



Vision. Leadership. Scholarship.

AATS Update

AMERICAN ASSOCIATION FOR THORACIC SURGERY

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PRESIDENT'S MESSAGE

Marc R. Moon, MD

Virtual AATS — Join the Adventure

An adventure is an undertaking usually involving danger and unknown risk. Adventures are typically bold with the potential for physical danger and are undertaken to create psychological arousal or to achieve a greater good such as the pursuit of knowledge, whether pursued as a means to an end or an end in itself. Adventures generally involve dangerous conditions, narrow escapes

with bravery dependent on acts of great courage, knowledge to be gained through intelligence, skill and good fortune, and interdependence with exotic persons in exotic places. Does that sound familiar?

Is cardiothoracic surgery an adventure? Spoiler alert—you are going to have to wait until May 1st for my solution to that riddle, but what I can tell you now is that cardiothoracic surgery is without a doubt a challenging quest. The rite of passage into our specialty is protracted and arduous, more so than many, many others, which makes future generations question whether it is worth the expended effort and sacrifice.

The term “bully pulpit” was coined by Mount Rushmore’s Theodore Roosevelt as a platform from which to advocate an agenda. President Roosevelt also defined the requisite of a good citizen, able and willing to pull their weight, not mere passengers along for the ride. My good fortune is the opportunity to have one true bully pulpit, from which I hope to reinforce Roosevelt’s warning, “Nobody cares how much

Continued on page 4



SECRETARY'S REPORT

David R. Jones, MD

As the Association begins to usher in its 104th year of operation, we take the time to reflect on a difficult year for our members, their families, and the patients we serve.

During these unprecedented times, our membership has displayed exemplary resilience, adaptability, and leadership to their teams, community, and specialty. At the beginning of this pandemic, AATS leaders and peers from around the world joined together to share their experience, expertise, and research to draft key recommendations on how best to continue to provide care to patients and navigate uncharted waters. For 104 years, the Association has aimed to provide excellence in patient care through the dissemination of knowledge and although we are unable to meet face to face, our community has never been closer as we all work together to treat cardiothoracic disease.

The digital world we live in has allowed the AATS to reach a more global audience than ever before. The Association’s 100th Annual Meeting saw virtual attendees from more than 22 countries. The virtual

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New Member Spotlight

By taking a further look into AATS, we wanted to understand not only what the Association means to its new members, but also what being a cardiovascular surgeon means. Here's some insight from our new members in 2020.



Tatu Juvonen

Helsinki University Central Hospital, Helsinki, Finland

Why did you want to become an AATS member?

"[Because it is a] sign of the highest professional level."



Olaf Merceir

Marie Lannelongue Hospital, Robinson, France

How did your mentors impact your career?

"They showed me how to have a fruitful life of innovations in cardiothoracic surgery."



Gloria Färber

University Hospital Jena, Jena, Germany

What does the AATS mean to you?

"Collaboration, networking, leadership, excellence, and innovation in cardiac surgery."



V. Seenu Reddy

Centennial Medical Center, Nashville, TN, USA

What is your number one piece of advice for trainees?

"Balance between career and family."



Sunil Prasad

University of Rochester Medical Center, Rochester, NY, USA

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

"The ever-changing environment. To push new boundaries."



Thomas Modine

Institut Cœur Poumon, La Madeleine, France

How do you plan on becoming involved in the organization?

"Anything that could serve the AATS but mainly serving as international officer as I am Europe based and with a lot of connections in Middle East and Asia."



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. ▼

Reynisdrangar

Nahush A. Mokadam, MD

Ohio State University, Wexner Medical Center

www.cutyerheartout.com

New Member Spotlight continued



Marc Gerdisch

Saint Francis Heart Center, Indianapolis, IN, USA

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

"I had visited Dr. Carpentier during my fellowship on a scholarship received during residency. I witnessed the patience and skill required to be a valve repair surgeon. As I later cultivated my abilities including visits to Dr. David's operating room, I was faced with my first extensive mitral annular calcification in an otherwise repairable valve. When he woke to find he still had his own now well-functioning mitral valve, we spent a long silent moment appreciating each other and the completely unique bond between patient and cardiac surgeon."



Kazuo Tanemoto

Kawasaki Medical School, Kurashiki, Japan

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

"Decrease of the number of surgeons."



Hiroshi Yamamoto

Akita University, Akita, Japan

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

"Hybrid (e.g., open and endovascular combination) operations for aged and severe cardiovascular patients." ▼

Important Dates

March 31, 2021

Application Deadline:
JTCVS Editor

April 1, 2021

AATS Foundation Spring Awards Cycle Begins

2021 New Members

The following individuals were accepted into membership for the 2020-2021 membership cycle:

Usman Ahmad, MD
Stephan Broderick, MD
Tomas Centella, MD
Chun Chen, MD
Mani Daneshmand, MD
Piroze Davierwala, MD
Jullien Gaer, MD
Gary Green, MD
Yingqiang Guo, MD
Konrad Hoetzenecker, MD
Jian Hu, MD
Dawn Hui, MD
William Keeling, MD
Hecheng Li, MD
Roberto Lorusso, MD
Victor Pretorius, MD
Julian Smith, MD
Ibrahim Sultan, MD
Matthew Wall, MD
Matthew Williams, MD
Leora Yarboro, MD
Iki Adachi, MD
Julie Cleuziou, MD
David Kalfa, MD
Lauren Kane, MD
Damian LaPar, MD
Yasuhiro Kotani, MD
Katsuhide Maeda, MD
Jennifer Nelson, MD
Pablo Sanchez, MD
Lana Schumacher, MD
Michael Smith, MD
Benjamin Wei, MD

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. ▼

President's Message continued

you know, until they know how much you care.” I care about cardiothoracic surgery, I care about the AATS, and I care about you.

The AATS Annual Meeting is going virtual for the second year in a row. Am I disappointed? Not really. Actually, I am excited. While I won't have the opportunity to join you all for a cocktail in the lobby of the Sheraton after a full day of learning, the focus in this setting is on improving the knowledge base of our specialty through sharing of experiences, both positive and negative. While in 2020 we trimmed the program to its barebones to accommodate the short turnaround time necessary to pivot from the live to virtual format, the educational offerings at the 2021 meeting exceed those of any of the previous 100 AATS Annual Meetings. More than 1,000 participants from around the globe will be sharing their latest contributions to the field.

