



Vision. Leadership. Scholarship.

AATS Update

AMERICAN ASSOCIATION FOR THORACIC SURGERY

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PRESIDENT'S MESSAGE

Marc R. Moon, MD

This is not the first time that the American Association for Thoracic Surgery Annual Meeting has been disrupted by world events. But we survived, as did the world. I looked back through the archives and found a gleam of hope. In the 1940s, three Annual Meetings were cancelled as a consequence of the global conflict, but in the first meeting back after the hiatus in 1946, a record number of attendees met in Chicago at the Drake Hotel with a renewed interest in the field

of thoracic surgery. It was the Second World War that propelled thoracic surgery into its own as a surgical discipline. The AATS the following year instigated the founding of the American Board of Thoracic Surgery, which officially raised its banner in 1948, and a new day had dawned.

Progress never stands still. Last month, during the AATS 100th Annual Meeting: A Virtual Learning Experience, Vaughn A. Starnes in his Presidential Address, summarized changes to the educational paradigm spawned from the continuing evolution of the treatment of cardiothoracic disease. Students and young surgical trainees often ask me if they should go into cardiothoracic surgery because it is a secure, stable field — they are definitely asking the wrong questions. The Latin derivation of the word “secure” is “without care”, while the Latin derivation of the word “stable” is “to stand still”. To stand still without care? That is not what I am about, and that is not what our specialty is about. I do not want our field to be secure and stable — I want it to be transformative and in perpetual motion. Let's wear our hearts on our sleeve. Let's be spontaneous and creative — it's our nature, and it's the nature of our field.

Since the AATS was founded in 1917, people have been predicting the collapse of thoracic surgery before it was even a specialty. With its initial focus on lung abscess, bronchiectasis, and chest wall tumors, naysayers

Continued on page 2



A Message From Vaughn A. Starnes, MD

It has been a tremendous honor to serve as the 100th President of the AATS. Throughout the past year, there have been changes that were planned and executed, and changes that were forced by a pandemic. We began the year with an aggressive timeline to complete the Annual Meeting program and by December we had the program in place with all the abstracts accepted and discussants planned. Then the news of COVID-19 started to appear in late January and we started having concerns about the Annual Meeting. By March, it was clear that an in-person meeting was not going to be possible. The discussion began about what to do next

with the meeting that had already been planned. Should we defer to 2021? Or proceed with a virtual platform, something our Association had never done before. After much debate, the virtual meeting was selected and we pivoted rapidly from an in-person format.

The 2020 content was already in place, but how to organize the virtual presentations was a herculean task. AATS meetings staff of Michelle Cormier, Kim Dornan, Darlene Janis, Ashley Quinn, Nicole Trainor, and Greg Zaralides

Continued on page 2

WHAT'S INSIDE?

Page 2

▼ **Secretary's Report**

Page 3

▼ **AATS Board of Directors**

▼ **AATS Member Art Showcase**

▼ **News**

Page 4

▼ **Future Meetings**

▼ **New Member Profile**

Page 5

▼ **Meetings**

Page 6

▼ **COVID-19**

Page 7

▼ **Committee Highlights**

Page 8

▼ **Publications**

Page 9

▼ **AATS Foundation**



SECRETARY'S REPORT

David R. Jones, MD

As this year's Annual Meeting was conducted virtually, a formal Business Meeting for the membership was not able to be convened. AATS leadership agreed to provide access for members to view the annual *Business Meeting Reports* online, which includes updates from the JTCVS Editor, AATS Foundation, Treasurer, Nominating Committee, and from myself as Secretary. I encourage all members to review each section in detail to stay up to date on all AATS initiatives.

A Year in Review

This past year, AATS has focused its efforts on improving the Association's governance, administrative, and digital structures to ensure the AATS is well positioned for future growth. Board member roles and responsibilities were adjusted, a new independent auditor firm was selected, and the first Director-at-Large nomination process was implemented.

The Board, along with additional key leaders of the Association, also held its triannual Strategic Planning Meeting, which resulted in the following objectives and are also available for review on the AATS website:

- ▼ 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.
- ▼ Commit to the development and engagement of future cardiothoracic leaders.

The AATS continues to grow its educational portfolio by conducting a number of unique programs, both domestically and around the world, addressing all aspects of our specialty. This past year, through the effort and leadership of our members, AATS conducted educational events in seven countries spanning three different continents.

