



Vision. Leadership. Scholarship.

AATS Update

AMERICAN ASSOCIATION FOR THORACIC SURGERY

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PRESIDENT'S MESSAGE

Vaughn A. Starnes, MD

I have been reflecting on the historic significance of the AATS, and how the leadership of the previous 99 AATS Presidents has influenced both the organization and the field of cardiothoracic surgery. This is especially relevant as we undertake a strategic planning process and several initiatives that have the potential to substantially impact the future of the AATS and cardiothoracic surgery.

We will be sharing more information about strategic planning as well as the AATS Quality Assurance Program in future communications, but I want to take this opportunity to focus on another important topic: requirements for those treating structural heart disease. Hopefully you saw the presentation by the American Board of Thoracic Surgery (ABTS) Executive Director, David A. Fullerton, MD at the AATS Annual Meeting in Toronto. He discussed the current lack of formal, accredited training programs, and the presentation was followed by a number of questions and comments which raised key points.

We recently met with ABTS along with representatives from STS and other surgeons and agreed that the ABTS consider two proposals. The first is to have a one-year fellowship following training that would be a common

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SECRETARY'S REPORT

David R. Jones, MD

As the Association prepares for another successful season of scientific meetings, the AATS Board has been focused on improving key areas of the Association. Below is a brief overview of some of the initiatives the Board has been focusing on since the Annual Meeting:

Strategic Plan

The AATS Board, along with key leaders in the Association, will hold a meeting in September to develop a strategic plan for the next three years. Among other items, the Association will focus its efforts on identifying pathways to increase membership participation and diversity in key leadership roles, the implementation of AATS Quality Assessment Program, and global education outreach. The goals and initiatives that result from this meeting will help guide our board, committees, and membership as we aim to increase the promotion of scholarship, innovation, and leadership in thoracic and cardiovascular surgery.

The Association's previous strategic plan provided the framework to conduct a branding assessment which resulted in a new look and feel for the organization, the establishment of AATS Update to increase communication to members, restructuring of the Membership Committee and application process, and the establishment of the Association's online education platform, AATS Online.

Our goal for this year's planning session is to continue the progress the Association has made over the past few years and establish new programs and processes that will serve as building blocks for the next several years.

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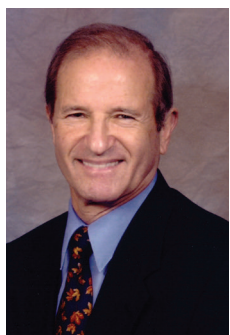
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Cardiothoracic Ethics Forum Ethical Standards on Social Media

Robert Sade, MD

In recent years, younger generations have increasingly moved to social media as their preferred mode of communication. The use of social media has increased among older generations as well, including physicians and their patients. Social media has enormous potential benefits as the platforms enable the gathering and dissemination of information and global networking. A large majority (70 percent) of surgeons have indicated that they believe the use of social media has benefited professional development, while 22 percent prefer to use social media as their primary modality of networking and communication with colleagues.¹ Lurking in the background of these increasing numbers, however, is the danger of potential violations of professional ethics.

The AATS and STS recently have jointly adopted ethical standards to help guide cardiothoracic surgeons when they use social media in a professional setting, as set forth in a document from the Cardiothoracic Ethics Forum, with Tom Varghese, MD, as lead author: *Ethical Standards for Cardiothoracic Surgeons' Participation in Social Media*. The standards are based on several ethical principles, such as maintaining the primacy of patients' welfare, respecting the autonomy of patients, and being constantly sensitive to confidentiality and privacy, among others. These principles underlie most aspects of cardiothoracic surgeon participation in social media.

Current digital technology makes it relatively easy to trace the author of any posting, so discretion requires that cardiothoracic surgeons should post only reliable materials that they would be comfortable sharing with colleagues and patients—in other words, post only information that could be discussed in a crowded elevator. Especially important is the responsibility incumbent on every cardiothoracic surgeon for their online profiles and for information that is posted about them on social media, including institutional marketing claims about them. Positive interactions with patients and colleagues come from the transmission of honest and accurate information.

As in all settings of patient interactions, surgeons should be careful not to engage in inappropriate contact with patients on social media. A full 92 percent of state medical boards report violations of online medical professionalism in their jurisdictions. Scientific standards of data reporting, transparent discussion, and disclosure of limitations of studies should be upheld at all times. Also, the occasional temptation to alter the care of a patient, such as a surgical procedure, to generate a photograph or other material for online posting should be avoided.

In general, issues to be considered when using social media include easy dissemination of information, consideration of dividing personal and professional content through separate accounts, monitoring

of personal and professional information online, and awareness of social media policies set by employers and practices. It is critical to remember that anything posted online in any account, public or private, can be discovered and widely disseminated, and is virtually immortal, as online information survives on remote servers, known or unknown to the user.