My invited guests this year include Dr. William Kaelin Jr., who won the 2019 Nobel Prize in Physiology, and 66th US Secretary of State Condoleezza Rice. Dr. Kaelin, as the David J. Sugarbaker Memorial Lecturer, will describe his journey to the discovery of the regulation of hypoxia-inducible cellular adaptations critical to neoplastic transformation and growth. Secretary Rice needs no introduction except to emphasize that her personal journey includes one of great mentorship, scholarship, and leadership, all core AATS values that demonstrate the Association's commitment to advancing the field of cardiothoracic surgery and society as a whole. I also asked Dr. Walter Randolph Chitwood, 43rd STS President, to give the AATS Legacy Lecture. Dr. Chitwood is a truly engaging raconteur who will regale us with his own personal legacy from Blalock to Sabiston to the modern generation of cardiothoracic surgeons.

I can't wait to see you in May for the 101st AATS Annual Meeting—I am super excited! ▼

Secretary's Report continued

Surgical Treatment of Arrhythmias and Rhythm Disorders meeting and International Thoracic Surgical Oncology Summit reached more than 1,100 individuals from 47 countries. We are truly a global organization, as such the AATS welcomed a membership class with more than a third of new members joining us from outside North America. I hope that we all can meet, albeit virtually, for the Association's 101st Annual Meeting to celebrate our specialty and our commitment to learning.

Lastly, I would like to thank the more than 200 members who have served in volunteer leadership positions for the Association, the AATS Foundation, and our Journals. This doesn't include the additional hundreds of our peers who have participated in our meetings as faculty, presenters, and discussants. The Association has been able to adapt and thrive during this trying time due to not only the surgical prowess of our members, but their leadership and forward thinking. I would like to encourage every member to submit their self-nomination to serve on AATS and AATS Foundation leadership positions. Self-nominations can be accessed on the membership tab of aats.org. ▼

Upcoming Events taking place at the AATS 101st Annual Meeting

AATS Resident Case Report Competition

Cardiothoracic surgery residents from around the world have the opportunity to present new original case studies at the AATS 101st Annual Meeting, April 30-May 2, 2021. Residents will submit an original case report to be considered for the AATS Resident Case Report Competition, regarding an original case study, i.e. an interesting/unusual case, identifying the issues they faced and the means they used to resolve it. Five residents from each specialty will compete in a mini oral competition at the AATS 101st Annual Meeting in a live session.



AATS Cardiothoracic Resident Poster Competition

Senior cardiothoracic surgery residents and/or congenital heart surgery fellows from around the world will have the opportunity to present a scientific poster of their clinical/investigative research at the AATS 101st Annual Meeting. Two top posters from each specialty will compete in a live session.

AATS/TSRA Preparing Yourself for an Academic Career Luncheon

Medical students, residents, and fellow trainees will be invited to participate in the joint AATS/TSRA luncheon led by a panel of AATS members including Co-Chairs of the AATS Cardiothoracic Resident's Committee, Leora Balsam, MD, and Rishindra Reddy, MD.

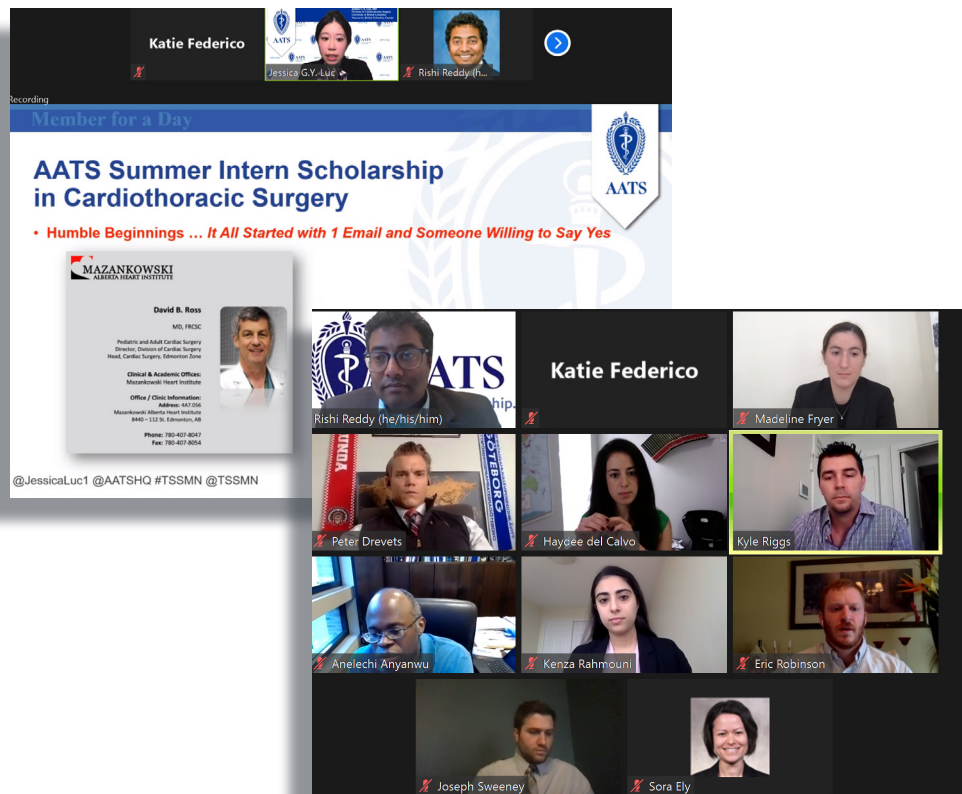


AATS Member for a Day Program

November 7, 2020

Cardiothoracic Co-Chairs: Leora Balsam, MD, and Rishindra Reddy, MD

More than 70 medical students, general surgery residents, up to third year integrated cardiothoracic surgery residents (I-6), and members of the American Physician Scientists Association (APSA) applied to be one of the 40 awardees chosen to participate in the AATS Member for a Day virtual program on Saturday, November 7, 2020. 11 faculty members presented ten-minute presentations with frequent interactive break out groups discussing topics surrounding pursuing cardiothoracic surgery as a career for trainees. ▼





