



Newsletter

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

Summer 2013

News by the President ISS/SIC



*G ran  kerstr m
President ISS/SIC and ISW 2013*

We are now rapidly moving closer to ISW 2013 in Helsinki, which will become a great event for so many of the worlds surgeons. The number of registrants is still increasing, and we all owe the deepest gratitude to office members and the local organizers, who have made the most serious efforts and strains to run a successful Conference. I can assure that the program will exceed expectations, due to great ambitions of all the Integrated and Participating Societies, and individual members, who will participate with many important presentations, or just give their continued loyal support for international surgery.

The ISS/SIC is the most international of Surgical Societies. We are all aware of a profound shift in global disease pattern, where non-communicable diseases (NCDs) and injuries are recognized as major causes of death and disability. Five million people perish yearly from injuries and



ISS/SIC-Emblem "The Lady on the operation Table" first published in 1955

Summer 2013

almost 8 million from cancer, which doubles that of HIV, TB and malaria combined. Millions more suffer from disability as result of NCDs, injuries and malformations. Millions of lives could be saved if basic services for surgery and anesthesia, and systems for care of the injured, are strengthened in low and middle income countries (LMIC), as well as in countries of transition. Many cancers like breast cancer, GI cancers, urologic, pediatric, and endocrine diseases need urgent treatment. The fatalities and disabilities of surgical disorders often affect productive individuals of a society, and greatly increase the economic burden on developing countries. Basic, essential, and life-saving surgical care, do not exist in many parts of the world. World disasters, as we have experienced recent years, increase demands on a world-wide integrated global response and partnership, for which the ISS/SIC may play an important role.

With this background I am proud to announce that the Executive Committee of ISS/SIC fully recommends the inclusion of the Alliance for Surgery and Anesthesia Presence (ASAP) as the 6th Integrated Society to the General Assembly in Helsinki. The ASAP was organized in 2006 with the aim to improve the role of surgery within global health by representing university organization, membership societies, and the WHO. The goal of ASAP has been to help build up and study surgical capacity in global health systems, and the organization now serves more than 400 members, including surgeons, anesthesiologists, emergency physicians, obstetricians, public health specialists, nurses, and allied health professionals. Many are recognized volunteers within their different professions, with experience from delivery of surgical care in LMIC countries. The inclusion of ASAP as Integrated Society is expected to help the ISS/SIC and the other Integrated Societies to contribute to global surgical education, according to variable needs in the developing world. If any of you who are currently already ISS/SIC member share the interest to support global surgery, or just want to support the integration of ASAP, it is possible to be member also in the ASAP to a limited additional cost. The ASAP Inaugural Meeting will take place on Monday afternoon, August 26, 2013 at 16.00 in Room 103b at

the Helsinki Congress. All congress participants who are interested in ASAP are kindly invited to join this session.

To further recognize a role for the ISS/SIC in international surgical education, it was suggested at the ISS/SIC Executive Committee meeting that the integrated Societies and the Academy should work in collaboration, with the Academy created under the leadership of the ISS/SIC. A separate Committee was established by me as President to assure that an Education Foundation belongs to the ISS/SIC, and that influence with regard to education or funds remains within the ISS/SIC organization. With all mutual respect, independent teaching missions of each of the Integrated Societies with international reputation should be promoted, and collaboration between Societies stimulated in liaisons for global education with other surgical Societies and Colleges.

In my capacity as President I have recently together with the ISS/SIC Executive Committee supported that a WHA resolution should be considered to state that surgical care and anesthesia are important components to global health. To further support that such a resolution for surgery will eventually be considered, it has been suggested as an additional theme of ISW 2013. Together with the IATSIC President Selman Uranues, a special session has been organized at ISW 2013, entitled "Global Trauma and Humanitarian Surgery programs – International Leaders' Session", Wednesday

August 28, at 16.00–18 (19.00). The session will be held instead of the Presidents dinner, and the aim will be to promote a role of the ISS/SIC for global trauma and essential surgery, and indirectly support a WHA resolution for surgery. The program will point out needs and programs of care in invited lectures, and will give room for discussions with international leaders and representatives from LMIC countries. The session will be open for anyone, who share interest in global surgery.

