



# Newsletter

International Society of Surgery (ISS)  
Soci t  Internationale de Chirurgie (SIC)

**December 2014**

## News from the Secretary General



*Jean-Claude Givel, Secretary General  
ISS/SIC*

### **New locations to consider for future ISS/SIC activities !**

The 2015 World Congress of Surgery in Bangkok will be the 46<sup>th</sup> organized so far by the International Society of Surgery. Two years thence the 47<sup>th</sup> congress in Buenos Aires is already in the planning stage for August 2017.

Looking back to 1905, it is very interesting to note where the first 45 congresses up till now have been held. This should guide and inspire us for the selection of future locations for this now world-renowned meeting. The great majority of 28 of ISS/SIC conventions have been held in Europe, and only 9 in North and South America, 4 in Asia, 2 in Australia and 2 in Africa. On this latter continent, the congress surgeons gathered in Cairo, Egypt in 1935, and more recently in Durban, South Africa in 2005.



*Burj Khalifa (828 meters) in Dubai*

**December 2014**

Although, in theory, all continents have been visited, it would be fair to recognize that the Arabic Peninsula, a very important geographic area, has never hosted the WCS nor any ISS/SIC activity. This region has a substantial population, as well as a well-recognized surgical community.

I recently had the opportunity to travel to Oman and the Emirates, together with President Nopadol Wora-Urai and Administrative Director Victor Bertschi, and met surgeons as well as tourism directors to discover where potential future activities of the International Society of Surgery could be organized. Thanks to Professor Frank Branicki from Al Ain, a long-served member of our society, our visit has been very easy and successful.



*ISS/SIC Secretary General & President at work in Muscat*

It has really been encouraging to see how countries in this region have developed and enhanced their tourism infrastructures, whilst continuing to celebrate and maintain local traditions. This impressive development goes hand in hand with what is now incontrovertibly a high quality of medical activities.

In the past few decades, the Sultanate of Oman, a country with deep-rooted history, culture, and traditions, has undergone a remarkable transformation and modernization in all fields, including education and health care. In particular, it has progressively established a nationwide network of modern health services that have ranked Oman equal with the developed world. More than 300 surgeons provide a full range of services for a population of about 4 million (2.23 million Omani nationals and 1.76 million expatriates). Medical education is firmly established, and accredited surgical residency training has assumed



*J.-C. Givel presenting ISS/SIC to Omani surgeons*

increasing importance during the past decade. We returned to base thoroughly convinced that given the sustained growth and dynamic planning in place, surgical services will continue to develop and expand, with home-trained Omani surgeons playing an increasing role in the future.

The United Arab Emirates (UAE), an independent state located between Oman and Saudi Arabia, is made up of seven emirates. In this Gulf state, foreign cultures and beliefs are generally freely tolerated. The UAE's official language is Arabic but many people speak English. Their inhabitants generally enjoy a high standard of living. Dubai and Abu Dhabi, destinations already well known offering luxury vacation venues, offer an ultimate tourism and shopping experience.

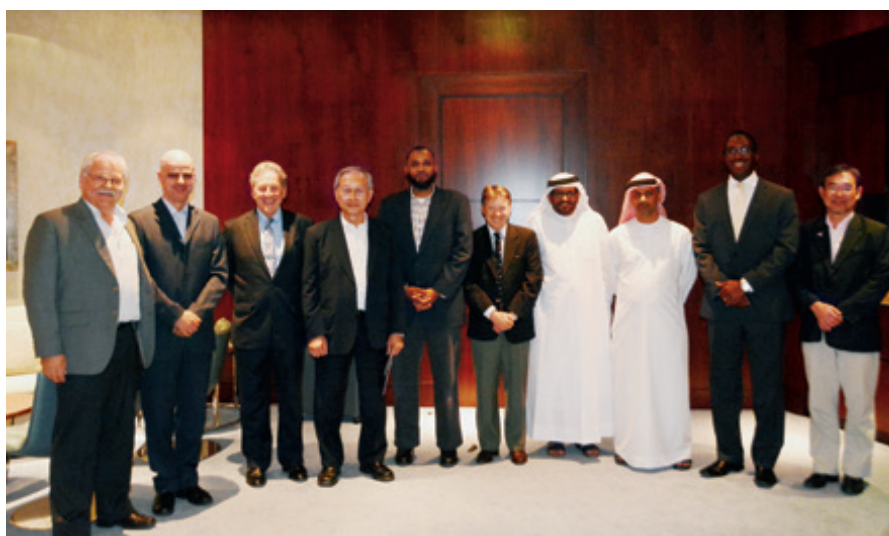
With quality medical staff and equipment, healthcare in the UAE has likewise pro-



*Oman Convention Center under construction*

gressed from a primitive state to levels similar to those found in the Western world. Modern medical management, efficient clinical governance, introduction of the best facilities in the field of medicine and the presence of highly qualified and experienced doctors, all add to the undeniable quality of healthcare in the region. The United Arab Emirates, is a relative newcomer in the field of medical tourism, but is quickly catching up, with recent estimates indicating increasing numbers of foreign patients travelling there yearly for treatment.

Dubai is the 7<sup>th</sup> most visited city in the world. It is a remarkable place to visit, and is unlike anywhere else in the world. Its unique architecture, location and facilities perhaps explain why visitor numbers are growing by 10% per year and are anticipated to top 15 million by 2015. In fact, less than 20% of Dubai's 2 million popu-



*Surgeons of Abu Dhabi with ISS/SIC Delegation....*





Dubai from a bird's eye view



ISS/SIC Group meeting at Dubai Health Ministry

lation are indigenous. With almost every nation on earth represented amongst the mêlée of Dubai, it remains one of the most cosmopolitan places in the world. Every day there is a different adventure.

Nothing demonstrates the Emirates' wealth and growing importance better than the recently completed Burj Khalifa tower – the world's tallest building. The construction of this magnificent edifice demonstrates the interaction of delicate power balance in the region, as Dubai's world famous tower is named after the Abu Dhabi based leader of the UAE who

bailed out the project when Dubai's ambition outstripped its own funds.

Despite being in a turbulent region, Oman and the UAE remain safe, stable and secure places to visit, with virtually no crime. Best of all, an impression of unlimited hospitality welcomes the visitor in either Muscat, Dubai or Abu Dhabi. The provision of every possible facility is never too much trouble for the hosts towards their honoured guests.

Having experienced this overwhelming welcome personally during my recent

stay in this fascinating part of the world, I came back soundly convinced that it must be a region where the International Society of Surgery should increase its connections with a surgical community eager to welcome such contact. Here we should establish future ISS/SIC activities as soon as possible. Here we have a huge potential to fulfill our new motto with our aim of «Bridging and teaching surgery worldwide».

Jean-Claude Givel  
Secretary General

## Presidential Address



Nopadol Wora-Urai, President ISS/SIC

Dear fellow members, colleagues and friends

I would like to emphasize on few important activities of the ISS/SIC. During the past year, the ISS/SIC Executive Committee has been working hard to fulfill the purpose and objectives of the Society. The progress and messages from the Society's 6 integrated societies are included

in this newsletter. They have played an important role in the progress of the Society.

**ISS/SIC Membership:** The International Society of Surgery (ISS/SIC) is one of the oldest and most prestigious international surgical societies in the world, established in 1902 in Belgium. The first International Congress took place in 1905 in Brussels. The headquarters have been moved from Brussels to Basel, Switzerland in 1979. The ISS/SIC has two main aims. Firstly, it functions as a benevolent "umbrella organization" to keep the "house of surgery" together for problems of general interest to all surgical specialties. Secondly, the ISS/SIC also has a vital interest in the upkeep of general surgery as an important training base. We now have approximately 2,500 members from around 100 nations. Members of the Society benefit from the following:

- **World Congress of Surgery WCS** (formerly known as International Surgical Week) where scientific exchanges between the various surgical specialties are promoted by means of joint presentations, panels & workshops
- **World Journal of Surgery**
- **Newsletters and other publications**
- **Postgraduate Courses** under the auspices of the Society

**ISS/SIC for young surgeons and surgical trainees:** The Society would like to recruit more young and not-so-young surgeons from around the world to engage in the Society's activities and to become ISS/SIC members. Young surgeons, especially those from developing and underdeveloped countries are encouraged to apply for the **ISS Foundation Travel Scholarship** to join the 46<sup>th</sup> World Con-

gress of Surgery in Bangkok. After the Congress, the ISS/SIC Travel Scholars will be visiting on Friday, August 27 Siriraj Hospital, Mahidol University, the oldest but one of the most modern schools of medicine in Thailand. **Surgical Trainees** are also welcome to the World Congress and benefit from a reduced registration fee. For **Medical Students interested in surgery**, a special program has been arranged from Saturday, August 22 to Monday, August 24, 2015.