Dr. Varghese's paper concludes with a set of specific standards that should be read and understood by all cardiothoracic surgeons who use social media. That group already includes many of us, and in the foreseeable future will likely expand to include nearly all of us. ▼



1. Varghese TK, Entwistle JW, Mayer JE, Moffatt-Bruce SD, Sade RM. *Ethical Standards for Cardiothoracic Surgeons' Participation in Social Media* for cardiothoracic surgeons' participation in social media. J Thorac Cardiovasc Surg. In Press. <https://doi.org/10.1016/j.jtcvs.2019.03.029>

The Cardiothoracic Ethics Forum Scholarship

The Cardiothoracic Ethics Forum is a joint entity of the American Association for Thoracic Surgery and the Society of Thoracic Surgeons that is responsible for ethics education in cardiothoracic surgery. Created in 2000, its membership now comprises the members of the Society of Thoracic Surgeons Standards and Ethics Committee and the American Association for Thoracic Surgery Ethics Committee, and several at-large members.

The Forum has sponsored more than 50 ethics sessions at cardiothoracic surgery meetings and its members have published over 400 papers on ethics topics since 2000. The Forum has also engaged in other activities, such as creating ethics-related questions for the American Board of Thoracic Surgery qualifying examination, SESATS, and the TSDA In-Training Examination; as well as developing cardiothoracic surgery policies for adoption by the AATS and the STS.

Each year, it awards scholarships of up to \$10,000 to cardiothoracic surgeons and trainees who are interested in biomedical ethics to attend one of a number of short-duration ethics education programs. ***The application deadline for the 2019-2020 academic year is September 30.***



Meghan Halub
2018 Scholarship Awardee

One of the 2018 awardees, Meghan Halub, a PGY-6 fellow at John Hopkins Hospital who is currently enrolled in a 10-month ethics program at Loyola University Chicago, shares why she applied for the scholarship and what her experience has been like so far.

"When I became involved in surgery, I noted that ethical dilemmas arose frequently, and I was always trying to find strategies to answer some of these difficult ethics questions. I had a mentor that was actively involved in cardiac surgery ethics and it sparked my interest in the field as a medical student and surgery resident. I wanted to become more educated in the field of medical ethics and ultimately wanted to become

Continued on page 3

Cardiothoracic Ethics Forum Scholarship continued
an ethics consultant at a hospital in the surgery
department after my fellowship.

The scholarship has allowed me to work towards
a clinical bioethics degree at Loyola University
through an online program. I am on track to
complete the certificate program in the summer
of 2020. It has been exceptionally interesting
and helped me learn how to approach different
viewpoints in difficult decision-making processes.
Ultimately, I hope to be involved as an ethics
consultant and also with clinical testing and
development.” ▼

Follow Us

The AATS is active on several social media
channels. Follow us on:

Twitter



@AATSHQ
@AATS Journals

Facebook



@AATS1917

LinkedIn



[linkedin.com/company/american-asso-
ciation-for-thoracic-surgery-aats-](https://www.linkedin.com/company/american-association-for-thoracic-surgery-aats-)

WeChat



AATS Future Meetings

Save The Date



Heart Valve Summit

October 3-5, 2019
Radisson Blu Aqua Hotel
Chicago, IL, USA

Program Directors

David A. Adams
Steven F. Bolling
Robert O. Bonow
Howard C. Herrmann
Patrick T. O’Gara



Focus on Thoracic Surgery: Lung and Esophageal Cancer

November 23-24, 2019
Shangri-La Hotel
Chengdu, China

Program Directors

Thomas A. D’Amico
Lun-Xu Liu
Mark Onaitis



Aortic Symposium

April 23-24, 2020
New York Marriott Marquis
New York, NY, USA

Program Directors

Joseph S. Coselli
Steven L. Lansman



100th Annual Meeting

April 25-28, 2020
New York Hilton Midtown and
Sheraton New York Times Square
New York, NY, USA

President

Vaughn A. Starnes

Update Your Profile

Check that the information in your aats.org profile is current to ensure that 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. ▼

AATS Board of Directors

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Ke-Neng Chen

Peking University

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Weill Cornell Medical College

Christine L. Lau

University of Virginia

James D. Luketich

University of Pittsburgh

Todd K. Rosengart

Baylor College of Medicine

Y. Joseph Woo

Stanford University

Meet the New AATS Board Members



Ke-Neng Chen, MD

Ke-Neng Chen, MD, has devoted his career to the surgical treatment of thoracic tumors. After completing his residency and fellowship at Lanzhou University, he joined Beijing Cancer Hospital of Peking University in 1998 and served as deputy Chief in 2000, and as Chief since 2001. With his colleagues, he initiated the Multidisciplinary Team (MDT) for thoracic cancer in 2005.