AATS
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AATS ONLINE

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

Advance Your Knowledge
aats.org/aatsonline

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101st Annual Meeting

Featuring Aortic Symposium and Mitral Conclave



April 30-May 2, 2021
A Virtual Learning Experience

SCHEDULE AT A GLANCE

Friday, April 30

9:00AM-10:45AM

● ADULT CARDIAC

SIMULTANEOUS SESSIONS

AORTIC SYMPOSIUM 1: Root/Ascending

MITRAL CONCLAVE 1

HOCM and LV Remodling
Impact of COVID-19 on Cardiothoracic Surgery
Transcatheter Mitral Valve Repair
Bench to Bedside: Translational Discoveries
Heart Failure/Mechanical Support
C. Walton Lillehei Forum
Grant Writing Workshop 1
Specific Targets for ERAS
Lung Cancer 1

● CONGENITAL

● MULTI-SPECIALTY

● PERIOPERATIVE

● THORACIC

11:00AM-12:45PM

● ADULT CARDIAC

SIMULTANEOUS SESSIONS

AORTIC SYMPOSIUM 2: Arch/Cerebral Protection

MITRAL CONCLAVE 2

Cardiothoracic Surgery Training and Career Development
International Coronary Congress 1: The Evolving Evidence Base for CABG and Arterial Grafting in 2021
Ischemic Cardiomyopathy
Transcatheter Mitral Valve Replacement
Challenges in Single Ventricle Physiology
Member for a Day (*non-CME*)
The Implementation of ERAS
Academic Publications
Other Thoracic Malignancies

● CONGENITAL

● MULTI-SPECIALTY

● PERIOPERATIVE

● THORACIC

12:50PM-1:40PM

1:45PM-3:30PM

● ADULT CARDIAC

● CONGENITAL

● MULTI-SPECIALTY

● PERIOPERATIVE

● THORACIC

3:45PM-5:30PM

● ADULT CARDIAC

● CONGENITAL

● MULTI-SPECIALTY

● PERIOPERATIVE

● THORACIC

Industry-Sponsored Lunch Symposia (*non-CME*)

SIMULTANEOUS SESSIONS

AORTIC SYMPOSIUM 3: Dissection

MITRAL CONCLAVE 3

International Coronary Congress 2: Complex Techniques in Surgical Coronary Revascularization
Mechanical Circulatory Support 1
Mitral Annuloplasty Ring Design and Selection
Transcatheter Aortic Valve Replacement/SAVR 1
Clinical Challenges in CHD
Cardiothoracic Careers College 1: Early Career
Grant Writing Workshop 2: Adult Cardiac Mock Study
Grant Writing Workshop 2: Thoracic Mock Study
Patient Safety in the Operating Room
Top Abstracts for Perioperative Care
Surgical Complications: Avoidance and Management

SIMULTANEOUS SESSIONS

AORTIC SYMPOSIUM 4: Descending/Thoracoabdominal

MITRAL CONCLAVE 4

AATS/ACC/AHA/SCAI/STS 2020 Valve Guidelines Major Practice Impacts
Mechanical Circulatory Support 2
Transcatheter Aortic Valve Replacement/SAVR 2
Complex Heart Diseases in Neonates and Infants
Cardiothoracic Careers College 2
Patient Safety, Teamwork, and Quality
How I Do It Videos

Saturday, May 1

9:00AM-10:45AM

● ADULT CARDIAC

SIMULTANEOUS SESSIONS

aMAZEing Atrial Fibrillation Surgery
Aortic Root and Ascending Aortic Replacement 1
CABG versus PCI
In the Young Patient, Optimizing Transcatheter and Open Surgery Therapeutic Sequence to Reach Old Age
Mechanical Circulatory Support 3
Primary Mitral Regurgitation Repair Techniques 1
Atrioventricular Valves
Cardiothoracic Critical Care 1
Esophageal Cancer
Understanding Surgical Candidacy

● CONGENITAL

● PERIOPERATIVE

● THORACIC

11:00AM-12:45PM

PRESIDENTIAL PLENARY

A Conversation with Condoleezza Rice,
66th US Secretary of State

Presidential Address: Is This an Adventure?
Marc R. Moon, 101st AATS President

12:50PM-1:40PM

1:45PM-3:30PM

● ADULT CARDIAC

Industry-Sponsored Lunch Symposia (*non-CME*)

SIMULTANEOUS SESSIONS

AATS/WTS Joint Session: Contemporary Valvular Disease Therapy
Aortic Root and Ascending Aortic Replacement 2
Aortic Valve Repair Techniques
CABG is Still One of the Most Commonly Performed Major Operations in the USA
ECMO Evolution
Primary Mitral Regurgitation Repair Techniques 2

- CONGENITAL
- PERIOPERATIVE
- THORACIC

3:45PM-5:30PM

- ADULT CARDIAC

Aorta and Pulmonary Valves 1
Cardiothoracic Critical Care 2
AATS/WTS Joint Session: General Thoracic
Lung Cancer 2

SIMULTANEOUS SESSIONS

Advanced Approaches to SAVR
Emerging Solutions to Complex Arch and
Thoracodominant Aortic Disease

- ADULT CARDIAC

- CONGENITAL

- MULTI-SPECIALTY

- PERIOPERATIVE

- THORACIC

Innovations in Valve Technology and Prosthesis Design
Mechanical Circulatory Support 4
Minimally Invasive Coronary Artery Surgery
Primary Mitral Regurgitation Repair Techniques 3
Surgical Management of Transposition of Great Arteries
Video Session: How I Do It - Controversies
Wellness Session
ECMO/ECPR
My Best Thoracic Robotic Case

Sunday, May 2

9:00AM-10:45AM

- ADULT CARDIAC

SIMULTANEOUS SESSIONS

Advanced OPCAB Techniques
Arrhythmia Surgery and Left Atrial
Appendage Surgery Devices
Minimally Invasive and Robotic Approaches
to Mitral Valve Surgery
Reimplantation Valve Sparing Aortic Root
Replacement Graft Selection and Configuration
Tricuspid Valve Repair
Type A Aortic Dissection 1
Aorta and Pulmonary Valves 2
Surgical Ethics Forum
Controversies in ECMO
Building an Academic Career Roundtable
Lung Cancer 3

- CONGENITAL
- MULTI-SPECIALTY
- PERIOPERATIVE
- THORACIC

11:00AM-1:00PM

SIMULTANEOUS PLENARY SESSIONS

Sugarbaker Memorial Lecture
William G. Kaelin Jr., 2019 Nobel Laureate

Adult, Congenital, Thoracic, Year in Review

Spirit and Legacy of Innovation
W. Randolph Chitwood, Jr.