As we recognize the highlights of the past year, it is important to continue to look towards the future. Now in its third year of self-management, the Board has begun the process of conducting an organizational assessment. AATS is working with consultants from Board Veritas to evaluate the Board and staff to ensure the Association has the structure, financial tools, and skill sets to usher the Association into a new era. ▼

President's Message continued

proclaimed, "In two or three years, everything will be said, and the society will die for lack of interest." To quote Ebenezer Scrooge, "Bah Humbug!" Our specialty has evolved during the last century and continues to grow, as does the AATS.

My first promise to you as President is that the AATS, like the specialty of cardiothoracic surgery, will not "stand still without care." Last year, the AATS Board developed a three-year strategic plan that we hope will catapult us forward as the second century of our Association dawns. At the AATS 101st Annual Meeting in Seattle next year, I hope to summarize our progress in three specific areas: 1.) International Outreach, 2.) Diversity and Inclusion, and 3.) Wellness — not only individual wellness, but the wellness of our specialty and the global community at large. In addition to our long-standing commitment to the AATS mission "to promote scholarship, innovation, and leadership for thoracic and cardiovascular surgery," these three areas of focus will foster future generations of cardiothoracic surgeons, who may not "look like" the group that gathered a century ago for the AATS 1st Annual Meeting, but whose dedication to advancing our field is paramount to our continued growth as a specialty and Association. ▼

A Message from Vaughn A. Starnes continued

sprung into action, and a firm was identified to set up our virtual platform for the presentations and discussions, member chat rooms, invited lectures, and the Presidential Address. I believe we would all agree the 100th Annual Meeting: A Virtual Learning Experience was of historical significance not only because of the content, but how the virtual format became a reality. We took a catastrophic problem and converted to a solution that may in fact be used by others as we emerge from this pandemic.

The way that the Association pivoted such a large event to a virtual platform on such short notice should give all of our members a good feeling about the leadership of the AATS and its staff. This year will long be remembered as the year of the pandemic, much like 1917-1918, but I hope it will be remembered as a historical Annual Meeting that did occur although in a new and unexpected configuration. It demonstrated the dedication of our organization to Vision, Leadership, and Scholarship during a crisis of historical proportion. It's truly been a pleasure to serve as your 100th President during this pandemic crisis. I know we will emerge even stronger due to this challenge that we addressed together. ▼



AATS Journals Alert

Review the Featured in Press Papers in Your Subspecialty Each Month

Sign up for monthly AATS Journal Alerts in adult, congenital, and thoracic specialties.

Sign up to receive AATS Journal Alerts for your specialty at: <https://bit.ly/3c6xCFz>

Read previous AATS Journal Alerts at: <https://bit.ly/2Xxw2Hz>

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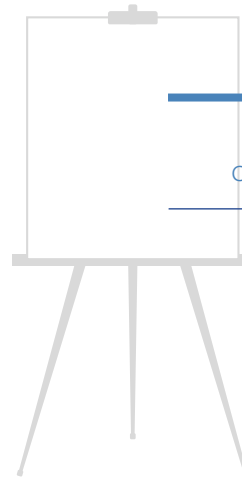
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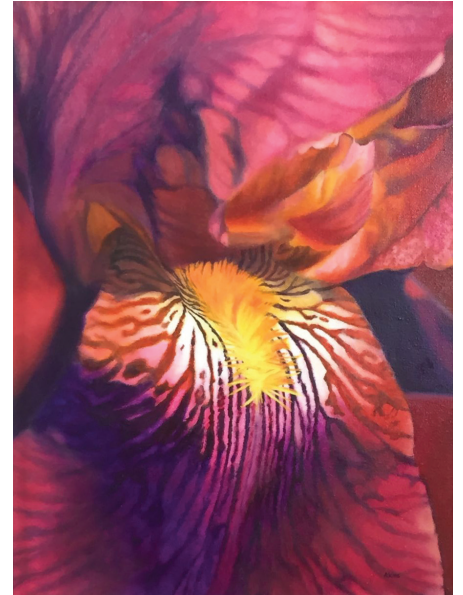
Stanford University

AATS Member Art Showcase

The AATS values the talents of our members both in and outside of the operating room. The 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. ▼