He is dedicated not only to improving surgical techniques but also comprehensive treatment strategies focused on survival and quality of life. In clinical practice, he has completed more than 1,000 surgeries, including esophagectomies and pulmonary surgeries. In teaching, he has trained and supervised over 30 MD and PhD students.

Dr. Chen is an active member of the Royal College of Surgeons. He has published more than 30 peer-reviewed articles in international journals and approximately 50 publications in Chinese academic journals.

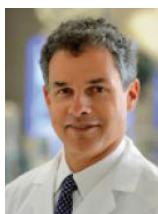


Leonard N. Girardi, MD

Leonard Girardi, MD, is a renowned cardiac surgeon. He is the Chair of the Department of Cardiothoracic Surgery at Weill Cornell Medical College and Cardiothoracic Surgeon-in-Chief at New York Presbyterian-Weill Cornell Medical Center.

Dr. Girardi performs nearly 500 adult cardiac cases per year. His primary interests include surgery of the thoracic aorta, including valve sparing aortic root replacement, aortic arch reconstruction, thoracoabdominal aneurysm repair, and endovascular thoracic and abdominal aneurysm repair. He has published extensively in these areas and has given invited lectures on the entire spectrum of aortic disease at both national and international conferences.

Dr. Girardi has served on numerous committees for the AATS, is a member of the New York State Department of Health Cardiac Advisory Board, and had been on the Board of the Marfan Foundation.



Todd K. Rosengart, MD

Todd K. Rosengart, MD, is a leading cardiothoracic surgeon, a National Institutes of Health-supported scientist, and an extensively published investigator. He is Professor and Chair of the Michael E. DeBakey Department of Surgery at Baylor College of Medicine and holds the DeBakey-Bard Chair of Surgery. He is Professor at Texas Heart Institute and runs a laboratory that has had more than 20 years of NIH support in the fields of angiogenesis and cellular reprogramming. He is also currently President of

the Society of Surgical Chairs.

Previously, Dr. Rosengart was Professor and Chair of the Department of Surgery and Chief of Cardiothoracic Surgery at SUNY-Stony Brook. In addition to serving on the AATS Board of Directors, he is currently the co-editor of the AATS journal, *Seminars in Thoracic and Cardiovascular Surgery*.



Joseph Woo, MD

Joseph Woo, MD, is a nationally recognized cardiothoracic surgeon and a leading researcher in new approaches to cardiovascular care. He serves as the Norman E. Shumway Professor and Chair of the Department of Cardiothoracic Surgery at the Stanford University School of Medicine. Dr. Woo has an active clinical practice of 300 pump cases per year, focusing on complex cardiac valve repair, aortic surgery, cardiopulmonary transplantation, and minimally-invasive surgery. He currently runs

an NIH R01-funded basic science research lab studying stem cells, angiogenesis, tissue engineering, and biomechanics, and has held continuous NIH funding since 2004.

Dr. Woo has co-authored over 280 peer-reviewed publications. He currently serves on the AATS Scientific Affairs and Government Relations Committee and is an Associate Editor for the *Journal of Thoracic and Cardiovascular Surgery*. ▼



Vision. Leadership. Scholarship.

Aortic Symposium

Call For Abstracts and Videos



April 23-24, 2020
New York Marriott Marquis
New York, NY, USA

ABSTRACT & VIDEO SUBMISSION DEADLINE
Tuesday, December 17, 2019 at 11:59 pm ET

For more information visit aats.org/aortic

Program Directors

Joseph S. Coselli
Steve L. Lansman

Committee Directors

Each committee has a designated director who provides guidance and direction on all committee activities and serves as the main communication mechanism from the committee to the Board. Here is a list of who oversees what committees for 2019-2020:

Education Director – Todd K. Rosengart

- ▼ Education Committee

Technology Director – Joseph Woo

- ▼ AATS Online and Website Committee
- ▼ SAGR Committee

Quality Assessment Director – Leonard N. Girardi

- ▼ Quality Assessment Program

Mentorship Director – James D. Luketich

- ▼ CT Residents Committee
- ▼ Leadership Academy Committee
- ▼ Wellness Committee

Membership Director – Christine L. Lau

- ▼ Membership – Both International Directors
- ▼ Diversity, Engagement, and Recruitment Committee

Publications Director – Director-at-Large

- ▼ Publications Committee
- ▼ Newsletter Committee
- ▼ Joint Guidelines Steering Committee