This will be my last letter as ISS/SIC President, and I thank all of you for support and trust. I hope matters we have worked with will end up for the long-term best of the ISS/SIC and all Integrated Societies, which should be the important goal and responsibility for all of us.

Göran Åkerström
President ISS/SIC and ISW2013



News by the Secretary General



Jean-Claude Givel
Secretary General

Moving ahead!

Before we meet this August in Helsinki for the International Surgical Week and our society's GA, there are two important matters I would like to share with the ISS/SIC Newsletter readers.

Firstly, to open the society to an increased and widened membership the Executive Committee has decided to define new profiles of members. Young surgeons, as well as scientists will thus be able to join the

International Society of Surgery and belong to categories which have been specifically created for them.

Trainee Surgeons are surgical residents in training, below the age of 40. They will be allowed to join the society and benefit from most of the advantages offered to Active Members, but their annual membership fees will only be half those of their elder colleagues. When reaching the age of 40 or having achieved their surgical training, Trainee Surgeons will automatically become Active Members. If they have not achieved their training by 40, they will then enter the category of Associate Members.

Associate Members, a category which already exists, has been newly defined. This now corresponds to members who are unable to present all requested credentials, doctors who are not involved in a surgical specialty or non-medical scientists. They have the full privileges of Active Members but no voting rights.

The biennial congress of the ISS/SIC is named "International Surgical Week". From 2015 onwards, this designation will be changed to become again the "World Congress of Surgery". This move will surely be more attractive and effective. It will also bring the congress closer to the mind of our journal, the "World Journal of Surgery".

Moving ahead is really what the ISS/SIC needs, to remain a leading organization in the rapidly changing world of surgery. We have to attract new members, as well as new regions of the world in which we are still not enough represented and active. Among others, South America and the Arabian Peninsula are two places where we would like to increase our presence in the next future.

Jean-Claude Givel
Secretary General ISS/SIC



ISS/SIC Executive Committee at work

Information from the Administrative Office

At the meetings on March 15 and 16, 2013 of the Nominating Committee and Executive Committee of ISS/SIC, the following decisions have been made. As some of these decisions need to be accepted by vote, others only confirmation or are to the information of all members, the Agenda for the

General Assembly is prepared accordingly. Agendas and statements about the finances as well as copies of this Newsletter will be available at the ISS/SIC & WJS Booth at the congress registration area upon your arrival in Helsinki.

The following information and changes in the constitution have been sent to all members by April 22, 2013 and were published on the society homepage at the same time.

Nominations for new election at General Assembly:

President of the society 2013 to 2015 and Congress President WCS 2015:

President elect 2013 to 2015 and Congress President WCS 2017:

Councillors at large 2013 – 2017:

Nopadol Wora Urai, Thailand

Marco Patti, USA

Andrew Hill, New Zealand

Doris Henne-Bruns, Germany

Re-elections at General Assembly

The initial term of the following Officers in the Executive Committee will come to an end at the General Assembly 2013, re-election for another term will be due for:

Secretary General:

General Treasurer:

Editor in Chief of WJS:

Jean-Claude Givel, Switzerland

Sats Pillay, South Africa

John Hunter, USA

All three officers have confirmed to accept to serve for an additional term of 4 years (2013 – 2017) in their function.

Honorary Awards

The Nominating and Executive Committee of ISS/SIC have also decided about the following definitive elections.

All 7 awardees will be honored at the Opening Ceremony at the Helsinki Congress on Sunday, August 25, 2013.

Honorary Member 2013:

Dorothea Liebermann-Meffert, Germany

Jay Grosfeld, USA

Masaki Kitajima, Japan

Basil Pruitt, Jr., USA

The nominations for the 3 Prize Winners 2013 were presented to the Executive Committee and after discussions the following elections have been confirmed.