-
-
-
-

1:05PM-1:55PM

ABTS MOC Update 2021 (*non-CME*)
Industry-Sponsored Lunch Symposia (*non-CME*)
Innovation Summit (*non-CME*)
TSRA Luncheon (*non-CME*)

2:00PM-3:45PM

- ADULT CARDIAC

SIMULTANEOUS SESSIONS

Endocarditis
Heart Transplant Advances
Innovations in CABG
Presidential Master Class
Secondary Mitral Regurgitation Repair
Techniques and Outcomes
Type A Aortic Dissection 2
Tetralogy Outcomes
Aortic Emergencies
Benign Esophagus
Lung Transplant
AATS Executive Session

- CONGENITAL
- PERIOPERATIVE
- THORACIC

3:45PM-4:30PM

4:30PM

AATS 101st ANNUAL MEETING ADJOURNS



101st Annual Meeting

Featuring Aortic Symposium and Mitral Conclave

A Virtual Learning Experience



April 30-May 2, 2021

PROGRAM HIGHLIGHT: A CONVERSATION WITH
Condoleezza Rice, 66th U.S. Secretary of State
Saturday, May 1, 2021



aats.org/annualmeeting

AATS Quality Gateway Update

Eugene Blackstone, MD, Julie A. Swain, MD, and Ken McCardle

The AATS Quality Assessment Program was introduced at the AATS 99th Annual Meeting in 2019. Rebranded as the AATS Quality Gateway, the Gateway is more than a data repository as it combines a quality-focused dataset with an innovative data input process, self-service real-time reports, improved prediction of risk, exploiting machine learning and analytics, and a platform for collaboration to capture shared knowledge and best practices. This combination reduces the time and effort required by data managers to submit data, allows surgeons to answer “How am I doing?”, patients to understand “What are my chances?” and the profession to identify “How can we improve?”

The initial project focus was on the registry portion of the Gateway and included building a team, gathering requirements, selecting the project management methodology, and recruiting pilot users. Other dimensions of the Gateway will be discussed in future newsletters.

The team comprises surgeons, data managers, development partners, AATS staff, and consultants. Surgeons provide overall guidance to the project as well as leverage their clinical knowledge to make key decisions. Data managers, surgeons, and other clinicians share their current challenges and ideas on how the Gateway can make their jobs easier as well as assist them in improving patient quality.

Efforts to understand user requirements have included documenting the data dictionary, defining case ascertainment rules, designing time, reducing data input methods and real-time reports for clinicians, using machine learning to yield improved risk prediction algorithms, and identifying the information technology architecture technology stack to provide the needed data stores and support user workflows.

The Gateway was built upon an open source, cloud-based platform using Agile methodology. This approach was chosen to design it right the first time, rather than shoehorn our processes and workflows into com-

mercial off-the-shelf products. An Agile approach, common in software development, is incremental and iterative with the solution be progressively build in 2-week increments. Each new release builds upon what has been already built and provides numerous opportunities to leverage the contributions and feedback from all user types. For example, data managers, who know the best ways to data abstraction, data collection, and data QA, provided suggestions for refinement each time new functionality was released. In summary, Agile allows the team to continuously gather user feedback and then effectively pivot in each build cycle to ensure the final solution addresses all user needs.

The team has developed required business contracts as well as recruited selected pilot centers to be the earliest adopters of the system. Data managers and surgeons from these organizations participate in discussions on system needs and wishes, view and provide feedback on demonstrations and mock-ups of proposed functionality, and perform hands-on testing. We started with one pilot center and are gradually adding pilot centers to ensure we have a fully tested product that is ready to use when it is rolled out. These activities will continue throughout 2021 and once the solution is deemed complete, an invitation will go out to all centers inviting them to join the AATS Quality Gateway.

Our progress would not have been possible without the passion, hard work, and perseverance of the extended team and our dedicated pilot center members.

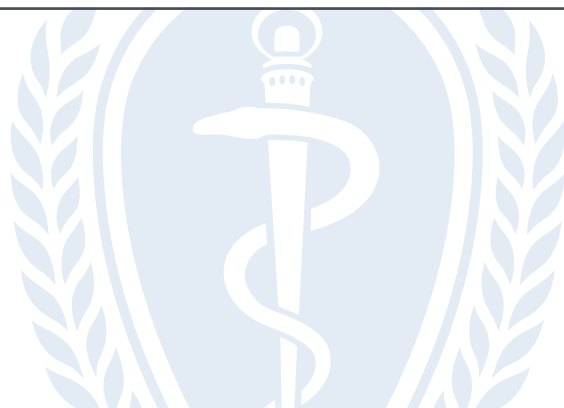
We will continue to provide updates in upcoming newsletters. For additional information or questions, visit the gateway section of aats.org or contact gateway@aats.org.



An idea for a Surgeon Report identified during the requirements phase.



AATS Quality Gateway



Learn more at www.aats.org or contact gateway@aats.org

AATS ACCME Taskforce

AATS has appointed two of its members, Joanna Chikwe, MD, and Scott J. Swanson, MD, to serve on the AATS ACCME (The Accreditation Council for Continuing Medical Education) Taskforce Committee, based on their leadership, expertise, and continued support of the Association.

Drs. Chikwe and Swanson will be responsible for assisting the AATS in its efforts in content planning, faculty selection, and/or faculty development under the direction of the AATS Medical Director, Dr. Thomas A. D'Amico. They will also assist during the ACCME reaccreditation process and interviews.



Joanna Chikwe, MD
Cedars Sinai Medical Center

Professor of Surgery at the David Geffen School of Medicine, UCLA. Her areas of clinical expertise are mitral and tricuspid valve repair, minimally invasive and robotic cardiac surgery, and multi-arterial myocardial revascularization.

Dr. Chikwe's research focuses on long-term comparative outcomes, epidemiology and practice variation in cardiac surgery and cardiology, with landmark publications in journals including JAMA, NEJM, JTCVS, and JACC. She is currently Deputy Editor of *Annals of Thoracic Surgery*; serves on five editorial boards including the *European Heart Journal of the American College of Cardiology* and the *Journal of Thoracic and Cardiovascular Surgery*. She is a member of regional, national, and international committees with responsibility for oversight of clinical outcomes research and healthcare delivery in cardiac surgery and cardiology.