Ways Members Can Get Involved

There are a variety of ways that members can promote scholarship, innovation, and leadership in thoracic and cardiovascular surgery through the Association. Whether you want to get involved for the first time or you want to expand your current involvement, you can play a vital role. Here are a few ways that you can contribute and help advance the field:

- ▼ Become a reviewer for JTCVS
- ▼ Submit articles for *JTCVS Open* or *JTCVS Techniques*
- ▼ Offer to be a Member for a Day mentor
- ▼ Attend an AATS meeting
- ▼ Submit an abstract for an upcoming meeting
- ▼ Donate to the Foundation
- ▼ Volunteer to host an awardee
- ▼ Complete a self-nomination for an open committee position
- ▼ Get involved in a clinical trial through the Thoracic Surgery Oncology Group
- ▼ Sponsor a candidate for membership
- ▼ Serve as mentor for a summer intern
- ▼ Update your profile to share your expertise/ interest



Launch of the New AATS Journals and Editorial Processes

Richard D. Weisel, MD

We are implementing changes to the JTCVS editorial processes to support the launch of the two new AATS open access journals, *JTCVS Open* and *JTCVS Techniques*. The aim is to provide AATS members and other authors with clear information regarding the JTCVS submission process, how the submissions will be handled by the editors and reviewers, and the options for authors to publish in the new AATS journals if their manuscript is not accepted for publication in JTCVS.

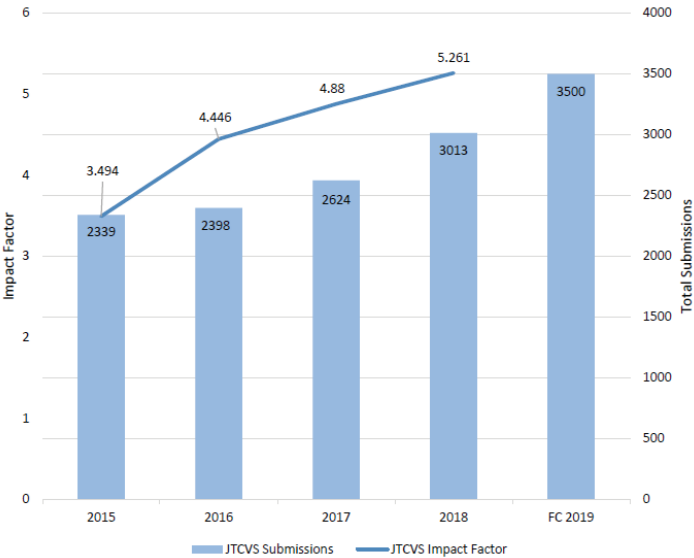
Since August, authors who submitted full-length manuscripts to JTCVS whose papers are judged to have insufficient priority for publication in JTCVS, are asked whether they prefer their manuscript be considered for *JTCVS Open* or *Seminars in Thoracic and Cardiovascular Surgery*. Similarly, authors who submit brief reports, such as Case Reports, Surgical Techniques, Cardiothoracic Imaging, and Brief Research Reports, are asked to indicate whether they agree to transfer their brief report to *JTCVS Techniques* for publication. Handling editors and reviewers are blinded to these answers so they will not affect the consideration of the manuscript for JTCVS. The recommendation to transfer is only made after the editors are convinced that the final revised paper does not meet the standards of JTCVS but that it is of sufficient quality to be published in one of our related journals.

With the increasing impact factor of JTCVS, we have experienced a significant increase in the number of submissions. Many papers provide important information for our readers but may not have enough impact for publication in JTCVS. Our editors and reviewers request revisions until they believe papers have achieved the highest quality possible. If the improved manuscript still does not meet the high standards of JTCVS, then we may recommend transfer to another AATS publication.

Over the last five years, many of these papers have been transferred to *Seminars in Thoracic and Cardiovascular Surgery*. The Seminars papers are featured in the JTCVS where they have been frequently read and have attracted an increasing number of citations. The number of citations divided by the number of papers published in Seminars (the Cite Score) increased from 0.85 in 2014 to 1.15 in 2018. The number of downloads exceeded 110,000 in 2018. Seminars now ranks among the better journals in cardiothoracic surgery and we anticipate a similar status for *JTCVS Open* and *JTCVS Techniques*.