Pink Iris Petal
Cary W. Atkins, MD



Pink Tipped Lotus
Cary W. Atkins, MD

NEWS

Surgeon Scientist Funding Opportunity Announcements, NIH/NHLBI Division of Lung Disease, HRSA Division of Transplantation

The NHLBI Division of Lung Disease issued a Notice of Intent to Publish (NOTP) two companion Funding Opportunity Announcements (FOAs), one to solicit applications for lung transplant clinical centers (CCs) and another for a data coordinating center (DCC), to form a cooperative multi-site Lung Transplant Consortium (LTC). The intent of the NHLBI Notice is to encourage investigators with expertise and insights in the area of lung transplantation to begin to consider applying for these new FOAs and allow sufficient time for these potential applicants to develop meaningful collaborations and responsive projects.

For more information, visit: <https://grants.nih.gov/grants/guide/notice-files/NOT-HL-20-752.html> ▼



New Member Profile

Cherie P. Erkmen, MD

New AATS members can participate in the Association in a variety of ways. Cherie P. Erkmen, MD, of the Lewis Katz School of Medicine, Temple University Hospital, became a member in 2020. Below, she graciously shares her thoughts on the AATS and how she was inspired to apply for membership.

What was your first experience with the AATS? I first learned about AATS from Dr. Lawrence Cohn. My first day as a junior resident on cardiac surgery, I had a stack of chest x-ray films to present to the team on an overhead projector. Dr. Cohn strode in, sat down in the front row, and asked me, "Do you know who I am?" I said, "Yes sir, you are Dr. Cohn." He said, "No, I am Dr. Cohn, President of the AATS, the most prestigious thoracic organization in the world." I was so alarmed that I bumped the table of x-rays and they slid out like a fan at Dr. Cohn's feet. Dr. Cohn and the AATS made an indelible impression on me that day.

How did your mentors impact your career? I am so thankful to have worked with Dr. Cohn. I have a library of outrageous and memorable stories. But, most importantly, he gave me encouragement, guidance, and inspiration. Dr. Cohn was the first to introduce the idea of thoracic surgery to me. Throughout my training and career, he was always someone I could depend on for constructive advice. Words cannot explain how indebted I am to him for his kindness and generosity.

Dr. David Sugarbaker served as another pillar of mentorship in my training. He instilled the concept of RIGOR. "Rigor means that you do something, hopefully something unique, over and over again until excellence is commonplace. Rigor means you stay up until 2:00AM writing a paper about it. Rigor means you ask 10 people, the anesthesiologist, the nurse, any 10 people, how could we make this operation better? RIGOR!" I can still hear his voice, resonating in my mind, as a driving force to accomplish my goals.

Why did you want to become an AATS member? AATS membership has been one of my longstanding goals. AATS membership represents a level of personal accomplishment, but also a meaningful contribution to the field of thoracic surgery. I had been preparing to someday apply. At the AATS 99th Annual Meeting in Toronto, I saw two banners, one with Dr. Cohn, one with Dr. Sugarbaker, each with the words "Honor Your Mentors" in bold print. I felt that applying for membership would be the best way that I could honor them. I am thrilled to be a new member, and humbled by the company of the many members, past and present.

How do you see the field advancing in the next ten years? We are experiencing advances in diversity and inclusion in our field. I had the honor of attending the first Leadership Academy class comprised of all women in 2018. This experience connected me to a community that has continued to foster my career. We are fortunate to have Women in Thoracic Surgery leading research, mentorship, and education in not only gender inclusion, but inclusion for all. We are also fortunate to have courageous leaders like Dr. Shanda Blackmon, Dr. David Jones, Dr. Larry Kaiser, Dr. Robert Higgins, and Dr. David Cooke guiding this evolution in our profession. ▼




**AATS/ASCVTS
Postgraduate Course**
March 3, 2021
Nara, Japan



Mitral Conclave
April 29-30, 2021
New York, NY, USA



**101st Annual Meeting /
Aortic Symposium**
May 1-4, 2021
Seattle, WA, USA



100

100th Annual Meeting A Virtual Learning Experience

All presentations and lectures from the AATS 100th Annual Meeting: A Virtual Learning Experience, are available on-demand until September 23, 2020. The platform is fully searchable by session, presentation, and/or author.

Visit aats.org for complimentary access.