Dr. Chikwe's long-standing interest in surgical education and mentorship includes the design and accreditation of one of the first 6-year integrated thoracic surgery residency programs in the US, which she led as Program Director; and the AATS Cardiothoracic Careers College which she developed to provide mentorship and professional support for residents, new faculty, and under-represented minorities within the specialty. Author of three textbooks published by Oxford University Press, Dr. Chikwe was the 2017 Alpha Omega Alpha Visiting Professor, Icahn School of Medicine at Mount Sinai, and the 2018 Nina S. Braunwald Visiting Professor, Harvard Medical School. Dr. Chikwe also serves the AATS through her role as Chair of the Cardiac Education Committee and as a member on the Leadership Academy Committee, Cardiac Clinical Practice Standards Committee, and AATS Foundation Advisory Council.



Scott J. Swanson, MD
Brigham and Women's Hospital

and Women's Cancer Center, and is a Professor of Surgery at Harvard Medical School.

Dr. Swanson received his medical degree from Harvard Medical School and completed his general and cardiothoracic surgical residencies at BWH. He completed a fellowship in vascular biology at Harvard Medical School. Dr. Swanson is board certified in surgery and thoracic surgery. He has been listed as one of America's Top Doctors by Castle Connolly and named a top thoracic surgeon by *Boston Magazine*. Dr. Swanson's clinical interests include lung cancer, esophageal cancer, benign esophageal disease, thymic disease, disease metastatic to the chest, and all types of minimally invasive thoracic surgery. He is committed to teaching, and directs courses and fellowships in minimally invasive thoracic surgery and is the Co-Editor of *Surgery of The Chest* and *The Atlas of Minimally Invasive Thoracic Surgery*. His research is focused on better understanding early stage lung cancer, its biologic fingerprint and clinical behavior. Dr. Swanson also serves as co-chair of the AATS Thoracic Specialty Clinical Practice Standards Committee Expert Consensus Writing Group.

AATS is honored to have Drs. Chikwe and Swanson serve as ACCME Taskforce Committee Members. ▼

Dr. Chikwe is the Irina and George Schaeffer Distinguished Chair in Cardiac Surgery, Chairman of the Department of Cardiac Surgery in the Smidt Heart Institute at Cedars-Sinai Medical Center, and Clinical

Professor of Surgery at the David Geffen School of Medicine, UCLA. Her areas of clinical expertise are mitral and tricuspid valve repair, minimally invasive and robotic cardiac surgery, and multi-arterial myocardial revascularization.

Dr. Swanson is Clinical Director of Thoracic Surgery and Director of Minimally Invasive Thoracic Surgery at Brigham and Women's Hospital (BWH). He is Associate Chief of Surgery at Dana-Farber/Brigham and Women's Cancer Center, and is a Professor of Surgery at Harvard Medical School.

Dr. Swanson received his medical degree from Harvard Medical School and completed his general and cardiothoracic surgical residencies at BWH. He completed a fellowship in vascular biology at Harvard Medical School. Dr. Swanson is board certified in surgery and thoracic surgery. He has been listed as one of America's Top Doctors by Castle Connolly and named a top thoracic surgeon by *Boston Magazine*. Dr. Swanson's clinical interests include lung cancer, esophageal cancer, benign esophageal disease, thymic disease, disease metastatic to the chest, and all types of minimally invasive thoracic surgery. He is committed to teaching, and directs courses and fellowships in minimally invasive thoracic surgery and is the Co-Editor of *Surgery of The Chest* and *The Atlas of Minimally Invasive Thoracic Surgery*. His research is focused on better understanding early stage lung cancer, its biologic fingerprint and clinical behavior. Dr. Swanson also serves as co-chair of the AATS Thoracic Specialty Clinical Practice Standards Committee Expert Consensus Writing Group.

Smarter Than Your Attending?

The AATS-sponsored contest, "Smarter Than Your Attending?" concluded in February after challenging participants' knowledge of cardiothoracic surgery. This iOS and Android smartphone game app provided five questions every week for six weeks covering topics in Adult and Congenital Cardiac Surgery, Lung and Chest Wall Surgery, Diaphragm and Mediastinal Surgery, and Critical Care. Contestants answered multiple choice questions, and the question and answer sessions were timed to provide some fun and drama.

After a period of practice questions, push notifications began appearing on January 4, 2021, unlocking five new questions each week. Each question was given a possible point total which was increased if images or videos were included, and points were removed as time passed before an answer was submitted.

The contest had 150 downloads and 50 active participants, representing countries from Algeria to Uzbekistan. Congratulations to the contestants with the top five scores. These winning participants are awarded complimentary registration to the AATS 101st Annual Meeting:

1. Amy Hackmann, Attending
UT Southwestern

2. Warren Naselsky, Trainee PGY5
University of Maryland

3. Matthaeus Zerdzitzki, Trainee PGY 7
University Medical Center Regensburg, Germany

4. Hashim Hanif, Trainee PGY 7
University of Texas Southwestern

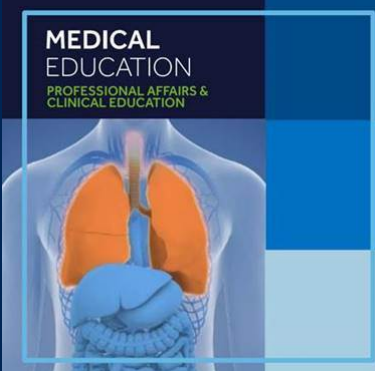
5. Suresh Keshavamurthy, Attending
University of Kentucky



The AATS now offers opportunities for industry to conduct educational webinars on www.aats.org. These webinars are produced independent of AATS, however involve many of our members. The AATS would like to thank these industry partners for their continued support of our overall mission. Coming up from Medtronic:

WEBINAR SERIES IN THORACIC SURGERY: VATS LOBECTOMY

Dr. Thomas D'Amico
Dr. Paula Ugalde



The Medtronic Medical Education team is committed to delivering targeted educational solutions for healthcare professionals aimed at achieving procedural proficiency and clinical adoption. This nine-part series will provide the most up-to-date information in the management of thoracic surgery.