ISS/SIC Prize 2013:

Robert Danis Prize 2013:

René Leriche Prize 2013:

Carlos Pellegrini, USA

Harald Tscherne, Germany

David Bergqvist, Sweden



Changes of the Constitution for vote at the General Assembly 2013

Some changes in the actual constitution (see www.iss-sic.com > ISS/SIC > Membership > Constitution) have been worked out by the Executive Committee for presentation and acceptance by vote at the General Assembly at ISW 2013 in Helsinki. Whereas the following changes will be suggested for acceptance "en globo" the acceptance of **The Alliance for Surgery and Anesthesia Presence ASAP** under Section 6 a) needs a separate vote.

Proposed changes of the constitution



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

Constitution

(To be voted and accepted at the General Assembly in Helsinki on August 29, 2013)

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ARTICLE I - NAME

The Organization, which was founded on September 9, 1902 in Brussels / Belgium, shall be named **International Society of Surgery (ISS) / Société Internationale de Chirurgie (SIC)**

ARTICLE II - OBJECTIVES

The objectives of the SOCIETY shall include advancement of the science and art of surgery by research, education and nurturing of surgical practice throughout the world. For implementation of these objectives the following functions are to be provided:

- | | |
|-----------------|--|
| 1 a) | The WORLD CONGRESS OF SURGERY, organized as INTERNATIONAL SURGICAL WEEK (ISW)
This Congress shall have four main objectives: <ul style="list-style-type: none">• to hold the General Assembly with its governing function in all matters pertaining to the administration of the SOCIETY• to present progress and problems of interest to all surgeons• to function as venues for simultaneous meetings of various surgical specialties• to promote scientific exchange between the various surgical specialties by means of joint presentations, panels and workshops |
| 1 b) | The ISS-Academy shall be responsible for all teaching activities, including REGIONAL SCIENTIFIC MEETINGS AND COURSES held under the auspices of the SOCIETY |
| 1 c) | The WORLD JOURNAL OF SURGERY - the official organ of the SOCIETY |
| 1 d) | NEWSLETTERS, keeping a direct personal contact with the individual members |
| 1 e) | BOOKS, MANUALS AND OTHER PUBLICATIONS |

ARTICLE III - MEMBERSHIP

Section 1 - Categories

The category of membership shall be Active, Associate, **Trainee Surgeon**, Senior and Honorary

Section 2 - Qualifications

All members shall be medical doctors **or non-medical scientists** who have received **academic** training in a field of surgery **of life science** and are or have been engaged as their main professional endeavor in a career involving a recognized field of surgery **or life science**, including care of the critically ill and/or recognition of expertise in surgical research. ~~Non-medical scientists involved in medical research related to surgery may also be accepted as members.~~

- | | |
|----|--|
| a) | Active Members (AM) shall be m Medical doctors of good ethical character who have distinguished themselves by well-recognized professional and/or scientific achievements in a field of surgery. Candidates for Active Membership should be members of one of the recognized national societies. Upon recommendation of a National Chapter (or of two Active Members for countries where there is no National Chapter), the Executive Committee can accept nominations for membership of individuals in fields of endeavor related to surgery. For medical reasons an Active Member may request in writing to the Secretary General that his/her dues be waived. |
|----|--|