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JTCVS Impact Factor and Submissions



NOW ACCEPTING SUBMISSIONS



JTCVS Open

editorialmanager.com/JTCVSOOpen



JTCVS Techniques

editorialmanager.com/JTCVSTech

AATS Post Graduate Courses

Save The Date



AATS/JATS Aortic Symposium

November 3, 2019
Kyoto, Japan

Program Directors

Joseph S. Coselli
Marc R. Moon

Local Program Directors

Hirokuni Arai
Yutaka Okita



AATS Postgraduate Course

February 6, 2020
Ahmedabad, Gujarat, India

Program Director

Marc R. Moon

Local Program Directors

Shiv K. Nair
Dhaval Naik



AATS/ASCVTS Postgraduate Course

February 7, 2020
Chiang Mai, Thailand

Program Directors

Emile A. Bacha
David R. Jones
Marc R. Moon

Local Program Director

Taweesak Chotivatanapong

Global Learning

AATS members continue to educate surgeons around the globe. Most recently, more than 350 attendees joined international leaders at the Cardiovascular Valve Symposium in Buenos Aires, Argentina. The two-day program centered on discussions of state-of-the-art information and outcomes on advanced surgical techniques with a focus on diagnosing and treating adult and congenital heart valve disease. In addition, a number of participants took part in visits to the Favalaro Foundation and the Instituto Cardiovascular to observe live surgeries by Roberto R. Favalaro, MD, and David H. Adams, MD, participate in wet labs, and listen to lectures.

The final international meeting of 2019 is a new one. The AATS/JATS Aortic Symposium will take place following the 72nd Scientific Meeting of the Japanese Association for Thoracic Surgery. This one-day program will feature lectures from international recognized experts in aortic valve repair, ensuring attendees will receive insights from a broad spectrum of leaders in cardiovascular surgery. Sessions will include: The Ascending Aorta and Root, The Aortic Arch, Descending and Thoracoabdominal, and Acute Aortic Dissection.

For more information or to register, visit the websites for the AATS or JATS. ▼



Surgeons at the Cardiovascular Valve Symposium participated in wet labs and watched live surgeries by Roberto R. Favalaro, MD, and David H. Adams, MD.

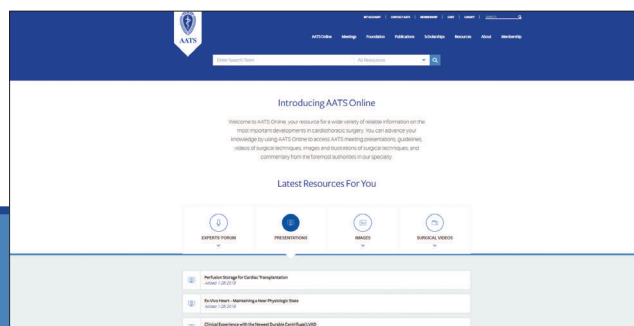
Launch of the AATS New Journals continued

The two new AATS journals provide an open access venue for important surgical information. Open access fees will apply for publication in both journals, but the papers will be freely available worldwide immediately upon publication. The papers in both new journals will be prominently featured in the JTCVS so that readers can access them with one click. The JTCVS editors and reviewers are also the editors and reviewers for *JTCVS Open* and *JTCVS Techniques*, and their contributions will help to ensure the new journals are successful. Both editors and reviewers will focus on providing AATS members and authors with a quality experience when they submit their best research to JTCVS for publication. Authors are encouraged to enhance their submissions with the recommended revisions to ensure that the highest quality manuscripts are published in the new journals.

Currently, JTCVS publishes all brief reports online only. However, these papers are extensively viewed and downloaded by our readers. We will feature papers published in *JTCVS Techniques* as we have done for the brief reports in JTCVS. We anticipate that our readers will enjoy reading and downloading these reports from our new journal as they have from JTCVS.

With its increase in impact factor, the JTCVS has continued to receive more submissions. Through the first half of 2019, JTCVS received over 1800 manuscript submissions—a 20 percent increase over last year. Despite this high volume of submissions, JTCVS turnaround times have decreased significantly. The time from submission to first decision is an average of 17 days for all manuscripts. For full-length papers that are sent to review, the time from submission to first decision averaged 41 days. This review period includes both a clinical and statistical review so when authors receive a first decision from JTCVS they have all the necessary comments to revise and improve their manuscripts.

The papers recommended for transfer to another AATS publication will continue to receive this high-quality review from our editors and reviewers, and we are grateful to AATS members and all JTCVS authors for working with us for the success of this new venture. ▼



Advance your Knowledge through AATS Online

Each year, a tremendous amount of important information is shared through AATS meetings, journals, guidelines, and programs. Much of that content has been available online but because it was available through various sources, accessing it was time consuming. AATS members expressed the need for a single, searchable repository of AATS content so we started the process of creating such a resource.