PROGRAM OBJECTIVES

- Discuss the technical aspects of the spectrum of minimally invasive strategies in the management of basic and complex lung cancer cases
- Achieve a better understanding of the conduct of minimally invasive thoracic surgery through analysis and critique of videos
- Learn the process by which technically advanced procedures may be incorporated into surgical practice
- Begin a dialogue with the faculty and other participants concerning controversial issues, emerging techniques, and future directions in minimally invasive thoracic surgery

WEBINAR SESSIONS

January 8, 2021 | 10am-11am EST - Thoracoscopic Lobectomy: Clinical Stage I lung cancer (various different approaches) – **Recording available soon**

February 5, 2021 | 10am-11am EST - Thoracoscopic Lobectomy: Clinical Stage II lung cancer (emphasis on large tumors)

March 5, 2021 | 10am-11am EST - Thoracoscopic Lobectomy: Stage IIIA lung cancer after induction therapy or definitive therapy

April 2, 2021 | 10am-11am EST - Pathologic Pre-Resectional Mediastinal Staging and Thoracoscopic Mediastinal Lymph Node Dissection

May 7, 2021 | 10am-11am EST - Thoracoscopic Lobectomy with added anatomic resection (including bilobectomy)

June 4, 2021 | 10am-11am EST - Thoracoscopic Lobectomy with chest wall, diaphragm, or pericardial resection

July 9, 2021 | 10am-11am EST - Thoracoscopic Sleeve Lobectomy and Pneumonectomy

August 6, 2021 | 10am-11am EST - Thoracoscopic Segmentectomy: Upper lobes

September 10, 2021 | 10am-11am EST - Thoracoscopic Segmentectomy: Lower lobes

AATS.ORG/INDUSTRYWEBINARS



AATS Foundation

AATS Foundation Update

The AATS Foundation appreciates all who supported the critical mission in 2020. Despite the challenges faced throughout the year, contributions totaling \$1.5M from nearly 600 generous donors and partners allowed the AATS Foundation to continue to thrive and surpass the fundraising goal. An additional \$358K of funding was provided through the AATS matching grant, **resulting in a total of \$1.9M invested in the next generation of cardiothoracic surgeons.**



Funding will profoundly impact research initiatives, individual surgical scholarship, and career development, advance patient care in cardiothoracic surgery around the world, and continue our mission of *supporting cardiothoracic surgeons in research and education*. In the coming months, AATS Foundation leadership will be continuing to expand the Foundation's reach and will further encourage global academic exchange through structured programs and partnerships. A new AATS matching grant for 2021 has been activated. Each individual one-time gift of \$2,500 or more will be doubled, making each dollar you contribute twice as valuable. Make your donation today by visiting aatsfoundation.org.

AATS Foundation Congratulates the Following Awardees

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.

2021 Recipients:

Michal Schäfer
University of Colorado School of Medicine
AATS Host: Max B. Mitchell
SCANLAN SCHOLAR

Sohil Patel
University of California San Francisco
AATS Host: Elaine E. Tseng
SCANLAN SCHOLAR

Melinda L. Staub
Washington University School of Medicine in St. Louis
AATS Host: Ralph J. Damiano, Jr.

Anas Samman
University of Toronto
AATS Host: Marcelo Cypel

Sangami Pugazenthi
Washington University School of Medicine in St. Louis
AATS Host: Marc R. Moon

Neel Prabhu
Duke University School of Medicine
AATS Host: Joseph W. Turek

Arman Ashrafi
Keck School of Medicine of the University of Southern California

AATS Host: Anthony W. Kim

Chang Yoon Doh
Case Western Reserve University
AATS Host: Eric E. Roselli

Mitchell Bryski
Johns Hopkins University School of Medicine
AATS Host: Stephen C. Yang

Chan Tran Nguyen
Michigan State University College of Human Medicine
AATS Host: Gorav Ailawadi

Thoracic Surgical Training Program -
Sponsored by Ethicon China

Offers young surgeons from China the opportunity to obtain advanced thoracic surgery skills at North American institutions for either 3 months or 6 months.

Xinghua Cheng
Shanghai Jiao-Tong University
AATS Host: Stephen C. Yang

Xue-Feng Leng
Sichuan Cancer Hospital & Institute
AATS Host: David R. Jones

Di Lu
Southern Medical University
AATS Host: Shaf Keshavjee

Chenyang Dai
Shanghai Pulmonary Hospital
AATS Host: Thomas A. D'Amico

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



ACCEPTING APPLICATIONS THIS SPRING

The AATS Foundation has numerous dynamic educational and research opportunities that are available to surgeons worldwide. The following programs are accepting applications April 1 - July 1, unless otherwise specified.

ADULT CARDIAC

- > **Advanced Valve Disease Educational Fellowship**
Sponsored by Medtronic
- > **Denton A. Cooley Fellowship**
- > **Honoring Our Cleveland Clinic Mentors Program**
- > **Sir Magdi Yacoub International Mentored Career Development Award** **NEW PROGRAM**

CONGENITAL

- > **Aldo R. Castaneda Fellowship**
- > **Marc R. de Leval Fellowship**

THORACIC

- > **Emerging Thoracic Surgical Oncologist Fellowship**
NEW PROGRAM *Sponsored by AstraZeneca*
- > **F. Griffith Pearson Fellowship**
- > **Jack A. Roth Fellowship in Thoracic Surgical Oncology**

MULTI-SPECIALTY

- > **AATS Foundation Equity Award**
NEW PROGRAM *Sponsored by AstraZeneca*
- > **AATS Foundation Gardner Lectureship**
- > **Evarts A. Graham Memorial Traveling Fellowship**

RESEARCH

- > **WTS Mid-Career Investigator Award** **NEW PROGRAM**
Sponsored by Medtronic
- > **Surgical Investigator Program** **NEW PROGRAM**
Sponsored by AstraZeneca

AATS FOUNDATION PROGRAMS: ENSURING THE FUTURE OF CARDIOTHORACIC SURGERY



"I feel blessed to have successfully completed my most valuable fellowship at such a tough and testing time, against all odds. This fellowship greatly boosted my confidence and will go a long way in widening my practice...this experience has helped broaden my perspective, not just in the field of cardiothoracic surgery, but in healthcare as a whole."