b)	Associate Members (XM) shall be surgical residents in training or fully trained surgeons in countries without a National Chapter and Applicants who may not present the complete requested credentials (CV, list of publications, 2 regular members acting as sponsors, approval by the National Delegate), doctors who are not involved in a field of surgery or non-medical scientists . Associate Members have full privileges as Active Member but no voting rights. They may not serve as officers of ISS/SIC. The membership fee of Active Members will also apply for Associate Members. Upon completion of the requested credentials or after attending two ISW meetings, Associate Members may apply for regular Active Membership to the Executive Committee by providing all details to the Secretary.
c)	Trainee Surgeons (TS): Surgical residents in training below the age of 40. After this age limit they may become either Active or Associate Members if they have achieved their surgical training or, if not Associate Members. To become a Trainee Member, the candidate has to provide a CV and a Diploma attesting the achievement of his/her medical studies. The membership fee of Trainee Members is half the fee for Active Members.
e) d)	Senior Members (SM) shall be m Members who have retired from active practice of surgery and who have been Active or Associate Members for at least 15 years. They must submit a request for Senior Membership status in writing to the Secretary General directly or through the National Delegate (or Chapter Secretary). For special reasons, the Executive Committee may confer Senior Membership to members having rendered special services to the SOCIETY and who terminate their professional activity after less than 15 years of Active or Associate Membership.
d) e)	Honorary Membership (HM) shall be a Awarded by the Executive Committee. Recipients shall be preeminent surgeons or individuals members of undoubted international reputation and who have rendered distinguished services to the SOCIETY or international surgery . Future Honorary Members do not need to be member of the SOCIETY .
e)	Related surgical societies
	1/ Integrated Societies Members of an Integrated Society enjoy full membership privileges of the SOCIETY with all its rights and obligations. Such societies maintain their identity and structures. Their members are identified in the Membership Roster of the SOCIETY. Integrated Societies with a minimum of 150 Active Members shall delegate one of their members as Councilor with voting rights to the Executive and to the Program Committee of the SOCIETY. Integrated Societies shall be represented on the Editorial Board. (cf. ARTICLE IV, Section 1h, ARTICLE V, Section 2 and 6). Current Integrated Societies are:
-	The International Association of Endocrine Surgeons (IAES)
-	International Association of Trauma Surgery and Intensive Care (IATSIC)
-	The International Association for Surgical Metabolism and Nutrition (IASMEN)
-	The Breast Surgery International (BSI)
-	The International Society for Digestive Surgery (ISDS)
	2/ Associated Societies Associated Societies may participate in the WORLD CONGRESS OF SURGERY, organized as INTERNATIONAL SURGICAL WEEK (ISW), and other meetings organized by the SOCIETY without committing their members to individual Active Membership. Their involvement in the Congress will be regulated by mutual agreement.

Section 3 - Nomination and Election

Nomination and election of candidates shall be as follows:

Active Members (AM), Associate Members (XM), Trainee Surgeons (TS): Names of candidates nominated for **Active** Membership shall be submitted to the Secretary General of the SOCIETY on the standard application form of the SOCIETY. Two Active Members, must confirm the application form in support of the nominee. The support of the applicant by the National Delegate is Mandatory and shall be asked for by the Administrative Office. In case of unavailability of a National Delegate, the application will be directly handled by the Executive Committee of the SOCIETY.

In Chapters of more than 150 Active Members the following procedure applies:

Complete applications for membership, as described in the first paragraph of Section 3, may be reviewed by the National Committee of the Chapter. A recommendation regarding election of each candidate may be made by the National Committee to the membership at a regular meeting.

The Secretary of the Chapter shall promptly forward copies of application forms of candidates, who are approved for membership by the National Chapter, to the Secretary General of the SOCIETY. ~~Candidates who are not approved for membership by the National Chapter shall be reconsidered automatically for membership by the National Chapter for two consecutive years following the initial vote, unless the application is withdrawn.~~ Candidates who fail to gain election may be again proposed by the Chapter after a one year waiting period.

All completed applications of candidates proposed for membership by the Chapter shall be presented by the Secretary General to the Executive Committee of the SOCIETY for confirmation.

In countries without a Chapter, two Active Members from any country may serve as sponsors of direct nominees, and the usual application forms shall be used. An unanimous favorable vote of the Executive Committee of the SOCIETY shall be required for election of such direct nominees to **Active** Membership.

Section 4 - Rights and responsibilities of members

- | | |
|----------|--|
| a) | Active Members (AM) must pay the annual dues established by the General Assembly. They may vote, serve as officers of the SOCIETY and on committees. They shall receive or have access to all publications of the SOCIETY including WORLD JOURNAL OF SURGERY. |
| b) | Associate Members (XM) must pay the annual dues established by the General Assembly. They have full privileges as Active Members but no voting right. They may not serve as officers of ISS/SIC. |
| c) | Trainee Surgeons (TS) must pay the annual dues established by the General Assembly. They have full privileges as Active Members but no voting right. They may not serve as officers of ISS/SIC. |
| e)
d) | Senior Members (SM) are not required to pay the annual dues. They may vote but may not serve as officers. They shall receive or have access to notifications of Congresses and Newsletters. The subscription to the official organ (World Journal of Surgery) may be obtained at special rates. |
| d)
e) | Honorary Members (HM) have all of the rights of Active Members. They are not required to pay annual dues. They shall receive or have access to all of the publications of the SOCIETY without charge. |
| e) | Resignation from the SOCIETY must be submitted in writing to the National Delegate and to the Secretary General at least 3 months prior to the end of the year. Annual dues must be paid in full to the end of the year of resignation. |
| f) | Failure to pay annual dues for 2 years – after due warning in writing annually – will lead to loss of membership. The subscription to the official organ (World Journal of Surgery) will be suspended after the second reminder for owed annual dues. |