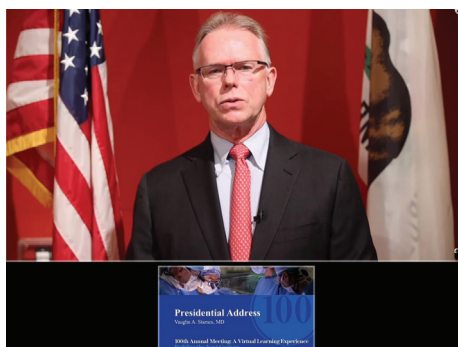
Mechanical Support for the Heart and Lung Symposium: New Devices and Techniques

Shaf Keshavjee, MD and
Mark S. Slaughter, MD

The second annual AATS Mechanical Support for the Heart and Lung Symposium took place on February 14-15, 2020 in Houston, TX. The meeting had the additional support and was co-sponsored by American Society for Artificial Internal Organs (ASAIO) and Extracorporeal Life Support Organization (ELSO). The Symposium attracted 186 attendees from 19 countries, and included presentations on the latest technology, treatments, and emerging patient management strategies utilizing mechanical support for failing hearts and lungs, and lively debates.

Exciting emerging uses for mechanical support were discussed in several presentations including expanding the donor pool using ex vivo lung perfusion, ex-vivo heart perfusion, normothermic regional perfusion, or direct procurement followed by ex vivo assessment. Bartley P. Griffith, MD, from the University of Maryland was given the Innovation Award in Mechanical Circulatory Support for his pioneering and ongoing work with the implantable artificial lung. The invited Keynote Lecture, *Xenotransplantation: Is it Time for a Clinical Trial*, was delivered by Professor Bruno Reichart from Munich, Germany. Video presentations from the Symposium are available on AATS Online. Plans are under way for the third annual AATS Mechanical Support for the Heart and Lung Symposium in 2021.

You can relive the educational experience by viewing the presentations on AATS Online: aats.org/aatsonline. ▼



100th Annual Meeting: A Virtual Learning Experience

This year's Annual Meeting was exciting for the AATS on many levels. Not only was it the historic 100th meeting, but the meeting was shifted to a virtual platform — a first for the Association — due to the global pandemic. The virtual 100th provided more than 6,000 worldwide attendees with complimentary access to the most exciting research, science, and education in the field of cardiothoracic surgery. It was truly a historic event. And while in-person networking and social events were not 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.

The two-day program featured 18 sessions consisting of 89 lectures on the latest innovations in the field. In addition, 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 Gardner 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 AATS established a new award 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 the first AATS Honorary Fellow. He is Regents' Professor and Wallace H. Coulter Distinguished Faculty Chair in Biomedical Engineering at Georgia Tech and has made major contributions to the field of cardiac physiology and surgery. Having earned a PhD in Chemical

Continued on page 7

AATS ONLINE

Presentations from the 2020 Mechanical Support for the Heart and Lung Symposium and 2019 Focus on Thoracic Surgery are now available.

Advance Your Knowledge
aats.org/aatsonline

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An Impressive Response

Many AATS Members are dealing with the ramifications of the worldwide COVID-19 pandemic at a professional level, and the Association's industry partners are certainly helping in their own way. As many businesses shut their doors, schools closed, and travel bans took effect, there were many companies that jumped into action to invent and produce what healthcare providers needed to treat their sick patients. AATS would like to thank them for their efforts to ultimately help flatten the curve of this virus' impact. ▼

Medtronic's Efforts

We all face an unprecedented challenge with COVID-19 that requires we work together on an unprecedented response. At Medtronic, we are committed to supporting the medical professionals we have worked with for decades to care for COVID-19 patients who need our help.

We are doing all we can to safely supply the market. Medtronic is mobilizing to increase production and distribution of products that can help COVID-19 patients and their caregivers — including ventilators, pulse oximeters, and ECMO products.

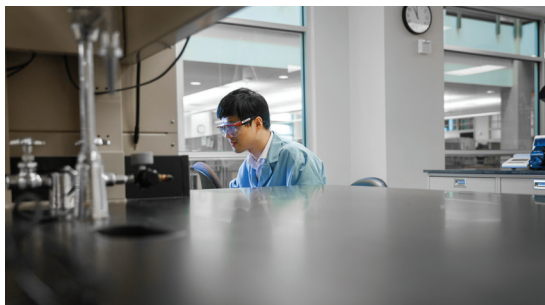
Other lifesaving products like heart valves and pacemakers are still needed, and our people continue to produce them. We are working directly with hospital systems and governments to get our products where they are needed most.