- Dr. Ganesh Ammannaya, Advanced Valve Disease Educational Fellowship Recipient

Your gift matters. Thanks to the support of generous donors throughout the years, more than \$7M of funding has been provided to research awardees, resulting in \$108M of subsequent funding.

The success of the AATS Foundation depends on you. Make your tax-deductible gift at aatsfoundation.org.

NEW PROGRAMS

> **AATS Foundation Equity Award** - *Sponsored by AstraZeneca*

Provides funding to early to mid-career women and faculty underrepresented in medicine to develop the foundations for successful careers in academic cardiothoracic surgery. This award supports activities critical for academic success such as grant writing, pilot research studies, formal research or leadership training, the pursuit of advanced degrees, educational curriculum development, community outreach or other professional development opportunities.

> **AATS Foundation/WTS Mid-Career Investigator Award** - *Sponsored by Medtronic*

This program is a collaboration between AATS Foundation and Women in Thoracic Surgery (WTS) and is intended for mid-career women cardiothoracic surgeon-scientists to support clinical, translational, or basic science research initiatives in the amount of \$50,000 per year for up to two years.

> **Emerging Thoracic Surgical Oncologist Fellowship** - *Sponsored by AstraZeneca*

Fosters multidisciplinary knowledge and innovation to improve lung cancer treatment through the education of the next generation by supporting young thoracic surgeons to spend time at a premier AATS host institution, in addition to providing a travel grant to attend the AATS Annual Meeting and International Thoracic Surgical Oncology Summit.



> **Sir Magdi Yacoub International Mentored Career Development Award**

Provides grants to international cardiac surgeons to support clinical observational training, translational research, and the opportunity to have a visiting cardiac surgeon-mentor provide training, education, or research support at the applicant's home institution.

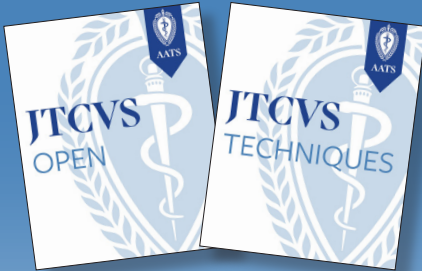
> **Surgical Investigator Program** - *Sponsored by AstraZeneca*

New this year, the AATS Foundation will be offering a Surgical Investigator award specifically to support lung cancer initiatives. This grant will provide funding in the amount of \$100,000 per year (for up to two years) to support research proposals focused on the treatment of lung cancer, either in terms of basic science advances, surgical outcomes or the development of quality initiatives.



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Archives of Journal of Thoracic Surgery Become Available

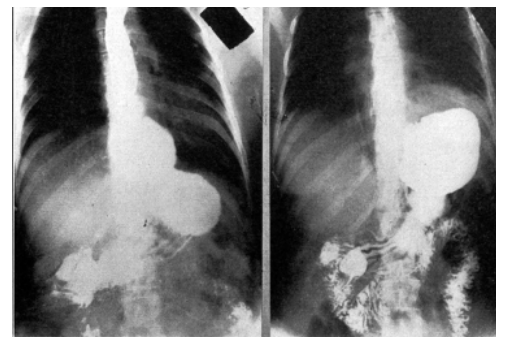
History of The Journal of Thoracic and Cardiovascular Surgery by Marc R. Moon, Hartzell V. Schaff, and William (Bill) T. Maloney was published in 2017 and details the events surrounding the origin of the AATS journal.¹ The first AATS journal was the *Journal of Thoracic Surgery* (JTS) which was first published in October 1931 and included papers read at the 14th Annual Meeting of the AATS in San Francisco in July 1931 and included the discussions of those papers. The archive of the JTS papers has not previously been digitized for online retrieval. After years of discussions with the JTCVS publisher, Elsevier, we finally are able to provide our readers with online access to this treasure trove of our specialty's history. All of the early papers in the JTS are now available as a PDF for readers to explore. In addition, all papers published in JTCVS since 1959 are now available. We would like to thank Dr. Marc Moon who provided our publisher with copies of some of the early editions from the library at Washington University in St. Louis—the home of the first Editor of JTS, Dr. Evarts A. Graham, and the early office of the Association.

The complete archives of the JTS (1931-1959) are available online and should be explored by all thoracic surgeons interested in the history of our specialty. As anticipated, the early years (1930s) focused on the lung and esophagus – initially lung infections and benign alterations of the esophagus and later cancers of the lung and esophagus. The 1940s was dominated by reports of the treatment of war injuries and the emergence of new therapies for congenital cardiovascular disorders. The 1950s saw the awakening and rise in cardiovascular surgery. In 1959, the name of the AATS journal was changed to the *Journal of Thoracic and Cardiovascular Surgery* starting with volume 38. The archives of all original material in the journal is now available to all readers at www.jtcvs.org/issues.

1930s Thoracic Surgery

The early papers at the AATS meetings focused on tuberculosis and other thoracic disorders. Many of the leaders provided yearly updates on their areas of interest. Dr. Stuart Harrington of the Mayo Clinic provided a number of papers on hiatal hernia culminating in his 1938 paper.²

J Thorac Surg 1938; 8: 127-149 Legend: Hiatal hernia before (left) and one month after repair (right)



In the first issues, Dr. Graham reported on bronchiectasis³ and Dr. Eloesser from San Francisco reported on bronchial stenosis.⁴ Dr. John Alexander from Ann Arbor Michigan reported on closure of upper lobe tuberculous cavities.⁵ Dr. Edward Churchill from Boston reported on the surgical treatment of lung cancer with extensive discussion from experts in the field.⁶

1940s Congenital Cardiovascular Anomalies

During World War II, many of the papers presented at the annual meetings described the approach employed for war wounds. In 1944, three papers were presented by Lieutenant Colonel Michael DeBakey,⁷ Colonel Brian Blades⁸, and Colonel Edward Churchill⁹ with an extensive discussion of the papers on thoracic surgery in World War II.

In the 1940s, a number of papers were presented and published about congenital heart disease preparing for surgical intervention. Dr. Alfred Blalock from Vanderbilt University reported on his experimental studies of subclavian artery to pulmonary artery shunts.¹⁰ An important clinical report was presented

J Thorac Surg 1939; 8: 469-580 Legend: Drawings of the two patients with coarctation of the aorta: 12 y/o (a) and 27 y/o. (b) These reports contributed to the new era of cardiac surgery.