**ISS/SIC in Arab Countries:** In October this year, to promote activities of the International Society of Surgery and to recruit more members from the **Arabian peninsula**, Jean-Claude Givel, ISS/SIC Secretary General, Supakorn Rojananin, President of the LOC of the Bangkok Congress, Mr. Victor Bertschi, Executive Director and myself have visited local surgeons in Dubai and Abu Dhabi, **United Arab Emirates** and Muscat, **Oman**. Frank Branicki, Chair Department of Surgery, College of Medicine and Health Sciences, UAE University, Al Ain, UAE, has been very helpful in arranging this visit. We learned a lot about advances of surgical practice and meetings in these countries. Local surgeons were invited to join and participate in the scientific program at the World Congress in Bangkok. Most of them were interested in joining and becoming members of ISS/SIC and more than 20 have already applied for membership.

**The ISS Foundation:** The ISS Foundation is registered in the State of Illinois,

USA and certified by the Internal Revenues Service as a charitable organization. This worldwide search for funds to undergird charitable, scientific and educational purposes was initiated in 1993 by Professor Lloyd M. Nyhus. Many thanks to **Professor Jay L. Grosfeld**, a long-time Secretary-Treasurer of the ISS Foundation, for his great effort during the past several years for having run the foundation effectively and efficiently.

The ISS Foundation offers a number of travel grants to young surgeons from underdeveloped and developing countries who have demonstrated interest in teaching and research. For 2015, the award will permit the recipient access to the 46<sup>th</sup> World Congress of Surgery WCS 2015 of the ISS/SIC in Bangkok, Thailand. Awardees will have their registration fee waived. The award is a contribution towards travel, hotel and living expenses. However, the award does not guarantee total coverage of these costs, which must be met from individual resources.

Further information and travel award applications for the 2015 Bangkok Congress can be obtained from the ISS/SIC website ([www.iss-sic.com](http://www.iss-sic.com)). Applications must be submitted electronically by **December 31, 2014**. Successful applicants will be notified by **March 31, 2015**.

**46<sup>th</sup> World Congress of Surgery WCS 2015:** The International Society of Surgery holds its World Congress, formerly known as the "International Surgical Week", biennially. The previous Congress in 2013



Floating Market in Bangkok

was held in Helsinki, Finland and was a great success. The next ISS/SIC World Congress, the **46<sup>th</sup> World Congress of Surgery**, will be held in Bangkok, Thailand, from 23-27 August 2015 at the Convention Center, Centara Grand at Central World. The Congress is jointly organized with the Royal College of Surgeons of Thailand (RCST) and the 6 Integrated Societies of the International Society of Surgery. The Local Organizing Committee, led by Supakorn Rojananin, former chairman, Department of Surgery, Siriraj Hospital and Faculty of Medicine, Mahidol University, has been working hard to make this Congress successful and memorable.

**The Pre-Congress Workshops:** Several pre-congress workshops have been arranged to take place before the Congress. They include the IATSIC Definitive Surgical Trauma Care Course (DSTC), the Upper GI Workshop on "Role of D2 Gastrectomy", the Bariatric Surgery Workshop, the Hernia Workshop, the Endoscopic Thyroidectomy Workshop, the Breast Oncoplastic Hands-On Workshop and a Hands-On Workshop on the Surgery of Pelvic Floor in Pelvic Floor Descent Syndrome, all in soft cadavers. Further, there will be a BSI Breast Ultrasound Workshop as well as an Academic Career Development Course.

The Scientific Program, includes the Martin Allgöwer Lecture, the ISS/SIC Grey Turner Lecture, State-of-the-Art, special and plenary lectures, free paper and poster presentations, symposia, case presentations, lunch and prize sessions,



ISS/SIC Delegation with Oman Convention Center staff





*Faculty of Medicine Siriraj Hospital,  
Mahidol University, Bangkok, Thailand*

postgraduate courses, and many others. Distinguished surgeons from all over the world have been invited to join as speakers, chairs, co-chairs or moderators.

The social program includes the Welcome Reception on Sunday, 23 August, the RCST Presidential Dinner (by invitation), Society Dinners on Tuesday, 25 August and the Thai Night Gala Dinner at Sampran Riverside (formerly known as Rose Garden) on Wednesday evening, 26 August.

Pre- and Post-Congress Tours have been arranged to visit Bangkok for example, the Grand Palace, the Temple of the Emerald

Buddha, the Temple of Dawn, and the Vimanmek Teak Palace and cities nearby, such as the old cities in Ayudhya and Sukhothai, cities of culture like Chiang Mai and Chiang Rai or world famous beaches in Phuket, Krabi, Samui.

On behalf of the International Society of Surgery and its 6 Integrated Societies, the Royal College of Surgeons of Thailand, the Local Organizing Committee, and the Thai People, I invite you all to join the 46<sup>th</sup> World Congress of Surgery of the International Society of Surgery in Bangkok, Thailand from 23-27 August 2015. Your contribution in sciences and surgery,

state-of-the-art and cutting-edge technology and innovations at this Congress will be greatly appreciated and of great benefit to surgeons, physicians, nurses, surgical trainees and medical students, not only in Thailand but from all other countries in the region and other parts of the world.

We are looking forward to welcoming you all in Bangkok soon!

Nopadol Wora-Urai  
President ISS/SIC  
Congress President WCS 2015

## Invitation from the President of the LOC WCS 2015



*Supakorn Rojananin,  
LOC President WCS  
2015*

humanitarian activities, poster and free paper presentations. Social functions will be arranged to tighten the bonds of friendship among participants from around the world.

Deadline for the **submission of Abstracts** has been set to

**January 12, 2015**

Complementing the scientific program, the following pre-congress workshops and activities are on offer, organized by local and integrated societies:

- DSTC Workshop
- Laparoscopic Colorectal Surgery Hands-on Workshop (in cadaver)
- Bariatric Surgery Workshop (in soft cadaver)
- Upper GI and Hernia Workshop
- Endoscopic Thyroidectomy Workshop
- Oncoplastic Breast Surgery Workshop
- Breast Ultrasound Course
- Medical Student Activities: Born to be Surgeons

On behalf of the Local Organizing Committee of the World Congress of Surgery 2015 (WCS 2015), I wish to extend a personal invitation to our oversea friends, colleagues, trainees and medical students. The WCS 2015 at the Centara Grand, Central World, Bangkok, Thailand, from 23–27 August 2015 is jointly organized by the International Society of Surgery (ISS/SIC) and the Royal College of Surgeons of Thailand (RCST).

The scientific program will feature a selection of topics from various major surgical specialties including sessions on education and collaboration, patient safety,



*Centara Grand & Bangkok Convention  
Centre at Central World*



Welcome to Sampran Riverside



Ayudhaya, the ancient Capital of Thailand

To enhance greater collaboration, friendship, sharing of experience and get together more closely, we provide Welcome Party, Dinner Parties for each society, Presidential Dinner for invited guests, and a spectacular Thai Night Banquet at Sampran Riverside.

Medical students from all around the world who are interested in Surgery (born to be surgeons) are also welcome. Joyful educational events are waiting for you all. Open house to the most famous medical schools in Thailand is also provided.