The result is AATS Online, which contains meeting presentations from 2015 to the present, guidelines, videos, images and illustrations of surgical techniques, and commentary from authorities in the specialty. You can search by resource type (Presentations, Surgical Videos, Images, Guidelines, and Experts' Forum) and filter by specialty, the meeting name, and the year. In addition, if you have updated your AATS profile to include your specialty and

interests, you will see the latest content additions that are most relevant to you.

Content will continue to be added to AATS Online and the user experience will be refined. The AATS Board of Directors has formed a committee to provide editorial oversight and input on future additions to the platform. Some possibilities include allowing users to upload videos for consideration or download slides with the author's permission.

To see the platform for yourself, go to aats.org/aatsonline. You can view Annual Meeting presentations and commentary from several of the presenters. With the Mechanical Support for the Heart and Lungs Symposium and the International Thoracic Surgical Oncology Summit taking place in September, those presentations will be available soon as well. ▼

Important Dates

- Monday, September 30** Cardiothoracic Ethics Forum Scholarship application deadline
- Tuesday, October 15** Annual Meeting abstract submission deadline
- Sunday, December 1** AATS Foundation program application deadline for:
 - ▼ Cardiac Robotics Fellowship
 - ▼ Thoracic Surgical Robotics Fellowship
 - ▼ Summer Internship Scholarship
 - ▼ Japanese Association for Thoracic Surgery Fellowship
 - ▼ Chinese Surgeons International Training Program
 - ▼ Thoracic Surgery Training
 - ▼ Travel Awards to the AATS Annual Meeting
- Tuesday, December 17** Aortic Symposium abstract submission deadline
- Tuesday, December 31** Final day to make 2019 donation to the AATS Foundation

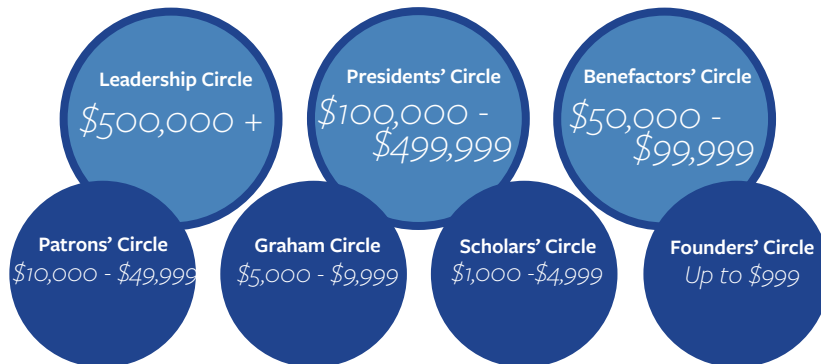


Calling All Members

In 2018, 22 percent of members made a gift to the AATS Foundation. Thank you to those who have stepped up and understand the importance of giving generously to support the next generation of cardiothoracic surgeons. As the end of the fiscal year quickly approaches, the AATS Foundation Board challenges all members to donate and underwrite the scholarship that advances our mission. Let's end 2019 proudly stating that 100 percent of AATS members support their Foundation.

There are a variety of options for donors who want to ensure the future of cardiothoracic surgery, including direct gifts, donated honoraria and stock, planned gifts, and tribute/memorial gifts. There are also opportunities to start a program in honor of a mentor or fund a named award that will support a surgical investigator.

The matching grant issued by the AATS remains active up to a total of \$250,000. Every individual, one-time gift of \$5,000 or more will be doubled, making each dollar you contribute twice as valuable.



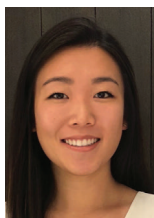
Learn more about the various ways to make a gift on aatsfoundation.org or contact AATS Foundation Development staff to determine how you can reach the next Leadership Giving Circle. ▼

Focusing on Future Cardiothoracic Surgeons

Over the last 12 years, more than 350 medical students have been introduced to the field of cardiothoracic surgery through the AATS Summer Intern Scholarship program, which enables aspiring medical professionals to spend eight weeks in an AATS member's cardiothoracic surgery department. The \$2,500 grant covers living expenses while the aspiring medical professionals are exposed to the daily clinical, OR, and research activities of a cardiothoracic surgeon to better understand the profession not only as a career but as a lifestyle.

Iris Liu, a third-year medical student at the University of California San Francisco (UCSF), explains how she is now able to better envision her career path after the completion of her internship in 2018.

"During my first year of medical school, I quickly discovered an interest in surgery. With my research experience and interest in tumor biology, I began exploring different fields of surgical oncology, and in the process, was connected with Dr. Johannes Kratz and Dr. David Jablons in the division of thoracic surgery at UCSF. As I learned more about their research and the innovations they were bringing to UCSF in the field of lung cancer research, we found an alignment in our interests and naturally developed close mentoring relationships. With the summer



Iris Liu
2018 Internship Recipient

Continued on page 10

Donor Spotlight

Donors, leaders, and partners support AATS Foundation programs for a variety of reasons. Joseph Woo, MD, shared why it is important to him to give to the Foundation.