We are at the service of our customers, and we recognize it's not business as usual. We are inspired by the heroic efforts we see by healthcare professionals around the world to treat COVID-19 patients, as well as patients with heart disease and so many related conditions. Thank you for all you are doing to save lives of patients.

We will never compromise our integrity and continue to put patient needs at the forefront of our decision making.

Our 90,000 employees come to work every day with one common goal and Mission — to alleviate pain, restore health, and extend life. We know this virus can and will be defeated, and we will do our utmost to help you make that a reality.

Find out more about Medtronic's response to COVID-19 at [Medtronic.com](https://www.medtronic.com). ▼



Medtronic is mobilizing to increase production and distribution of products that can help COVID-19 patients and their caregivers.

COVID-19 Articles

To assist cardiothoracic surgeons around the world who are confronting the COVID-19 crisis, *The Journal of Thoracic and Cardiovascular Surgery* (JTCVS) provides a collection of original submissions, expert opinions, and commentaries on COVID-19, available at www.jtcvs.org/covid-19. The collection is continuously updated with newly published peer reviewed papers with commentaries from experts in the field.

Included in the collection is a paper from Wuhan, China that presents the clinical course and difficulties in early diagnosis of COVID-19 in 11 patients after thoracic surgery. Commentaries on their experience are provided from other “hot spots” around the globe.

In addition, the collection contains three expert opinion papers addressing how best to triage, manage, and prioritize the care of cardiothoracic surgical patients in adult, congenital, and thoracic surgery:

- ▼ Adult Cardiac Surgery During the COVID-19 Pandemic: A Tiered Patient Triage Guidance Statement
- ▼ COVID-19: Crisis Management in Congenital Heart Surgery
- ▼ COVID-19 Guidance for Triage of Operations for Thoracic Malignancies: A Consensus Statement from Thoracic Surgery Outcomes Research Network

While not guidelines, the papers offer the best available information in real time on how to address these issues affecting cardiothoracic surgeons.

The latest in the collection is, *American Association for Thoracic Surgery: Maintaining the Mission during the COVID-19 Pandemic*, by Marc R. Moon, David R. Jones, David H. Adams, and Vaughn A. Starnes. ▼

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WeChat



100th Annual Meeting continued

Engineering at Cal Tech, Professor Yoganathan is a pioneer in the study of function and mechanics of heart valves and complex heart defects. He invented the science of heart valve engineering and has led the laboratory testing of every prosthetic heart valve design on the United States market for safety and effectiveness. In recognition of his contributions, he was inducted into the National Academy of Engineering in 2015, the engineering equivalent of the National Academies of Sciences and of Medicine. Dr. Yoganathan regularly attends the AATS Annual Meeting, often as an invited speaker.



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 his pioneering leadership and scientific contributions in the field of robotic cardiac surgery.



And finally, 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.

All presentations from the 100th Annual Meeting are now available on-demand until September 23 on aats.org.

Stay tuned for details on the 101st Annual Meeting and Aortic Symposium, taking place May 1-4, 2021, in Seattle, WA. ▼



Wellbeing During COVID-19

Ross M. Bremner, MD
Chair, AATS Wellness Committee

Our worlds have all changed in some manner from this pandemic. Some of us have been overwhelmed with work as we have found ourselves in outbreak hotspots. Others have felt frustrated — or guilty even — that elective surgeries have been put on hold when the “surge” has not been much of a “surge” at all. But all of us have been affected by knowing or caring for others that have been ill, and all of us have had to deal with a new reality of quarantining in some way, shape, or form.

I feel grateful that in my state of Arizona we have, so far, been able to cope well with the volume of cases, and really grateful that we have still been able to get outdoors and hike or bike, or walk the dog. In my home country of South Africa, no one is able to leave their premises and even a trip to the grocery store can only be made for essential items. One cannot buy candy, cosmetics, cigarettes, batteries, or alcohol. We all have stories. Our families have been affected profoundly too. Some are struggling with having the whole family under one roof all the time — and I can only imagine how difficult it must be for those with young children. For many of us there are no graduation ceremonies, or proms, and none of those long-planned summer trips. No scientific meetings — No in-person AATS Annual Meeting.