Several sightseeing tours including pre- and post-congress tours, both inside and outside Bangkok, have been arranged for accompanying persons and guests, for example Ayudhaya, Sukhothai, Chiang Mai, Chiang Rai, Phuket, Samui, Krabi and Pattaya.

The Congress is expected to attract more than 2,000 participants. As topics will cover all surgical disciplines, we cordially welcome surgeons, gynecologists working in breast surgery, anesthesiologists, trainees, nurses and medical students.

For more **information and registration** details, please visit our website at [www.wcs2015.org](http://www.wcs2015.org).

We are looking forward to welcoming you at the WCS 2015 in Bangkok to join us in making this event a great success and a memorable event for you all.

Sawasdee Krub and best regards,

Supakorn Rojananin  
President of the LOC WCS 2015

## Report by the Editor in Chief WJS



John G. Hunter,  
Editor in Chief WJS

The Changing Face of the World Journal of Surgery

As we hustle through our busy lives as surgeons, meeting patients, scrubbing our hands, contributing to scientific discovery, teaching bright young learners, and pre-

paring presentations, it is impossible not to notice that the World of Surgery has changed. Of the many changes in front of our noses the two that most stand out to me are the ever increasing presence of women in surgery, and the immediate electronic access to information. These two trends have not been lost to the **World Journal of Surgery (WJS)** over the years that we have been your editors, but the pace of change is about to accelerate. Hang on!

Over the past 9 years, we have had two women as associate editors, **Tonia Young-Fadok** in colorectal surgery, and

**Kerstin Sandelin**, who is still serving as our associate editor for breast disease and education. On January 1, 2014 we added **Julie Ann Sosa** and **Janice Pasieka** to our Associate Editor group to represent the International Society of Endocrine Surgeons (IAES) and provide their expertise in all things endocrine to the WJS. In addition we would like to welcome the following new members of the editorial board, three of whom are women: **Kelly McQueen** (USA), the President of the Alliance for Surgical and Anesthesia Presence (ASAP), an anesthesiologist from Vanderbilt, **Michelle de Oliveira** (Switzerland), an accomplished aca-



demic HPB surgeon from Zurich, and **Gael MacLean** (UK) from Oxford, who brings us great expertise in breast surgery and surgical education. Complementing these four are **Zsolt Balogh** (Australia), a trauma surgeon and winner of the best paper in the WJS two years ago, **Young-Woo Kim** (South Korea) a world's authority in gastric cancer, **Andrew Tambaraja** (UK) an academic vascular surgeon in Edinburgh who has provided the WJS great expertise as a guest editor, **Carlos Pellegrini** (USA) a foregut surgeon of international renown and the current President of the American College of Surgeons, **Alberto Ferreres** (Argentina) an academic HPB surgeon and editor of our upcoming symposium on surgical ethics, **Michael Yeh** (USA) a great surgeon-scientist with an endocrine interest, from UCLA, **Elias Degiannis** (South Africa), a trauma surgeon from Johannesburg who has been a great long term contributor to the WJS as author and editor, and (last but not least) **Rifat Latifi** (USA), an expert in acute care surgery, and recent editor of our symposium on the abdominal compartment syndrome. While the majority of new members of the Board this year are still men, the ratio is changing and will continue to change until the composition of the editorial board reflects the faces of our surgical readership.

I am often asked how one becomes a member of the editorial board. The answer is simple: Contribution. As an author, contribute your best work to the WJS. As a reviewer, provide scholarly, thoughtful, incisive reviews in a timely fashion. I am forever indebted to the world class editorial board of the WJS, none of whom 'rest on their laurels'. This is a working board, and work they do. When I assumed the editor-in-chief role from my skilled predecessor, **Ron Tompkins**, we received a few more than 400 manuscripts a year. This year we will receive and process close to 2'000 submissions. This – my friends – takes a lot of work!

The other question I am often asked is "When will the **WJS** stop mailing paper copies around the world and to my doorstep?". The answer is: Soon. We have just signed a new 8 year contract with Springer, our publishers. With this contract, we will ask our members whether they wish

to receive a paper journal or not. For those who forsake the paper journal in favor of on-line access only, please be assured that we will make every effort to provide a cover, table of contents, and collections of articles that will be as interesting to peruse electronically as the paper journal was pleasing to thumb through in the office, or in the evening, or on an airplane. The big advantage will be that your electronic tablet will be a great deal lighter than our paper journal! To that end, we have updated the layout of our Table of Contents and articles to make them more pleasing to the eye, both electronically and on paper.



*Pagoda at Ayudhaya, Thailand*

The measurement of a journal's success can be cut several different ways. The traditional measure, the impact factor, measures the number of citations of articles in the journal over a two year period, and divides by the total number of articles published. While the WJS has benefitted from this formula and ranks in the top quarter of all surgical journals by this measure, the impact factor favors the publication of 'the latest shiny new thing' where there are likely to be many citations, as there is little else published in the field and many new articles looking for papers to reference. The formula penalizes the publication of articles that might be of interest to our readers, but which might not be cited

frequently. Another citation index, a better measure in the eyes of most editors and publishers, is the Google H factor. The H5 factor takes a longer window (5 years), cannot be influenced by a single article cited many times, and does not punish a journal for publishing more articles that may not draw frequent citation. Nonetheless, both of these measures are citation based.

Perhaps a more important measure is journal usage: How often are WJS articles read? In this category we excel. For the last year for which we have full data, WJS articles were downloaded over 500,000 times, a 25% increase over two years previously. As your editors strive to improve the metrics, there is one and only one principle: Publish the best and only the best. This may lead us to be more selective in what we print, as demand increases, so please, please, please excuse us if we cannot publish all the great work sent to us, but we will do our best to provide you expert commentary to strengthen your work, whether it is ultimately published in the WJS or another excellent surgical journal. In addition, we are launching a new forum for papers on Surgery in Low and Middle Income Countries that will not fit on the pages of the WJS. Advancing Global Surgery, part of Springer Plus, an open access electronic journal will consider and publish most of these papers. We are grateful to Lisa Knowlton MD, of Stanford University for agreeing to serve as our first editor for this new offshoot of the WJS.

It remains a great honor to serve as your Editor in Chief. I hope you enjoy your Holiday Season and the New Year!

John Hunter  
Editor in Chief, World Journal of Surgery

## News by the ISS/SIC US-Chapter

The annual meeting of the US-Chapter of the ISS took place in San Francisco on October 29, 2014. The Chapter President, Hilary Sanfey welcomed all in attendance, particularly those of the 33 new members who were able to attend. The President elect, Kathleen Casey provided an update on the Alliance for Surgery and Anesthesia Presence (ASAP) which is the most recent ISS/SIC integrated Society member. <http://asaptoday.org>

The US-Chapter will shortly solicit nominations for the Lloyd Nyhus Traveling Fellowship which allows a young US surgeon to attend the World Congress of Surgery in Bangkok. More information is available on the Chapter website. The age limit has been removed and the Fellowship is available to surgeons within ten years of completing training. <http://www.us-iss.org/events-education/lloyd-nyhus-traveling-fellowship/>

The US-Chapter of the International Society of Surgery established a Distinguished Lectureship in 1990, to take place during the Annual Clinical Congress of the American College of Surgeons. This year's Lecturer was Dr. Meena Nathan Cherian

who leads the World Health Organization (WHO) Secretariat for the Global Initiative for Emergency and Essential Surgical Care, at their Headquarters in Geneva. Dr. Cherian spoke eloquently about the need to provide programs that bring coordinated and cohesive surgical services to individuals living in developing countries. Leading up to her 13-year career with WHO, she provided surgical, obstetric, and anesthesia services in a rural hospital in India before specializing in anesthesia. Later she trained, worked, and taught anesthesia in the U.S., Africa, Southeast Asia, and was a professor of anesthesia in India. Dr. Cherian shared some of the history, current state, and next steps for the WHO's work in developing countries in her lecture "*Surgical Care in the Global Health Agenda*". She pointed to examples where skilled surgical health providers are needed to prevent deformity due to a burn, early repair of clubfoot, treatment of fractures, sepsis after an unsafe abortion, and to perform C-sections in obstructed labor. "*The challenge for us in developing countries is that surgeries are performed by non-specialist surgical health providers in remote and rural health facilities which often do not have specialists,*" Dr.