Section 5 – Termination of membership

- e) **Resignation from the SOCIETY** must be submitted in writing to the National Delegate and to the Secretary General at least 3 months prior to the end of the year. Annual dues must be paid in full to the end of the year of resignation.
- a) **Failure to pay annual dues** for 2 years - after due warning in writing annually - will lead to loss of membership. The subscription to the official organ (World Journal of Surgery) will be suspended after the second reminder for owed annual dues.
- f) **Failure to pay annual dues** for 2 years - after due warning in writing annually - will lead to loss of membership. The subscription to the official organ (World Journal of Surgery) will be suspended after the second reminder for owed annual dues.

Section 6 - Related surgical societies

a) Integrated Societies

Members of an Integrated Society have to be members of the SOCIETY. They enjoy full membership privileges with all its rights and obligations. Such societies maintain their identity and structures. Their members are identified in the Membership Roster of the SOCIETY. Integrated Societies with a minimum of 150 Active Members shall delegate one of their members as Councilor with voting rights to the Executive and to the Program Committee of the SOCIETY. Integrated Societies shall be represented on the Editorial Board. (cf. ARTICLE IV, Section 1h, ARTICLE V, Section 2 and 6). Current Integrated Societies are:

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- The Breast Surgery International (BSI)
- The International Society for Digestive Surgery (ISDS)
- The Alliance for Surgery and Anesthesia Presence (ASAP)

b) Associated Societies

Associated Societies may participate in the WORLD CONGRESS OF SURGERY, organized as INTERNATIONAL SURGICAL WEEK (ISW), and other meetings organized by the SOCIETY without committing their members to individual Active Membership. Their involvement in the Congress will be regulated by mutual agreement.



News by the LOC ISW 2013



Ari Leppäniemi
President LOC ISW 2013

Dear colleagues, dear friends

The fishing season has started and it's time to relax because we have something really exciting coming up at the end of August, the International Surgical Week 2013, the congress of the year!

By the end of June already 1688 participants from 80 different countries have registered, and more are coming... I hope you can join us on August 25-29 in Helsinki, the "white city of the North".

In August Helsinki is at the place to be; warm and long days, beautiful evenings and lively cultural activities, functional and user-friendly public transport free (tickets for the whole week will be provided to congress participants by the city of Helsinki), live music, superb restaurants and cozy cafeterias, church inside a rock, theatre and opera, ballet, book shops and shopping centers. And even if you are busy at the congress, your spouse/family will have a great time in exploring Helsinki and surroundings...

The congress will be held at the Messukeskus Conference Centre with a scientific program consisting of invited lectures, oral and poster presentations of scientific reports, panels and discussions. All this will provide you the opportunity to update your knowledge and interact with the surgical leaders of the world.

The social program includes the opening ceremony on Sunday evening, the Helsinki night on Monday, a time to relax in informal surroundings with tasty food and a variation of drinks, Finnish style. The theme is

1950s and a band provides live music from the 50s and more... Tuesday night is for society dinners in various nice restaurants in Helsinki. And if you are exhausted by now or just want to spend some relaxing time with your family or friends, Wednesday evening is just for that.

And while you are here, there is a wonderful opportunity to take a few extra days and see a bit of the rest of Finland, with our beautiful lakes, fantastic archipelagos, wilderness and small villages, and the mystery of Lapland... If you have time, Helsinki is a perfect place to extend your visit St. Petersburg, Tallinn or Stockholm.

Get an experience of a lifetime; come to the land after which the land ends (Finland). This would be an unforgettable experience, something you will remember for the rest of your life.