So how do we deal with such disruption? Perhaps the starting point is recognizing just how disruptive this has been to our lives. As problem solvers and caregivers, we are likely to brush off the idea of personal loss or discomfort, particularly if the personal impact to us has been moderate relative to colleagues and patients suffering more direct losses. Nonetheless, we can't fully adapt or recognize “silver linings” unless we also acknowledge the more difficult side of this human experience. As was the case in our day to day, pre-COVID lives, our ability to do this has an impact on our wellbeing and the care and guidance we can give patients, colleagues, and loved ones.

As we work through these losses and changes, we can also recognize the positive outcomes that may somehow result. I believe that there is a renewed appreciation by the broader community of the value of the healthcare worker. I have received a number of cards and calls from previous patients just to say “thank you” for being a healthcare worker. And today an Air Force fly-by in recognition of healthcare workers had a profound effect on my team and our hospital. A known contributor to burnout has been the perception of a decreased admiration and respect for physicians over the years. Perhaps a few kind words from your patients or community members can help recharge your batteries a bit.

And then there is the catapulting of our telehealth services. Our own group has found these to be immensely helpful (after overcoming initial frustrations of course), and likely we will utilize these new approaches for a portion of our practice going forward — to the convenience and time efficiency of both ourselves and our patients.

For me, there are two particularly notable benefits from this disruptive period that I have experienced: 1) the contributions of others not usually involved in healthcare to our efforts; and 2) the reconnection

Continued on page 8

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. ▼

to family and friends as we weather this storm together, no matter where we are in this world.

To speak to the first of these, our own hospital has been overwhelmed by gifts of masks, gowns, face-shields, and other PPE from businesses and individuals in our community. Some businesses have helped us develop intubation boxes, and low cost disposable face shields. A local brewery helped us produce 50 gallons of hand-sanitizer that we were able to disperse in individual spray bottles to all the hospital employees as they arrived one morning. In the same vein, competitive barriers across healthcare systems have been breached as we collaborate on issues such as ECMO guidelines and resources. I know there are plenty of other examples in your own hospitals and communities. Noting them individually and organizationally makes it more likely that these simple acts of generosity will have a lasting effect.

To speak to the second, I have been grateful for the opportunity to reconnect with friends across the world as we face this invisible enemy together. The funny memes and the ongoing commentaries have lightened my days. I have also been able to get information about this disease from colleagues in other countries, and to share our own experiences here. I now communicate frequently with international research colleagues that I lost contact with 20 years ago. And the joy of the time I've spent with my family has been heightened as we recognize how fortunate we are to have adequate food and to be able to "shelter in place" while millions the world over cannot.

So take the time if you have it, to reflect on your life, and all that you have and have achieved. This is a unique time in our lives and an opportunity to re-evaluate what's important and what can be better prioritized. If you find yourself in a hot-spot, make sure you find enough time to rest and to eat appropriately, and know that the rest of the cardiothoracic community has got your back. Your contribution to the health of our patients and our communities is appreciated in a profound and renewed way. Last week I was walking my dog in my scrubs one evening when a stranger bellowed out to me from the half-opened window of his car — and I extend his message to all of you — "Thanks, buddy," he yelled, "for all you are doing!" ▼

PUBLICATIONS

AATS Publications Update

The ongoing AATS series, Discussions in Cardiothoracic Treatment and Care, published in *Seminars in Thoracic and Cardiovascular Surgery*, continued with two new expert roundtables held at the AATS 99th Annual Meeting in Toronto, Canada in 2019. In this series, experts from the field are brought together for



Discussion panel (L to R): Jay M. Lee, MD, Linda W. Martin, MD, and Stephen C. Yang, MD

candid discussions on areas of concern, question, or controversy in the practice and treatment of cardiothoracic surgery.

Jay M. Lee, MD, Geffen School of Medicine, UCLA, moderated the thoracic roundtable discussion, "What the Surgeon Needs to Know About Checkpoint Inhibition in Immunotherapy," with panelists Linda W. Martin, MD, University of Virginia Health System, and Stephen C. Yang, MD, Johns Hopkins University School of Medicine. Discussion topics included the importance of checkpoint inhibition in the immune system; the use of surrogate markers such as major pathologic response; and biomarkers such as tumor mutational burden that are being studied in the care of late stage patients. A video recording of the roundtable and the published article based on the transcript of the panel discussion are available on semthorcardiovascsurg.com.