Cherian said. While these countries may have programs for mental health, child health, immunizations, tropical diseases, HIV, and tuberculosis, many are lacking in safe surgical services and often rely on surgical specialists from developing countries who provide services through short missions instead of in a coordinated and cohesive manner. "*If we could build sustainable local surgical capacities to meet local country needs through adequate education and training, then they will be able to do things for themselves.*" Dr. Cherian described a global forum, the WHO Global Initiative for Emergency and Essential Surgical Care (GIEESC), which convenes multidisciplinary stakeholders representing health professionals, public health experts, health authorities, academia, leaders of education and training programs, non-governmental organizations, civil and professional societies, and local and international organizations. Dr. Cherian noted that the end of 2015 target date for achieving the Millennium Development Goals is approaching, although not all of the 194 WHO member states have reached their targets. Those eight target goals are to:

- eradicate extreme poverty and hunger;
- achieve universal primary education;
- promote gender equality and empower women;
- reduce child mortality;
- improve maternal health;
- combat HIV/AIDS, malaria, and other diseases;
- ensure environmental sustainability;
- develop a global partnership for development.

Dr. Cherian emphasized that this work has to be a joint effort to strengthen surgical services to these countries, and must include not only surgeons but also epidemiologists, emergency physicians, pediatricians, obstetricians, and medical students. "*It has to be included in national policies and plans with input from stakeholders who seek to reduce death and disability as a result of lack of access to services.*"



Wat Phra Kaeo, Bangkok, Thailand



## World Congress of Surgery

Please join us for the World Congress of Surgery meeting in Bangkok, Thailand, August 23 – 27, 2015 to be held in collaboration with the Royal College of Surgeons of Thailand. [www.wcs2015.org](http://www.wcs2015.org)

The Local Organizing Committee led by Professor Supakorn Rojananin, the Royal College of Surgeons of Thailand and the ISS/SIC Executive Committee have developed a stellar scientific program with State-of-the-Art lectures, plenary sessions, round table discussions, and free paper and poster presentations. The Bangkok Convention Centre at Central World is located in the city centre of Bangkok. Several sightseeing tours in and around Bangkok have been arranged for accompanying persons and

guests. Pre and post-congress tours in different parts of Thailand, for example, Ayuthya, Sukothai, Chiang Mai, Chiang Rai, Phuket, Samui, Krabi, and Pattaya will be arranged for those who would like to spend few more days before or after the Congress to explore the beauties and natural attractions of Thailand. A special trip to Sampran Riverside, formerly known as Rose Garden, on Wednesday late afternoon is one of the highlights of the congress social activities where all guests will enjoy a wonderful Thai night.

Furthermore the Association of Women Surgeons (AWS) [www.womensurgeons.org](http://www.womensurgeons.org) in collaboration with the Japanese Association of Women Surgeons will host a networking breakfast for women surgeons attending the WCS on Tuesday morning. AWS will also sponsor a number of panel



at a Food Stall in Bangkok

sessions on topics aimed at meeting the needs of women surgeons and women patients in the global community.

Hilary Sanfey,  
President ISS/SIC US-Chapter  
Kathleen Casey,  
President elect ISS/SIC US-Chapter  
Peter Angelos,  
Secretary ISS/SIC US-Chapter

## News by IAES



*Chen-Hsen Lee,  
President IAES*



*Geoffrey B.  
Thompson,  
Secretary IAES*

Dear Friends

We are looking forward to seeing all of you at the IAES meeting during the World Congress of Surgery 2015 in Bangkok, Thailand. Plans for the meeting are moving forward rapidly, and it looks to be one of the best Congresses to date. We will not rehash all of the information from the 2013 Newsletter, and I refer you to that

document on the ISS web site for your review.

There will be a Pre-Congress Workshop on Endoscopic Thyroidectomy in Soft Cadaver on Saturday, August 22, 2015, at Chulalongkorn University Hospital in Bangkok. Additional information can be found on the WCS 2015 web site.

In addition to the many fine oral and poster presentations, there will be a number of very special lectures during the IAES meeting, including two State-of-the-Art lectures; one given by Ian Hay on Papillary Thyroid Carcinoma Managed at Mayo Clinic During 7 Decades (1940-2009): Lessons Learned from the Continuing Analysis of Temporal Trends and Long-Term Outcomes. The second State-of-the-Art lecture will be given by Akira Miyauchi from Kobe, Japan regarding Clinical Trials of Active Surveillance of Papillary Microcarcinoma of the Thyroid: Is it Good? We are very excited to have Virginia LiVolsi from the University of Pennsylvania to give our Peter Heimann Lecture. The title of her talk will be The Pathologic Prognostic Factors in Thyroid



*King Chulalongkorn Memorial Hospital,  
Faculty of Medicine, Chulalongkorn  
University, Bangkok, Thailand*



*Thai dancing performance*

Carcinoma: What the Clinician Should Expect. President Chen-Hsen Lee will be giving his Presidential Address on Endocrine Diseases in Traditional Chinese Medicine. On Sunday, August 23, 2015, Jerry Doherty will once again moderate Interesting Case Presentations, and he will be contacting the membership directly regarding the submission of abstracts for this always well attended session. During one of the lunch breaks this year, there will be a combined ISS/IAES session on Endocrine Disorders that will be offered free of charge to all members. ISS/SIC President Nopadol Wora-Urai will be giving his Presidential Address on Monday morning, August 24, 2015, followed by the Martin Allgöwer Lecture. An exciting IAES banquet is scheduled for Tuesday evening, August 25, 2015. On Wednesday evening, Thai Night will occur at the Sampran Riverside (formerly Rose Garden).

A number of awards and travel grants will once again be given out by the IAES, and I refer you to our web site for addi-

tional details. Don't forget that the abstract deadline for oral presentations and posters will be January 12, 2015. The grading process will end some time in February, and by March 31, the Travel Scholarships will be announced.

Two sad notes to report, we all mourn the recent loss of our colleague and friend, Michael Brauckhoff, who died suddenly last September. One of the awards and one of the travel scholarships will be given out in his memory. For those who wish to make monetary donations to the IAES in his memory, please contact me directly. We are also saddened to report that President elect Jean Francois Henry has announced that he will be unable to fulfill his duties as the incoming President of the IAES. This decision was made for very personal reasons, and we must all respect his wishes. Undoubtedly, he would have been a wonderful President, given his devotion to the IAES since its inception. We all wish him well going forward.

From Chen-Hsen Lee and myself, as well as the IAES Council, we want to wish you a very happy holiday season and bright new year ahead. We look forward to seeing you in Bangkok.

Chen-Hsen Lee  
President IAES

Geoffrey Thompson  
Secretary-Treasurer IAES



## News from IATSIC



Charles N. Mock,  
President IATSIC

It is an honor for me to take over as President of IATSIC, from Past President Selman Uranues. I have greatly enjoyed working with him and admire his accomplishments as President. I look forward to continuing to benefit from his advice. I also greatly look forward to the next two years and hope that I can serve IATSIC and its members well.

IATSIC exists primarily for the purposes of communication, education, and advocacy.

**Communication** occurs via our biannual meetings during the World Congress of Surgery (WCS – formerly the International Surgical Week), through articles published in the World Journal of Surgery, and through our website. Such communication is intended to allow exchange of information and experience among the specialties represented in our target audience, and across geopolitical and socioeconomic borders.



Elephant riding in Ayudhaya, Thailand

- The last IATSIC meeting was held in August, 2013, in Helsinki, Finland. The next World Congress of Surgery, again with a full four-day IATSIC meeting, will be in Bangkok, Thailand, in 2015. These meetings cover the full spectrum of trauma and emergency surgery and critical care with top speakers and lively discussions. **I encourage all of you to mark your calendars and plan to come to Bangkok August 23 – 27, 2015. Please keep in mind that the abstract deadline for free papers is January 12, 2015.**
- The World Journal of Surgery, published by ISS, includes material from IATSIC as an integrated society in the form of academic publications.
- The IATSIC website: [www.iatsic.org/](http://www.iatsic.org/). Please check here regularly for the newest information on the IATSIC/WCS meeting in 2015 as it becomes available.
- This year, IATSIC was also a participant in the World Trauma Congress, held May 24 – 27, 2014, in Frankfurt in collaboration with the European Society for Trauma & Emergency Surgery and 44 other trauma related professional societies.