"I support the Foundation as I am extraordinarily grateful to the Association for all of the opportunities that it has afforded me. I am a determined advocate of the AATS mission, and I truly believe in the value and vital role of the AATS in the education of the next generation and the advancement of our specialty. Supporting the AATS Foundation is also a way to honor one of my great mentors, Dr. Timothy J. Gardner, through the Honoring Our Mentors program.

Supporting the AATS Foundation's Honoring Our Mentors program, as well as the entire Foundation vision, allows me to give back to those who have given so much time, dedication, and support to younger cardiothoracic surgeons. It also provides an opportunity for future generations to grow in their careers and enhance their overall surgical knowledge, technical skills, and investigative potential.

I hope that other potential donors are inspired to help carry on the noble goals of developing and promoting excellence among future generations of surgeons." ▼

To learn more about
how to give to
the Foundation go to
aatsfoundation.org

Introducing the New Cardiac Surgical Robotics Program

After the success of the thoracic robotic surgery program, fellowship alumni expressed interest in robotic cardiac surgery but found there were limited opportunities available for young surgeons. The AATS Foundation, with the leadership of Dr. Walter Randolph “Ranny” Chitwood, Jr., discussed filling this education gap by developing a formal program to provide advanced training in robotic cardiac surgery. The result is the new Cardiac Surgical Robotics Program sponsored by Intuitive Surgical, Inc., which is now accepting applicants.



Dr. Walter R. Chitwood, Jr.

While the program uses the highly successful Thoracic Surgical Robotics Program as a launching point, the creators of the cardiac version thought that the necessary skills and knowledge could not be gained in a two-day program and should also enlist the mentoring

services of experienced robotic cardiac surgeons. As a result, the immersive experience that enables up to three North American awardees to learn more about and improve their ability to perform robotic mitral valve operations will consist of two parts: prerequisite training and onsite training with a mentor at a well-established training center as well as the awardee’s home institution.

The initial training includes system training at an Intuitive da Vinci training facility, procedure and cadaver laboratory training, observation of two procedures, simulated mitral valve repairs, and successful completion of the simulation skills curriculum and exam on robotic ergonomics, accuracy, and speed. The awardee will

then observe at least five robotics cases at a well-established training center with a mentor. That will be followed by a minimum of five on-site proctoring sessions at the awardee’s home institution and additional remote mentoring sessions.

Five surgeons have offered to host an awardee at their institutions:

- ▼ Marc Gillinov, MD, *Cleveland Clinic*
- ▼ Michael Halkos, MD, *Emory University at Midtown*
- ▼ Eugene Grossi, MD, *New York University*
- ▼ Vinay Badhwar, MD, *West Virginia University*
- ▼ Joseph Dearani, MD, *Mayo Clinic*

Interested attending surgeons with three to five years of experience should apply before December 1. For more detailed eligibility requirements, go to aats.org. To be a potential proctor, contact Kaylee Andrews, Director of Administration, at kandrews@aats.org. ▼

AATS Matching Grants Remain Active up to a Total of \$250,000

Focusing on Future continued



Iris Liu with her Mentor for a Day Mentor, Daniela Molena, MD

approaching. I hoped to dedicate myself to the lab and to immerse myself in clinical thoracic surgery. The AATS Summer Internship Scholarship program was a perfect fit for my interests, emphasizing the importance of the research, clinical, and mentorship components of thoracic surgery.

I greatly valued the dedicated lab, clinic, and OR time that I had as a result of this scholarship, and in each aspect, focused especially on what I could learn from the close contact I had with Drs. Kratz and Jablons. They, in turn, have been gracious educators and role models and have taken a great deal of time and effort to support my endeavors

and advance my goals. I was also able to delve more deeply into a specific research question and form collaborations with other thoracic oncology labs at UCSF to build a unique project focused on translational approaches to risk stratification in lung cancer.

My experience through the AATS Summer Internship program only reinforced my dedication to a career in academic surgery that incorporates early phase translational research. I have continued to pursue thoracic oncology research with Drs. Jablons and Kratz and these efforts have culminated in posters and presentations at meetings from the institutional to national levels.

I plan on continuing to pursue this research throughout the rest of medical school and plan on applying into general surgery residency in the fall of 2020. I hope to take time during residency to pursue research and possibly a more formal investigative training pathway.