The second roundtable, "The Contemporary Management of Acute Type A Aortic Dissection," brought

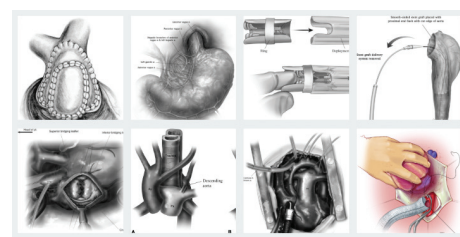


Discussion panel (L to R): Edward P. Chen, MD, Thomas G. Gleason, MD, Bo Yang, MD, Joseph S. Coselli, MD, Malakh Shrestha, MD

experts in cardiac treatment together to discuss surgical techniques and organ protection strategies when treating these patients. Topics included cerebral protection strategy, frozen elephant trunk technique in total arch repair, and the challenges imposed on reconstruction when atherosclerotic disease is present.

Moderator Edward P. Chen, MD, Emory University School of Medicine led the panel, which included Thomas G. Gleason, MD, University of Pittsburgh School of Medicine, Bo Yang, MD, University of Michigan, Joseph S. Coselli, MD, Baylor College of Medicine, and Malakh Shrestha, MD, Hannover Medical School, Germany. A video recording of the roundtable and the published article based on the transcript of the panel discussion are available on semthorcardiovascsurg.com.

In addition to being available on the Seminars website, both roundtables can be viewed on AATS Online. ▼



Archive of illustrations from *Operative Techniques* now available through AATS Online: www.aats.org/AATSONline/images. See the original line drawings, intraoperative photographs, and imaging studies included in *Operative Techniques in Thoracic and Cardiovascular Surgery: A Comparative Atlas* that illustrate a wide variety of operative approaches.

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Awardee Spotlight

The James L. Cox Fellowship in Atrial Fibrillation Surgery was established in 2015 in collaboration with AtriCure, Inc. to give newly graduated cardiothoracic surgeons an opportunity to enhance their surgical proficiency in the treatment of patients with atrial fibrillation. Each year, trainees from around the world are supported to spend between two to four weeks at premier AATS Foundation host sites in the United States with leader surgeon-educators in the field.

Ihar Kiziukevich, a young cardiac surgeon from Grodno, Belarus, hopes to raise awareness of chronic disease such as rheumatic heart disease in his home country, and to improve access to patient care and treatment options for underserved populations. To further his training, Dr. Kiziukevich was granted this fellowship in

2019 and spent time at USC Keck School of Medicine in Los Angeles, California with Dr. Armin Kiankhooy, who specializes in the surgical treatment of advanced heart and lung failure and atrial fibrillation. Dr. Kiziukevich shared the impact of this valuable opportunity in the following report:

Coming out of training, you start to realize how much more there is left to learn as a young surgeon. Even though I consider myself well trained, I still wanted to enhance that experience to see how other people do things. I felt like it would be valuable for a new heart surgeon to go to a world-class institution to learn from some of the best in the world of cardiac surgery, and then to incorporate their wisdom into my own practice. The James L. Cox Fellowship in Atrial Fibrillation Surgery offered just what I was looking for.

I was excited and honored to be in the same room with expert surgeons such as Drs. Vaughn A. Starnes, Craig J. Baker, Armin Kiankhooy, Fernando Fleischman, and Mark Cunningham. It was fascinating to watch these leaders in their field work, not only in the OR, but also doing rounds on the floors, discussing complex cases,

Continued on page 10



Apply for a Program

The AATS Foundation award cycle is now open! To view a listing of our current program offerings, interested candidates are encouraged to visit aatsfoundation.org, or contact the AATS Foundation Administrative office: 978-252-2200, Ext 518.

MULTI-SPECIALTY

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Evarts A. Graham Memorial Traveling Fellowship

For international academic cardiothoracic surgeons to spend one year of study in North America.

Continued on page 10

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Congratulations to the recipients of the following AATS Foundation Awards:

Chinese Surgeons International Training Program – Sponsored by Medtronic China

Supports surgeons to train at a host institution in North America to obtain skills in valve repair, MICS CABG, TAVR, and aortic surgery.

2019 Recipients:

Chunxiao Zhang
Beijing Anzhen Hospital
Host: David H. Adams

Liuzhong Shen
Fuwai Hospital
Host: A. Marc Gillinov

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.