**Education** is provided by IATSIC through the media mentioned above, and importantly, in the form of the National Trauma Management Course (NTMC) and Definitive Surgical Trauma Care (DSTC) courses. NTMC is primarily run in the Indian sub-continent, with occasional additional courses in countries around the world. DSTC is offered regularly throughout the world, with DSTC programs running in 28 countries (including at least one on every continent).

**Advocacy.** In collaboration with the World Health Organization and surgeons and other trauma care clinicians from every continent, IATSIC has created several publications that give details on minimum standards that should exist for trauma care services and for the related human resources (skills, training, staffing), physical resources (equipment, supplies, infrastructure), and administrative mechanisms

to assure quality at the range of hospitals in countries at all economic levels. These include: *Guidelines for Essential Trauma Care and Guidelines for Trauma Quality Improvement Programmes*. In an effort to further promulgate the recommendations in these publications, IATSIC and WHO have gone on to create a set of instructional materials for two separate short (2 – 3 day) courses: one on trauma quality improvement and the other on trauma system planning. These instructional materials, including PowerPoints, handouts, and facilitator's guide are freely available on the WHO website to whoever might want to use them. [http://www.who.int/violence\\_injury\\_prevention/capacitybuilding/courses/en/index.html](http://www.who.int/violence_injury_prevention/capacitybuilding/courses/en/index.html)

During the past several years, IATSIC members and WHO staff have used these materials to conduct courses on QI and/or trauma system planning in: Kenya and India (by WHO); Liberia, Togo, and Ghana (through the West African College of Surgeons); Paraguay, Colombia, Chile, and Panama (through the PanAmerican Trauma Society); Malaysia (through the Asia Pacific Trauma Quality Improvement Network-APTQIN); and Thailand (through APTQIN and the Royal College of Surgeons of Thailand).

I would be happy to communicate with anyone personally regarding our conferences, courses, or advocacy work, or anything else related to IATSIC. Please feel free to get in touch with me at [cmock@uw.edu](mailto:cmock@uw.edu) for any questions on these activities.

With best regards,

Charles Mock  
President IATSIC

# News from IASMEN



*José E. Aguilar-Nascimento,  
President IASMEN*

Dear IASMEN Member

The next meeting of IASMEN will take place in conjunction with the World Congress of Surgery to be held at Bangkok in August 2015. Our 2013 biennial meeting in Helsinki was a successful one with increased attendance in comparison with the meeting in Yokohama in 2011. Several combined sessions with other partner societies such as ISDS and IATSIC made the scientific program more robust and the social events most pleasant.

As for Bangkok, we will be improving even more the quality of the scientific program. IASMEN has been devoted since its foundation to discuss the inferences between trauma and surgery with metabolism and nutrition. In the last decade our scientific program has included sessions on

enhanced recovery after surgery (ERAS) protocol and bariatric surgery. In Bangkok the Patiño Lecture, a traditional lecture at IASMEN meetings, will be held by Professor Dan Waitzberg from Brazil. He is an Associate Professor with the University of São Paulo, Brazil, an international speaker in nutritional therapy and also an experienced researcher in nutritional sciences with more than 150 papers published. His lecture will cover an interesting issue regarding malnutrition and its repercussion at the perioperative period.

We have experienced an increase number of free papers and posters in our last congresses. The free paper and poster sessions featured a large number of high quality original papers. The IASMEN best paper prize session was well attended, and the panel of judges had tough time discussing and finally choosing the prize winner out of a number of equally high quality presentations. Since the Helsinki Congress IASMEN established the Graham Hill Prize which awards the best paper presented. Please contribute with IASMEN by submitting your paper. The deadline for the submission of Abstracts for WCS 2015 is January 12, 2015 (Noon GMT).



*Wat Phra Kaeo, Bangkok*

Along with me and Andrew Hill, our President elect for the 2015–2017 term and currently our member at the Scientific Programme Committee all other IASMEN officers (Takashi Higashigushi from Japan, Steven E Wolf from USA, Dileep Lobo from UK, Joji Kotani from Japan, Olle Ljungqvist from Sweden and Harumasa Ohyanagi from Japan) will be eager to have you on board in Bangkok.

We will do our best to keep you informed and updated with the forthcoming Bangkok Congress. If you have questions in regard of IASMEN please do not hesitate to contact me at my email – [aguilar@terra.com.br](mailto:aguilar@terra.com.br). I will be happy to help you at IASMEN.

Your serving President  
Jose Eduardo de Aguilar-Nascimento



*Wat Phra Kaeo, Bangkok, Thailand*



## News from BSI



*Sarkis H.  
Meterissian,  
President BSI*

Breast Surgery International had the privilege of being invited to participate in the 2014 Sanjay Gandhi Postgraduate Institute of Medical Sciences (SGPGI) course under the auspices of the Association of Breast Surgeons of India (ABSI). I have asked former BSI Executive Council member, Gaurav Agarwal, to describe the course and our involvement:

**The SGPGI Breast Course-2014** was held at SGPGIMS Lucknow, India on the 8 – 9 February 2014. The course was organized by the Department of Endocrine & Breast Surgery, as part of the silver-jubilee celebrations of SGPGIMS, under auspices of **SGPGI Breast Health Program & Association of Breast Surgeons of India. Breast Surgery International** co-sanctioned this course, and supported it by facilitating participation of two overseas BSI guest faculty, namely Mikael Hartmann from NUHS Singapore; and Omar Youssef from NCI Cairo, Egypt and Secretary BSI. In addition, BSI was represented by SVS Deo from New Delhi, India, and a council member of BSI, and a large number of BSI members from India. The course faculty included, besides BSI guest faculty four overseas experts including Susan Troyan from Harvard Medical School, Boston USA; and San-

karan Narayanan from UHNS Stoke-on-trent, UK, and a galaxy of eminent Indian breast surgeons, radiation oncologists, medical oncologists, radiologists, pathologists and other allied specialists. Rajan Badwe, Director TMH Mumbai delivered the key-note address of the course via live-teleconferencing. The course was attended by 73 faculty (including 14 faculty of the Breast Pathology Symposium) and 323 delegates (including 124 delegates of the Breast Pathology Symposium) from various parts of the country. Altogether, 19 Indian states and two union territories were represented by the delegates. In addition, 7 overseas delegates from UAE, Bangladesh and Nepal participated in the course.

The morning session on the first day of the course was devoted to the **ABSI Skills course workshops on “Breast Imaging and percutaneous interventions”** and **“Venous access and chemoports in breast cancer patients”**, which were very popular. Simultaneously, the **Breast Pathology symposium** was held in the morning of the 8<sup>th</sup> of February. A wide spectrum of breast pathology related issues including model breast cancer pathology reporting, ER, PR and HER-neu testing protocols and uniform reporting, as well as pathological evaluation of the sentinel lymph nodes were discussed by expert pathologists and surgeons. In the afternoon session, breast lump evaluation, breast imaging and diagnosis of breast cancer were discussed, followed by lectures on extent of surgery, and optimal breast cancer management protocols. Basic breast surgical procedures includ-

ing mastectomy, axillary dissection and adjuvant treatment were addressed by eminent faculty. Video lectures on breast conservation, skin sparing mastectomy and other procedures were received with great interest by the audience. Thirty free posters were presented by young surgeons and radiation oncologists, 15 of which were short-listed as competition posters. The 5 best posters were chosen for presentation in the competition paper session, and the two best were awarded.