Ari Leppäniemi
President LOC ISW 2013



News from IAES



Robert Udelsman
President IAES

The IAES has organized an outstanding scientific program for ISW 2013 in Helsinki. The program includes interesting case presentations, multiple free paper sessions, luncheon session on the Optimal Management of Cushing's Syndrome, a State-of-the-Art lecture on Minimally Invasive Surgery by W. Chung (Republic of South Korea), IAES Peter Heimann lecture on Primary Hyperparathyroidism by J. Bilezikian (USA), luncheon session on Prophylactic Central Lymph Node Dissection, the IAES Presidential Lecture on The History of the IAES by R. Udelsman (USA), combined IAES/WOFAPS session on Hereditary Endocrine Tumors and Pediatric Endocrine Surgery, a State-of-the-Art lecture on Endocrine Hypertension by W. Young (USA), luncheon session on Neuromonitoring and Laryn-



Geoffrey Thompson
Secretary-Treasurer IAES

gology, and Clinical Skills Video session for trainees. We are pleased to announce that there will be some of Peter Heimann's family members attending the Presidential Address and banquet.

Immediately before ISW 2013, the Swedish Surgical Week is taking place in Uppsala, Sweden. They have dedicated Friday, August 23 as International Endocrine Surgery Day, which will immediately be followed by a Baltic Sea cruise, to reach Helsinki in time for the postgraduate course in Endocrine Surgery. Further information on this can be found at: <http://sfek.se/index.php/kalendarium/baltic-cruise>. Contact Per Hellman if you have any questions.

There were a total of 254 excellent abstracts received, of which a total of 40 oral and 50 poster presentations have been accepted. You can find the IAES preliminary program on the IAES web site <http://www.iaes-endocrine-surgeons.com>. To date, there are 131 IAES members registered for ISW 2013, representing 29 countries.

The meeting will be held at the Helsinki Exhibition and Convention Centre. Transportation is readily available between the conference center and the downtown area. The IAES plans an outstanding banquet to be held at the Crowne Plaza Hotel on Tuesday evening. Be sure to register for the dinner if you have not already done so. For more information regarding ISW 2013, go to the web site at <http://www.isw2013.org>.

The IAES is alive and well, with over 400 members from 49 countries. We continue to be a vibrant organization, and no doubt, this will be demonstrated in the upcoming meeting.

Geoffrey Thompson
Secretary-Treasurer IAES

News from IATSIC



Selman Uranues
President IATSIC

To keep up with the field, I attend a number of professional meetings at the local, regional, national and international levels every year. Each and every meeting makes sense: in research and clinical practice. Yet

even in the age of internet, social media, Skype and video conferencing, nothing can yet replace personal communication and interaction for the exchange of information and experience – at all levels.

That is why, of all the meetings I attend, International Surgical Week has special priority for me. No other surgical conference has such wide scope and international representation. IATSIC is a major element in the ISW2013 mosaic and as current President of IATSIC I am greatly looking forward to an exciting and productive meeting under the auspices of ISW 2013 in Helsinki. But looking beyond IATSIC, I intend to take every advantage of the great opportunity

ISW offers to connect with friends and colleagues from the five integrated and eight associated ISS/SIC organizations and see and hear what they are doing, as much of it impinges on way or another on my work as a general surgeon with a strong focus on surgical emergencies, traumatic or otherwise.

Among many other topics, there are two large issues that will receive special attention in Helsinki: one is the current situation and future perspectives for surgery in low and middle income countries; the other, closely related and especially relevant for IATSIC once again deals with a current situation and future perspectives, this time

of emergency surgery a.k.a. acute care surgery a.k.a. emergent surgery, etc. At the moment there is no consensus as to where this is heading, but in Helsinki we will have an important opportunity to lay some groundwork for what will be a major development in surgery with international impact. Let's plan to talk about these and

other things at the IATSIC Dinner on Tuesday, August 27, at one of Helsinki's finest restaurants.

Helsinki is the different European capital, in that it only developed into a city, and a capital city, in recent times. So many of us tend to think of Finland, and Helsinki, as

being sleek, modern and functional. And that suits us right down to the ground: that's how we want our surgery to be.