I would absolutely recommend any medical student who is interested in exploring the field of cardiothoracic

surgery to apply to the AATS Summer Internship Program, as well as get involved in as much as possible as soon as they think they may be interested. I often see students who think they may be interested in a field, but delay reaching out to fellows and attendings for shadowing or mentorship. The only way to find out if a field is right for you is to work as much as you can with people who are willing to talk to you about the pros and cons of what they do. The AATS Summer Internship program was a great experience because it gave me not only a very broad exposure to various aspects of cardiothoracic surgery but also the mentorship and support to begin to envision a career for myself in the field.”

Applications for the Summer Intern Scholarship will be available online starting September 1. Successful applicants additionally are invited to participate in the AATS Member for a Day program and receive complimentary registration to the AATS 101st Annual Meeting taking place May 1 – 4, 2021, in Seattle. **To learn more about eligibility and application requirements, please visit aats.org or contact admin@aats.org.** ▼

Newly Established AATS Committees

As our specialty continues to evolve, we must stress the importance of diversity and global communication along with the physical and mental wellbeing of all individuals involved in cardiothoracic surgery, regardless of discipline. To address these important issues, the Board has established a new Membership Recruitment, Engagement, and Diversity Committee as well as the Wellness Committee.



Dr. Anelechi Anyanwu
Membership Recruitment,
Engagement, and Diversity
Committee Chair

Dr. Anelechi Anyanwu, Membership Recruitment, Engagement, and Diversity Committee Chair, will lead this group's efforts in reviewing membership candidates' qualifications and recommending when to apply, considering ways to increase involvement of underrepresented and underserved populations, assessing participation rates within the organization, and keeping members and future leaders engaged.



Dr. Ross Bremner
Wellness Committee Chair

Led by Dr. Ross Bremner, the Wellness Committee will aim to address issues revolving around the culture of safety, operating room decorum, and mental and physical health of our members by developing sessions for meetings and contributing to AATS Update. More specific information regarding this Committee's initiatives will be shared in a future issue.

Director-at-Large

In March 2018, AATS membership approved a by-law amendment to increase the number of North American Directors on the Board which included the establishment of a Director-at-Large. Differing from the standard nomination process for a Director, this position will be selected via electronic vote of members in the Fall of 2019. Your Board will provide a slate of up to five nominees to the Nominating Committee for consideration. These nominees will be considered not only for their clinical and Association related accomplishments but also by the current demographic and specialty breakdown of the current Board members. The Nominating Committee will have the opportunity to select all five, but no less than three individuals, from that slate to be proposed to membership for consideration. An electronic vote will be distributed to members via email and the individual who receives the most votes shall be appointed as a Director-at-Large on the AATS Board for a four-year term.

AATS Online and Your AATS Account

Following the 99th Annual Meeting, AATS has worked diligently to ensure that all Annual Meeting presentations and discussions are included in the Association's education resource center, AATS Online. This platform enables surgeons to view educational content from AATS scientific meetings. As we continue to develop this platform, the AATS will provide individuals with relevant content that best meets their expertise and interests. In order to provide users with a unique, customizable experience on the Association's website, I encourage all AATS members to update your AATS account with your correct contact information as well as your specialty and interests. This information will be particularly helpful when specialty-specific volunteer opportunities arise such as presentations for meetings and requests for participants and reviewers on clinical practice recommendations.

Finally, I encourage all of you to become more involved in the Association by submitting your clinical and translational research findings to our AATS journals and for presentation at our scientific meetings. With two new journals and our AATS Online platform, there are now multiple opportunities to have your work highlighted and read throughout the world. ▼

pathway to structural heart disease certification for both cardiologists and surgeons. A second pathway would be in our current ABTS cardiovascular training. The number of wire skilled based procedures would increase for all trainees. This would give all graduates the ability to participate in structural heart disease procedures. A separate training track would require a dedicated block (four to six months), with an increased number of TAVR/TMVR/EVAR to meet requirements. The individual would meet requirements for a structural heart certificate much like the fellowship trained. In summary, the proposal in front of the ABTS is to have three tracks of cardiothoracic training: 1) Thoracic; 2) Cardiothoracic; 3) Cardiac (maybe cardiovascular), which would include four to six months in structural heart disease.

The AATS Board and I favor the second. We feel that when all trainees complete their training, they should be able to do these procedures. In addition, a separate fellowship would limit the number of trained surgeons in this emerging field, which may negatively impact patient outcomes. Residency programs have

"Residency programs have always changed to keep pace with innovation; wire skill training is no different."

always changed to keep pace with innovation; wire skill training is no different. This could also set a precedent for how we incorporate future innovations into the training paradigm, so we look forward to the outcome of the ABTS meeting in October. ▼



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For more information visit aats.org/annualmeeting