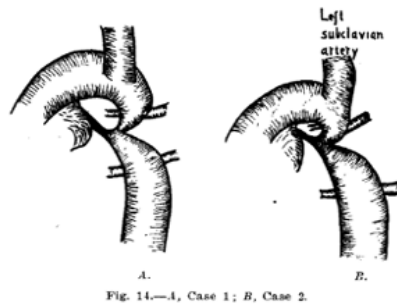


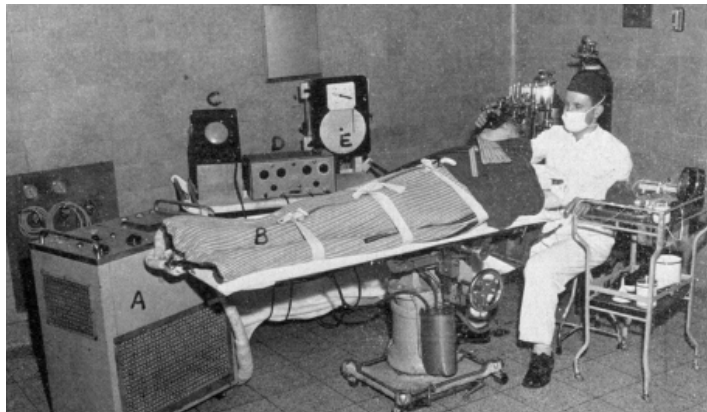
Fig. 14.—A, Case 1; B, Case 2.

in 1945 by Dr. Clarence Crafoord from Stockholm, Sweden.¹¹ He reported resecting a coarctation of the aorta in two patients, a 12 year old boy and a 27 year old farmer. Both recovered without a significant gradient between arm and leg blood pressures.

These reports contributed to the new era of cardiac surgery.

1950s Cardiac Surgery

After World War II, efforts to repair cardiac defects progressed exponentially. Thoracic surgeons began by repairing atrial defects using the well technique. Dr. John Kirklin from the Mayo Clinic report 12 patients successfully treated.¹² Dr. Charles Bailey of Philadelphia¹³ treated mitral stenosis and Dr. Erle Kay¹⁴ from Cleveland treated mitral insufficiency with a combination of open and closed heart techniques. However, precise repair was difficult without direct visualization. Dr. Wilfred Bigelow evaluated hypothermia as an adjunct to lengthen the safe time of inflow occlusion to permit more precise intracardiac repair.¹⁵



J Thorac Surg 1954; 28: 463-480 Legend: Apparatus to cool patients: A refrigerator and pump, B cooling blanket, C cathode ray ECG, D pacemaker and defibrillator, E rectal temperature probe.

However, cardiac surgery was changed forever when Dr. John Gibbon of Philadelphia developed the pump oxygenator.¹⁶ At the same time, C. Walton Lillehei from Minneapolis was investigating cross circulation.¹⁷

In addition to congenital and valvular heart defects, thoracic surgeons began to treat coronary insufficiency. Arthur Vineberg from Montreal inserted the left internal mammary artery into the left ventricular myocardium and showed evidence of collateral perfusion in patients with coronary insufficiency.¹⁸

Summary

The early days of thoracic surgery were exciting with rapid changes and dynamic personalities who shaped our specialty. Read the early discussions in the new archives of the Journal of Thoracic Surgery—the comments of the giants of our specialty are worth your time. ▼

¹ Moon MR, Schaff HV, Maloney WT. History of The Journal of Thoracic and Cardiovascular Surgery. J Thorac Cardiovasc Surg 2017;153:1225-30.

² Harrington SW. Esophageal hiatus diaphragmatic hernia: Etiology, diagnosis and treatment in 123 cases. J Thorac Surg 1938; 8 (December): 127-149.

³ Singer J, Graham E. Bronchiectasis. J Thorac Surg 1931; 1: 154-156.

⁴ Eloesser L. Bronchial stenosis. J Thorac Surg 1931; 1: 194-213.

⁵ Alexander J. Special considerations relating to surgical closure of large upper lobe tuberculous cavities. J Thorac Surg 1932; 2: 1-23.

⁶ Churchill ED. The surgical treatment of carcinoma of the lung. J Thorac Surg 1932; 2: 254-266.

⁷ Carter BN, DeBakey ME. Current observations on war wounds of the chest. J Thorac Surg 1944; 13: 271-293.

⁸ Blades B, Dugan DJ. War wounds of the chest. J Thorac Surg 1944; 13: 294-306.

⁹ Churchill ED. Trends and practices in Thoracic Surgery in the Mediterranean Theater. J Thorac Surg 1944; 13: 307-315.

¹⁰ Levy SE, Blalock A. Experimental observations on the effects of connecting by suture the left main pulmonary artery to the systemic circulation. J Thorac Surg 1939; 8: 525-530.

¹¹ Crafoord C, Nylin G. Congenital coarctation of the aorta and its surgical treatment. J Thorac Surg 1939; 8: 469-580.

¹² Kirklin JW, Swan HJC, Wood EH, Burchell HB, Edwards JE. Anatomic, physiologic and surgical considerations in repair of interatrial communications in man. J Thorac Surg 1955; 29: 37-53.

¹³ Neptune WB, Bailey CP. Mitral commissurotomy through the right thoracic approach. J Thorac Surg 1954; 28: 1-15.

¹⁴ Kay EB, Cross FS. Surgical treatment of mitral insufficiency. J Thorac Surg 1955; 29: 618-620.

¹⁵ Bigelow WG, Mustard WT, Evans JG. Some physiological concepts of hypothermia and their applications to cardiac surgery. J Thorac Surg 1954; 28: 463-480.

¹⁶ Gibbon JH, Miller BJ, Dobell AR, Engell HC, Voigt GB. The closure of interventricular septal defects in dogs during open cardiectomy with maintenance of the cardio respiratory functions by a pump oxygenator. J Thorac Surg 1954; 28:235-240.

¹⁷ Warden HE, Cohen M, Read RC, Lillehei CW. Controlled cross circulation for open intracardiac surgery. J Thorac Surg 1954; 28: 331-343.

¹⁸ Vineberg A. Treatment of coronary artery insufficiency by implantation of the internal mammary artery into the left ventricular myocardium. J Thorac Surg 1952; 23: 42-54.



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