See you soon in Helsinki!

Selman Uranues
President IATSIC

News from BSI



Polly Cheung
President BSI

Dear fellow surgeons,

I have the pleasure of updating you on the BSI program in Helsinki. At the ultrasound course, there will be hands on workshop for participants. At the oncoplastic surgery

course, there will be video presentations in addition to lectures. Interesting cases have been identified in the morning case discussion sessions. There will be two lunch symposia. On Tuesday 27th, on Genomic assays in cancer: a step towards personalized medicine, on Wednesday 28th, on water assisted liposuction and fat grafting; efficiency of povidone-iodine and antibiotic irrigation in reducing contracture rate for breast augmentation.

Do not forget to attend our debates on resection margins and breast reconstruction in patients requiring radiotherapy, main sessions on screening and risk assessment, treatment by staging and tumour biology, Improving breast health outcomes

in countries with limited resources, and extended breast cancer care. The highlight of our program is the Veronesi Lecture by Professor Werner Audretsch on mutual impact of BCT and oncoplastic on breast reconstructive surgery. The Presidential Lecture will review a recent members survey on BSI activities and development.

For more BSI news, please visit our newly revised website www.bsisurgery.org.

Looking forward to seeing you at Helsinki,

Polly Cheung
President BSI



News from IASMEN



Olle Ljungqvist
President IASMEN

The International Surgical Week in Helsinki Finland is approaching fast, and we are very pleased to present a very attractive program from the International Association for Surgical Metabolism and Nutrition (IASMEN) very much in collaboration with our sister societies in the International Society of Surgery.

The scientific program is run in collaboration with the main societies involved in abdominal and trauma surgery, With the ISDS we run joint sessions of the science behind

ERAS and another on metabolic surgery, and with IATSIC and ISBI we have sessions on the critically ill and injured obese patient and another on trauma and critical care protocols. In these sessions we are pleased to find Prof Claude Pichard from Geneva, an internationally renowned expert on nutrition in the ICU lecturing. In addition we will have the more specialized sessions for IASMEN including the pleasure and honor to have Professor Marco Braga from Milan delivering the J.F. Patiño Lecture entitled "Immune regulation using nutrition in surgery", and sessions on perioperative care from a nutritional and metabolic point of view. Lastly but not perhaps most important will be the presentations of new work and the competition for best abstract.

Nutrition and metabolism is gaining ground in the minds of surgeons world-wide. It has become clear that metabolic control is the key to minimize complications and enhance recovery. It is with great pleasure that we have had the support from the

ISS/SIC and other societies to publish the novel guidelines on perioperative care in colonic resections, rectal and pelvic surgery and on pancreatoduodenectomies just published in WJS but also available for free download at www.iasmen.org.

In behalf of the IASMEN organizing committee, I bid you all heartily welcome to Helsinki to enjoy an exciting program and to have the opportunity to learn from each other and make new international surgical contacts.

Olle Ljungqvist
President IASMEN

WHO Consultation on Haemovigilance, 20 – 22 November 2012, Dubai, UAE



Frank Branicki
Chair of Surgery, UAE University

A system of haemovigilance (HV) is dependent on the traceability of blood and blood products from donors to recipients and vice versa (bi-directional tracking), and the rigorous management of the monitoring, investigation and reporting of transfusion related adverse reactions and events. Information generated drives amendments in transfusion policies, changes in blood ser-

vices and transfusion practices, formulation of transfusion standards and guidelines to improve safety and quality of the entire transfusion process.