The second day of the SGPGI Breast Course started with sessions on oncoplastic breast surgery, breast reconstruction, management of the axilla and sentinel lymph node biopsy. Relevance of breast conservation treatment in Indian patients was the subject of a keenly debated panel discussion. Adjuvant systemic treatment for breast cancer was extensively discussed in lectures by expert medical oncologists, as well as in a Panel discussion on “Optimal systemic treatment in Indian context”. Other topics discussed included “Molecular profiling and its implications on management of breast cancer”, “Debate on utility of sentinel lymph node biopsy in Indian patients”, and “Nutritional needs of a breast cancer patient”. A breast quiz for post-graduates was keenly contested by 45 participants, and the best three performers were awarded prizes. The last session of the course included five breast surgery master videos.

In order to encourage participation of young surgeons and oncologists, the course organizers offered **“Travel Grants”** to all those who had their abstracts accepted for presentation at the course. Course participants were given a questionnaire to rate the scientific contents and provide feedback. The majority of participants found the scientific contents of excellent quality. Some of them have provided feedback that the time for discussion may have been less than optimal. Some surgical residents and practicing surgeons expressed the need for hands-on surgical training sessions—something that seems impractical for such a short course.



*Bangkok at sunset*

The contributions of the BSI guest faculty were widely appreciated by participants for their quality and relevance to local practice. The course also provided a great opportunity for the faculty and participants to make new friends and renew old friendships. The social evening "Shaame-Awadh" which provided a glimpse of the "Lucknawi Tehzeeb"-culture, and the famed Oudhi "Music and Dance" and "Zaika"-culinary delights was enjoyed and appreciated by one and all.

The course organizers are thankful to the BSI and the BSI guest faculty, and hope the society would continue this support to our future courses as well.

This course as well as others that BSI has agreed to help with are key elements in our mission to improve the management of breast diseases and to participate in educational activities internationally.

Sarkis Meterissian  
President BSI

## Report

Breastanbul is the first international comprehensive breast cancer meeting that gathered some 450 participants during 3 days in October in Istanbul Turkey. The conveners were Cihan Uras and Bahadir



Gullguoglu from two of Istanbul's medical universities. Bahadir Gullguoglu is a long-standing BSI member. The meeting was co-sponsored by Senaturk, Europa Donna, FIBA Turkish basketball federation. BSI held a full day state-of-the-art course in collaboration with the conveners and the invited faculty. In addition to this state-of-the-art course, the rest of the congress focused pragmatically on the importance of collaboration and communication among the professionals around breast cancer patients and the benefit and spin-off effect of having a team approach to breast cancer care. Elisabeth Bergsten-Nordström, president of Europa Donna gave an overview of 20 years' achievements of Europa Donna (founded by BSI first president Umberto Veronesi in 1994).

A panel discussion displayed the patients' journey from diagnosis to treatment and how the patient was in the hands of a sole member of either the diagnostic or the therapeutic members. One patient advocate told her story where she had been

her own navigator and met three oncologists before deciding on the treatment, whereas Shawna Willey from Washington, DC told about the patient navigator and the social worker who at an early stage met with the patient in her unit.

Half a day session was devoted to breast care nurses where Senaturk has been active in the educational process.

Parallel sessions focused on breast imaging, radiotherapy and plastic reconstructive surgery. Panel discussions regarding treatment of DCIS, pro and con debates were held where controversial issues were brought up, for instance MRI and the evidence behind it. The proponent Christine Kuhl argued that MRI as a diagnostic tool provides information not treatment and therefore no more evidence is needed. Ben Anderson, on the other hand, from the USA argued that the cost does not motivate MRI routinely including the number of biopsies that are done for incidental MRI findings.

In addition, the panel session discussions and the informal opportunity to exchange ideas with colleagues were always enriching. The Turkish hospitality was overwhelmingly warm.

Shawna Willey, Omar Youssef and Kerstin Sandelin

## News from ISDS



*Tonia M. Young-Fadok, President ISDS*

Dear ISDS members and GI surgery colleagues

We are truly excited about our ISDS program at the World Congress of Surgery in Bangkok! Do please join us as we all share our data, our stories, and our ex-

perience of managing surgical problems around the world. Our program has a wonderful array of international speakers, ranging from the experienced masters of surgery to the younger members who are already breaking new surgical ground. Every aspect of the GI tract will be covered. The sessions will allow for discussion and interaction from the audience with the panel of speakers. We will be joined in many sessions by our gracious hosts from the Royal College of Surgeons of Thailand.

Do please also consider submitting abstracts for the meeting in general, but also for our two ISDS prizes: the Grassi Prize

and the Kitajima Prize. Details online may be found at: [www.wcs2015.org](http://www.wcs2015.org)

The ISDS Executive Committee and Program Committee welcome you to this meeting that is so much more than a gathering of GI surgeons. It is a gathering of like-minded surgeons who will forge strong bonds of collegiality and friendship during the meeting.

With warm regards, and looking forward to renewing old acquaintances and making new ones.

Yours  
Tonia M. Young-Fadok, President ISDS



# News from ASAP



Kelly McQueen,  
President ASAP

## Safe Anesthesia is the Rate Limiting Step for Patient Safety in LMICs (Low and Middle-Income Countries)

The ISS/SIC has been committed to surgical excellence since 1902. In the years since the society's conception, "surgery" has significantly evolved, progressed, and in most cases, improved. Initially, surgical outcomes were often negatively influenced by anesthesia. At one time, of course, both the anesthesia and the operative procedure were delivered by the surgeon, and the outcomes of both were poor, but the best available. As the science, pharmacology and professionalism of anesthesia evolved, and the presence of a separate trained professional for anesthesia became the standard of care, surgical outcomes improved. The sophistication of surgery since the 1950's in developed countries occurred in tandem with advances in pharmacology and physiologic monitors in anesthesia. In fact the outcomes related to cardiac and neurosurgery were and are intimately linked to the contribution of safe and highly specialized anesthetic techniques, perioperative optimization and intensive care.

In the 21<sup>st</sup> Century, 234 Million operative procedures are performed worldwide, and 38% of the Global Burden of Disease (Recent Disease Control Priorities in Developing Countries, 3rd Edition estimates) is potentially impacted by surgical intervention. Most often however, the essential contribution of appropriate and safe anesthesia to global surgery outcomes is overlooked, but history recalls the reality and danger of focusing only on surgery (Table 1). Lack of inclusion in the global surgery discussion is not due to a lack respect for and recognition of the important contribution of safe anesthesia and perioperative care. Rather it is largely due to the assumption that excellent anesthetic care

is part of the package of surgical care, and that a trained anesthesia provider, appropriate medications, safety monitors and post-operative care will be available where operative procedures occur.

Unfortunately, in LMICs an epidemic of absent or poor anesthetic care exists, and surgical outcomes are poor and perioperative mortality (POMR) is unacceptably high. Much attention in the last 10 years has focused on the role of surgery in global health, and the crisis of few surgical providers and resources in LMICs. In reality the crisis of few trained anesthesia providers and the related infrastructure required for safe anesthesia is far worse in most LMICs than the surgical gap. Mortality specifically related to the provision of (unsafe) anesthesia is unacceptably high in many countries in Africa (Table 2), and may in fact negate the benefit of the operative procedure for many surgical conditions. Tragically this is especially true for the care of children for in LMICs. With very few anesthesia providers trained in the special care of children during surgery, the related mortality rates are even higher than those reported in adults.

As the global community realizes the important role of surgical intervention in preventing disability and death in LMICs, there must be a renewed commitment to the presence of excellent, safe anesthesia in every operative setting. In 2010 the Lancet reported that 2 Billion people worldwide lack access to emergency and essential surgical care, and that 35 Million anesthetics are performed without pulse oximetry (and usually oxygen) annually. Providing surgical interventions for this large population will prevent death and disability from trauma, cancer, childbirth and surgical emergencies. But without the provision of safe anesthesia, surgical outcomes will be unacceptably poor. Just as surgeons in resource-rich countries demand excellent perioperative and anesthetic care for their patients, the global public health community, governments and local surgeons must demand the same. Safe anesthesia is a prerequisite for successful surgery with good outcomes.