2019 Recipients:

Hengrui Liang, Jr.
The First Affiliated Hospital of Guangzhou Medical University
Host: Thomas A. D'Amico

Yiliang Zhang
Fudan University Shanghai Cancer Center
Host: Stephen D. Cassivi

Han-Yu Deng
West China Hospital
Host: David R. Jones

Zhirong Zhang
Capital Medical University
Host: Joseph B. Shrager

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.

2020 Recipients:

Yoichi Ohtaki
Gunma University
Host: Thomas A. D'Amico

Hiroaki Osada
Kyoto University
Host: G. Michael Deeb and Steven F. Bolling

Continued on page 10

Awardee Spotlight continued

consulting with patients in the clinic, and much more. I was exposed to the invaluable experience of watching these master surgeons apply their clinical decision-making. Being able to be a part of those discussions enabled me to adopt some of that same wisdom in making future decisions for my own patients, saving them, and myself, from some of the common pitfalls. I have found a lot of similarities in their approaches along with some differences. The differences in their techniques were subtle, but they were some of the biggest insights from my experience. Also, all of the surgeons I observed were so in sync with their teams and the way they took care of their patients, and that really stood out to me. These are a few of the things I plan to incorporate into my own practice going forward. I was also impressed by the integrated cardiothoracic surgery residency program at the USC Keck School of Medicine — the level and quality of surgical practical training that residents get is far more advanced compared to what I've had in my training.



And the biggest thing I was impressed by is how approachable and forthcoming everyone was, all I had to do was to put myself out there and ask questions. Everyone I observed wanted to be a good doctor and surgeon, and they want to teach others how to do the same. I would strongly recommend young cardiac surgeons to apply and take advantage of the great learning opportunities this fellowship has to offer. A number of master surgeons and pioneers in the field are still here, working and teaching in places like USC Keck School of Medicine, and they have a lot they can pass along to the next generation of cardiothoracic surgeons. ▼

Apply for a Program continued

ADULT CARDIAC

Advanced Valve Disease Educational Fellowship

Sponsored by Medtronic

For international early-career cardiothoracic surgeons to observe valvular heart disease specialists to enhance their knowledge of treatment and technical skills and management of perioperative patients.

Denton A. Cooley Fellowship

For North American early-career cardiothoracic surgeons to study at the Texas Heart Institute and Baylor St. Luke's Medical Center.

Every Heartbeat Matters Valve Fellowship

Sponsored by Edwards Lifesciences Foundation

For international early-career cardiothoracic surgeons who are treating the underserved to advance their heart valve disease training and education at a host site in North America.

CONGENITAL

Aldo R. Castaneda Fellowship

For early-career Latin American congenital heart surgeons to train at a host institution in North America for up to three months.

Marc R. de Leval Fellowship

For North American early-career congenital heart surgeons to train at an institution in Europe or the United Kingdom for four to six weeks.

THORACIC

F. Griffith Pearson Fellowship

For young general thoracic surgeons who have finished their residencies to advance their clinical techniques at a North American host institution.

Jack A. Roth Fellowship in Thoracic Surgical Oncology

For early-career thoracic oncologic surgeons, or those interested in thoracic surgical oncology, to train at University of Texas MD Anderson Cancer Center for two to four weeks. ▼

Congratulations continued

Kayo Sugiyama
Aichi Medical University Hospital
Host: Michael E. Halkos

Keigo Yamashita
Nara Medical University Hospital
Host: Joseph F. Sabik III

James L. Cox Fellowship in Atrial Fibrillation

Surgery – Sponsored by AtriCure, Inc.

Affords newly graduated cardiothoracic surgeons the opportunity to improve their atrial fibrillation technique at a host institution.

2020 Recipients:

Philip Jonathan Spencer
Host: Jonathan M. Philpott

Naomi Kebba
Host: Vigneshwar Kasirajan

Martin Yates
Host: Armin Kiankhooy

William S. Ragalie
Host: James L. Cox and Patrick M. McCarthy

Abubakari Ibn Sidiki
Host: Niv Ad

Ning Kang
Host: Ralph J. Damiano, Jr.

Vince James Nardy
Host: Vinay Badhwar

Dimitrios Topalidis
Host: Marc W. Gerdisch



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

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-Dr. David H. Adams, AATS Foundation President

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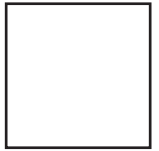




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