautiful youngest son, Matthew, died suddenly. Matthew was simply the kindest person in our lives and that of so many others. He had the remarkable capacity to find wonder in the simplest of experiences, and the brilliance to engage in biology, physics, and math with the kind of energy that drives discovery. Matthew wanted to hear about everything I did, and he was

especially enamored with treating arrhythmia. Matthew suffered from inappropriate sinus tachycardia but considered it more of a window than a burden. He visited the OR to watch Cox Maze surgery and had the powerful experience as a college student to meet Dr. Cox. It was then that his direction was set. Matthew came to our course, visited a device company to understand the technology, and created a dream of becoming an arrhythmia surgeon. We began crafting a fellowship that he would someday pursue. Matthew also knew my dear friend Dr. Mark La Meir and wanted to join the current of work merging surgeons and electrophysiologists to explore in tandem. So real was it, that we received an early commitment of support for the planned fellowship. The day after Matthew's death, Mike Carrel, CEO of Atricure, called to ask if we could still honor Matthew and the opportunity Matthew wanted to build, by funding the fellowship. Dr. Cox, as heavy hearted as any of our family, made it seem an inarguable course of action. When Dr. Adams learned of the journey to achieve the fellowship, he enthusiastically joined in support and brought it into the AATS Foundation.

Having the fellowship in Matthew's name makes real a goal that independently has incredible merit but originated in the mixture of Matthew's unique ability to value everyone around him and see their contributions as important, and his imperishable devotion to science and medicine. Matthew liked answers

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WeChat

but loved questions. The nexus of heart surgery and arrhythmia therapy is the perfect place to ask the next questions.

Matthew lived so vibrantly that I find the smallest solace in knowing he was connected to everything he loved during his short life. He matriculated to his dream school, Northwestern, studied science and society, and traveled farther than most do at any age. Matthew found the love of his life at age fourteen, in his dear Samantha, who remains our daughter. I will likely never meet another person with so many lovely, devoted friends, but will always revel in the truth that he is my son. ▼



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Ralph J. Damiano, Jr.  
A. Marc Gillinov

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#### 100th Annual Meeting continued

- ▼ Alterations to the Association's policy on Using the Cardiothoracic Operation as a Teaching Instrument to enable the Association to hold live surgery presentations at the Annual Meeting;
- ▼ By-law amendments to increase the active membership limit to 950 and to allow the Nominating Committee to hold a special election for a new leadership slate in the rare circumstance that an Annual Meeting is unable to be held;
- ▼ Contracting with consulting firm Board Veritas to evaluate the Board and staff to ensure that the Association has the proper structure, financial tools, and skill sets;
- ▼ Educational collaborations with the ASCVTS, JATS, and SBCT;
- ▼ Election of the following forty-six surgeons to active membership:

Martin Andreas, MD  
Pedro Becker, MD  
Pramod Bonde, MD  
Walter Douglas Boyd, MD  
DuyKhanh Ceppa, MD  
Xin Chen, MD  
Shiv Kumar Choudhary, MD  
Michael Crittenden, MD  
Mark Cunningham, MD  
James Donahue, MD  
Ahmed El-Eshmawi, MD  
John Entwistle, MD  
Cherie Erkmen, MD  
Gloria Faerber, MD  
Anders Franco-Cereceda, MD

Marc Gerdisch, MD  
Fadil Gradica, MD  
Shawn Groth, MD  
Amy Hackmann, MD  
Masatsugu Hamaji, MD  
Jeremiah Hayanga, MD  
Narutoshi Hibino, MD  
Tatu Juvonen, MD  
David Kaczorowski, MD  
Fernando Lucchese, MD  
Allison McLarty, MD  
Olaf Mercier, MD  
Robert Merritt, MD  
Bart Meuris, MD  
Thomas Modine, MD  
Pradeep Narayan, MD

Ikenna Okereke, MD  
Yoshio Otaki, MD  
Jay Pal, MD  
Sunil Prasad, MD  
V. Seenu Reddy, MD  
R. Taylor Ripley, MD  
Florian Schoenhoff, MD  
Pranava Sinha, MD  
Harmik Soukiasian, MD  
Kazuo Tanemoto, MD  
George Tolis, MD  
David Winlaw, MD  
Hiroshi Yamamoto, MD  
Haibo Zhang, MD  
Daniel Zimpfer, MD

- ▼ 2020-2021 committee and representative positions for over 30 leadership bodies within the AATS and AATS Foundation, noting that many of the positions were filled by members who participated in the self-nomination process which is now live year-round on the AATS website.

#### Annual Meeting 2021

The 101st Annual Meeting and Aortic Symposium is scheduled to take place May 1-4, 2021 in Seattle, WA. Visit [aats.org/annualmeeting](https://aats.org/annualmeeting) for the latest updates. ▼

#### Keshavjee President-Elect continued

Health Network. He leads a large team of researchers in a foremost research program in the Latner Thoracic Research Laboratories and is widely published in the field. His specific research interest is in lung injury related to transplantation. His current work involves the study of support systems, molecular diagnostics, and gene therapy strategies to repair organs ex vivo and to engineer superior organs for transplantation.

Dr. Keshavjee has received numerous awards for contributions to medicine, including the George Armstrong Peters Young Investigator Award, Canada's Top 40 Under 40 Award, the Colin Woolf Award for Excellence in Medical Education, and the Lister Prize in Surgery — the highest award for research achievement in the University of Toronto Department of Surgery. He is a Fellow of the Canadian Academy of Health Sciences and has been awarded an Honorary Doctor of Science Degree from Ryerson University, as well as an Honorary Doctorate of Science from Queen's University. He received the Lifetime Achievement Award from the Canadian Society for Transplantation for his contributions to the field of lung transplantation. He has also received two Queen Elizabeth II Diamond Jubilee Medals. Dr. Keshavjee was recently awarded a Canadian Governor General's Innovation Award for his life-saving impact in the field of lung transplantation. He was awarded the Order of Ontario and also received Canada's highest civilian honor with an appointment as an Officer of the Order of Canada. ▼



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**President**

Marc R. Moon

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