Nature in Thailand

The ISS/SIC through the Alliance for Surgery and Anesthesia Presence (ASAP), is committed to reinforcing the essential role of the surgical team, emphasizing safe anesthesia, in the provision of safe surgical care. During the World Congress of Surgery WCS 2015 a collaborative panel will present the global state of patient safety and next steps for improving outcomes.

The 6<sup>th</sup> Integrated Society of the ISS/SIC, ASAP was inaugurated in August 2013, and represents anesthesiologists, perioperative specialists, surgeons and intensivists committed to advocacy for and provision of safe anesthesia and surgery in LMICs. Please join this integrated society today!

Kelly McQueen, President ASAP

Table 1  
**Anesthesia and Perioperative Mortality**

	Prior to 1970	Since 1990
Anesthesia-related mortality per million population	357	34
Perioperative mortality per million population	10,600	1170

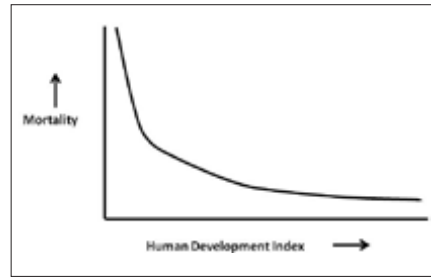
Perioperative Mortality from Bainbridge D, Martin J, Arango M, Cheng D, Evidence-based Peri-operative Clinical Outcomes Research G. Perioperative and anaesthetic-related mortality in developed and developing countries: a systematic review and meta-analysis. Lancet 2012;380:1075-81.

Table 2

**Anesthesia-related Mortality in Low-Income Countries**

Country	Anesthesia-Related Mortality/1000 Population
Australia (2010)	0.0005/1000
Zambia (1988)	0.5/1000
Malawi (2000)	2/1000
Zimbabwe (2005)	2/1000
Togo (2005)	9/1000

Figure 1  
**Perioperative Mortality versus National Resources**



Dutton R. 2013. American Society of Anesthesiology, Anesthesia Quality Institute. (Used with permission)



*Idyllic riverside in Thailand*

## Obituary for Univ.-Prof. Dr. med. Dr. h.c. Christian Herfarth



**12.08.1933 – 02.09.2014**  
*Christian Herfarth †,*  
*ISS/SIC Honorary Member*

It is with great sadness that the International Society of Surgery has to announce the passing of Christian Herfarth, Director emeritus of the Surgical University Clinic Heidelberg. He was one of the most important contemporary surgeons and Honorary Member of our society.

After his birth in Breslau (today Wroclaw, Poland) he received his school education in seven different cities and graduated for university in 1952.

Being the son of a surgeon himself, he studied medicine from 1952 until 1958 in Tübingen, Vienna, Hamburg and Heidelberg. He received his doctoral grade

with “summa cum laude” in 1957. After one year of education in the Pathological Institute at Heidelberg he received his surgical training under Prof. Schwaiger in Marburg and Freiburg. During this time he got board certified for Surgery in 1965 and in Paediatric Surgery in 1970.

Herfarth received his habilitation degree (Privatdozent) in 1966 in Marburg and became subsequently Assistant Professor of Surgery (Oberarzt). His professoral degree as Extraordinary Professor of Surgery was awarded in 1972 after having spent a scientific period of 6 months with Prof. Starzl in Denver, Colorado.

In 1973 he became Chairman of the Department of Surgery at Ulm University, subsequently 1981 at Heidelberg, where he succeeded Prof. Fritz Linder.

He was a master of his kind. His personal expertise was surgery as a whole, but his most important influence was related to surgical oncology, chronic inflammatory bowel disease, organ transplantation and endocrinology. He had the firm opinion that surgeons have to understand the basic scientific and molecular biological aspects of their work. In this sense, he created a Section of Molecular Diagnostics and Therapy in Surgery within the German society for surgery and spon-

sored innumerable scientific fellowships of his residents abroad, namely the universities of Texas at Houston and at Harvard. He created a professor position for surgical oncology, interdisciplinary structures involving other medical disciplines, the German Cancer Research Center and the European Molecular Biology Lab. It was namely his effort which resulted in the start of the Liver Transplant Program at the Surgical University Hospital in 1987.

Christian Herfarth received innumerable honors, the most relevant ones are listed here:

- Dean of the Faculty of Clinical Medicine in Heidelberg 1989 – 1991
- President of the German Society for Surgery
- President of the German Society for Gastroenterology, Digestive and Metabolic Diseases



*Christian Herfarth and Norbert Senninger*



- President of the German Society for Senology
- President of the German Cancer Society.

He became Honorary Member of the American College of Surgeons, the Royal College of Surgeons of England, the French, Greek, Austrian, Polish and Swiss Societies for Surgery and The International Society of Surgery.

He was Senator of the Leopoldina, of the German Research Association (DFG), member of the Jung-Stiftung and received the Ernst-Jung-Medal and the Johann-Georg-Zimmermann Medal, very prestigious awards in German and international surgery. Finally, he received the Bundesverdienstkreuz erster Klasse for the superb results of his surgical life.

Many successful students of Christian Herfarth's surgical school are carrying on with his principles in leading academic and non-academic surgical positions these days. He was an academic surgeon at his best, full of scientific interest and a magnificent operator. He was a true mentor for his students.

His principles were surgically clear:

1. As an academic surgeon you always have to be ready to support and initiate cultural revolutions in your field.
2. Make an early decision for your professional career.
3. The scientific identity is only nourished by life-long academic efforts and productivity.
4. Interdisciplinary concepts in medicine

and in basic research are the strongest and most successful propulsive entity.  
5. Perseverance for one's aims pays off.

Christian Herfarth always said: "Surgery must stay young, not the surgeon himself!" He, our idol, mentor and motor, will never be forgotten.



Norbert Senninger, Germany

## Did you know.....?

### A surgical giant, Founding Member and President of ISS/SIC: Johann Friedrich de Quervain (1868–1940)



By Ulrich Troehler, Switzerland

#### JOHANN FRIEDRICH de QUERVAIN

Born the first of ten children of a German-speaking Swiss clergyman and his Francophone wife, de Quervain studied medicine in Bern, Switzerland (1887–92). He was a student-assistant with the Pathology and Physiology Institutes of the University of Bern, having understood the importance of insight in these two disciplines for the development of surgery then in full swing. This was clearly his preferred field and he resolutely entered it: After graduation and a study trip through Germany, he worked for two years under the Bern professor of surgery, Theodor Kocher, whose international reputation was about to rise in these years. (Kocher was to become the president of the first

congress of the Société Internationale de Chirurgie (SIC) in 1905; Liebermann-Meffert and White (1999). In 1894 already de Quervain assumed his first independent post as chief surgeon at the City Hospital of La Chaux-de-Fonds near the French border.



Johann Friedrich de Quervain

The combination of the strictly methodical approach to clinical problems, as taught by Kocher, and the more "intuitive" one of the French school, that he now experienced, was the secret behind the international success of his *Treatise of Surgical Diagnosis* published in six languages and ten German editions (from 1907). He also wrote on stenosing tendosynovitis of the

thumb muscles, still known to-day as de Quervain's disease by (hand) surgeons (de Quervain 1895; Boyes 1976), and sub-acute inflammation of the thyroid (giant-cell thyroiditis), still referred to-day as de Quervain's disease by endocrinologists in internal medicine (de Quervain 1902).

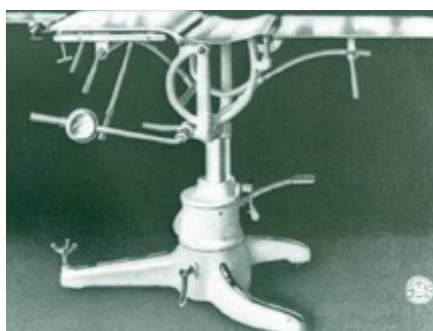
In 1910 de Quervain was appointed to the chair of surgery in Basel, Switzerland. Having declined an offer to the University of Geneva he ultimately succeeded Kocher as professor of surgery in Bern (1918–1938). As Owen Wangensteen, himself a very notable American surgeon and historian of surgery noted:

*"Short of stature, of true professorial mien with a great breadth of knowledge, courteous and friendly in manner, and of good humour without the all too obvious imperiousness of many of his German counterparts, Professor de Quervain presided over his interesting surgical clinic nestled between beautiful Swiss mountains and attractive scenery, like a benign English squire."* (Wangensteen 1969).

He died in Bern in 1940, two years after his retirement.

During the Bern years he wrote standard monographs on goiter and cretinism. He was among the first to systematically compare pre-operative radiological with intra- and postoperative anatomic-pathological diagnoses. He elaborated therewith the radiologic diagnosis of gastro-intestinal diseases before WWI. Furthermore, de Quervain was scientifically responsible for the eminently successful full-scale introduction of iodized salt for the prophylaxis of endemic goiter in Switzerland (as from the 1920s), not to mention his distinguished work as a medical historian.

A remarkable accomplishment was his methodical approach to the evaluation of surgical interventions. Atypically for his time, when surgical statistics usually showed merely operation results, de Quervain assessed, retrospectively, the outcomes of 6116 attacks of acute appendicitis from the surgery units against those from the medical departments within several Swiss hospitals. Using the timing of operation after onset of symptoms rather than clinical-pathological criteria as variable, he showed the superiority of prompt operation in terms of lethality, disponibility of hospital beds and, quite remarkably for his time, with respect to costs (de Quervain 1913). This settled a decade-long controversy. In a sophisticated prospective approach with a retro-positioned onset running over ten years, he then attempted the same for breast cancer. This study compared radical mastectomy with internal treatment. The analysis, in collaboration with a professional statistician,



*de Quervain's Operating Table with characteristic movable plates, presented at the first Congress of the SIC in Brussels in 1905.*



*de Quervain (front row, middle) as president of the SIC Congress in Madrid 1932*

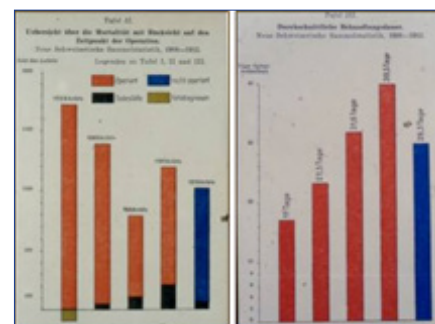
related survival times of both groups to life expectancy in healthy women at the time of diagnosis. This study was in its methodical design the first of its kind in the international surgical literature. The results, too were new in both their mathematical basis and the frankness of relativizing the value of radical surgery (de Quervain 1930).

The impact of de Quervain's personality must be attributed, in addition, to his general education, which was by no means limited to the medical sphere, and to his complete assimilation with two language-cultures – German and French, and this in a man who set himself most stringent moral standards. This can best be seen in the role he played in restoring the *Société Internationale de Chirurgie* which had become divided according to nationalistic political camps.

Founded in 1902 in Brussels and having its seat in the Belgian capital the *Société* was particularly hurt by the German occupation of Belgium at the onset of WWI. This had been carried out without any respect of the Belgian neutrality. A consequence was the exclusion of the members of the former Central Powers, that is Germany, the successor states of the former Austro-Hungarian empire, Bulgaria and Turkey) at the first postwar meeting in Paris in 1920. This exclusion was in accordance with the decisions taken by a conference of the scientific academies of the Allied Countries in London in 1918. These decisions meant an obvious scission of the scientific world. This was a new phenomenon in the history of science.

It was at this moment that de Quervain took the initiative in promoting international student exchanges within Europe and, after a visit there in 1921, with the USA, being convinced that future generations would be capable of bridging the still widening gap between nations separated by opposite national interests and prejudices. His visit to the USA allowed him to see the European problems in a fresh light and to establish valuable professional and personal relationships. He started publishing regularly in English as well, as he had always done in German and French. He regarded science as an international, indeed, supranational, venture.

Immediately after the Paris meeting of the *Société* he took the first steps to re-unify it. Subsequently he was nominated its official mediator. His work was rendered more difficult by the continual intrusion of day-to-day political events during these nationalistically overheated times. Time



*Statistics comparing mortality (left, black) and duration of hospital stay (right) after operative (red) vs. conservative (blue) treatment of appendicitis acuta (de Quervain 1913).*



and again these caused the loss of hard-won ground. Finally, after twelve painstaking years that had involved innumerable personal contacts, journeys, letters, telegrams his efforts were crowned by the first truly international post-war congress of the Société held in Madrid in 1932, with himself in the chair (Tröhler 1973).

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## Information by the ISS/SIC Administrative Office and Scientific Secretariat WCS 2015

Enclosed you will find the membership dues invoice 2015. Needless to mention that our Treasurer, Sats Pillay, will appreciate your timely covering of dues. In view of very high banking charges for cashing cheques in Switzerland, we cannot accept this form of payment anymore.

The new contract with Springer Verlag has been signed and will be valid until the year 2022. It is planned that starting with 2016, only the online version of World Journal of Surgery WJS will be included in the membership fee. Already now, you may decide whether you will want to still receive the printed version of WJS in 2015 or not. Please return the enclosed questionnaire to our office, thus helping to keep mailing expenses at a reasonable level and to reduce the waste of paper.

The bid process for World Congress of Surgery 2019 in the region of Europe/Africa/Middle East is in progress (already 9 bids have been received) and will close on December 31, 2014.

Also the application process for new Honorary Members and Prize Winners

will end on December 31, 2014. We like to recall that detailed information and the application form is available at the ISS/SIC homepage ([www.iss-sic.com](http://www.iss-sic.com)). National Chapters or individual groups may send us completed applications for nomination of candidates.

The Abstract Center WCS 2015 has been opened in September 2014 and submissions actually flow in. We expect that a great number of abstracts will be received here at the Scientific Secretariat WCS 2015 – your efforts to encourage interest and submission, however, are very much appreciated. **The deadline for the submission of abstracts is: January 12, 2015** (noon GMT)

The ISS/SIC Executive Committee has at their meeting in October 2014 in San Francisco approved the endorsement of the **guidelines for surgeons on establishing projects in low-income countries** as set up by the International Development Committee of the Association of Surgeons of Great Britain and Ireland ASGBI.

In July 2014 the University of Cape Town, South Africa hosted the inaugural meeting of the International Association of Student Surgical Societies IASSS. This landmark event has already blazed the path for student-led surgical education on a global scale and will go down in history as a great leap forward into new realms of global student collaboration and resource availability. The symposium was, amongst others, supported and endorsed by ISS/SIC.

We take the opportunity to wish you all the best for the forthcoming Holiday Season and the incoming 2015.

### INTERNATIONAL SOCIETY OF SURGERY (ISS/SIC)

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# WCS 2015

**46<sup>th</sup> WORLD CONGRESS OF SURGERY**  
**INTERNATIONAL SOCIETY OF SURGERY**  
(formerly International Surgical Week)  
**23-27 AUGUST 2015, BANGKOK, THAILAND**



## 46<sup>th</sup> World Congress of Surgery

**International Society of Surgery (ISS)**  
**Soci t  Internationale de Chirurgie (SIC)**

**23-27 August 2015**

Bangkok Convention Center, Centara Grand at Central World  
Bangkok, Thailand

Jointly organised with

**Royal College of Surgeons of Thailand**  
**and the ISS/SIC Integrated Societies**

International Association of Endocrine Surgeons (IAES)  
International Association for Trauma Surgery and  
Intensive Care (IATSIC)  
International Association for Surgical Metabolism and  
Nutrition (IASMEN)  
Breast Surgery International (BSI)  
International Society for Digestive Surgery (ISDS)  
Alliance for Surgery and Anesthesia Presence (ASAP)

[www.wcs2015.org](http://www.wcs2015.org)

Deadline of on-line Abstract Submission is strictly  
January 12, 2015



*Left to right: Marianne Itin, Jean-Claude Givel, Marianne Bertschi, Chris Storz, Victor Bertschi*

December 2014