An invitation was accepted to deputize for our Secretary General Jean Claude-Givel and represent the ISS/SIC at a 'Global Consultation on Haemovigilance' which took place on 20 – 22 November 2012 in Dubai, UAE. The Consultation was convened by the World Health Organization, and jointly organized by Blood Transfusion Safety unit/WHO-HQ/Geneva, Sharjah Blood Transfusion and Research Center and the Government of the United Arab Emirates, in collaboration with the International Haemovigilance Network and the International Society of Blood Transfusion. There were a total of 155 participants from 46 countries, including senior policy makers

from ministries of health, and representatives from key institutions, agencies and stakeholders in establishing haemovigilance systems – at national, regional or hospital level, e.g. blood services, public health institutions, hospitals, regulatory agencies and professional bodies. Representatives from key international organizations working in the field of haemovigilance also participated in the Consultation, including Africa Society for Blood Transfusion, Asia Pacific Blood Network, Arab Society of Blood Transfusion Services, International Society of Surgery, Latino-American Cooperative Group for Transfusion Medicine, Safe Blood for African Foundation, South Asian Association of Transfusion Medicine and Women and Health Alliance International.

The objectives of the Consultation were a) to highlight the importance of national

HV systems and international networking; b) assess the nature and magnitude of current challenges and barriers to implementation of HV, particularly in developing countries; c) provide a platform for countries to share experience and learn lessons for developing HV in a stepwise manner; d) define strategies for developing HV systems, including the harmonized reporting of transfusion related adverse reactions and events, and e) building an existing international network for data sharing, information and experiences on HV, advocacy and support for national HV systems. The Consultation included presentations, group discussions, and the identification of priorities for action and recommendations to different stakeholders. Broadly, four groups were constituted for discussion 1) strategies for establishing or strengthening national haemovigilance systems based on appropriate models; 2) global mechanism/s for networking countries and organizations for sharing data, information and experience on haemovigilance; 3) a standard definition and tools for global haemovigilance reporting and 4) future perspectives: scope of haemovigilance and beyond.

The WHO e-Global Network has been created to include all participants of the Consultation for implementation of the recommendations and provides an electronic platform for the participants to share key information on HV related to the donation of blood and blood components (donor HV) and the transfusion of blood and blood products (patient HV); to exchange ideas and tools for best practices and for discussion on any issues related to implementati-



Recognition Award presentation to Dr Neelam Dhingra Coordinator, Blood Transfusion Safety, WHO-HQ, Geneva

on of haemovigilance at local, national and international level.

Subsequently, draft “Recommendations’ and Priorities for Action” were circulated to network members for comments and suggestions, and as new member I was also given the opportunity to respond. These have now been drafted after presentations at the Consultation, and deliberations of the four simultaneous group discussions. Overall, the recommendations and priorities need to be more accessible and pertinent to resource constrained settings.

Specifically, recommendations for establishing hospital transfusion committees which operate in a sustainable manner will need to be addressed. This Consultation was an excellent opportunity to enhance

measures for blood transfusion safety, of interest is that the most frequently reported causes of death following transfusion are related to acute lung injury, this being far less common with usage of only male donors for fresh frozen plasma, and circulatory overload.

Frank Branicki
Chair of Surgery, UAE University



Delegates from 46 countries participated in the WHO Consultation on Haemovigilance Dubai, 2012.

Obituary: Mikhail Izraylevich Perelman (1924 – 2013)



Mikhail Izraylevich Perelman, born on December 20, 1924, Honorary Member of International Society of Surgery passed away in Moscow on March 29, 2013 at age 88.

Mikhail Izraylevich started to work as a physician in 1943 in the Municipal Hospital of the City of Belovo. From 1944 to 1951 he was an Associate at the Departments of Normal Anatomy, Topographic Anatomy and Operative Surgery, Hospital Surgery of the Yaroslavl Medical Institute. In the summer of 1947 he worked as the Head of Surgery and Obstetrics and Gynecology Departments in the hospital of the Kologriv city. From 1951 to 1954 he was the Deputy Chief Doctor of the medical complex and the chief surgeon of the city of Rybinsk. From 1954 to 1955 M.I. Perelman worked as an Associate of the Department of Operative Surgery and Topographic Anatomy of the First Moscow Medical Institute, and from 1955 to 1958 – as an Assistant Professor of pulmonary tuberculosis surgery at the departments of the Central Institute for Continuous Medical Education. In

1958 Mikhail Izraylevich moved to Novosibirsk and till 1962 headed the Department of pulmonary circulation of the Research Institute for Experimental Biology and Medicine of the Siberian Branch of the AS of USSR. In 1963, Mikhail Perelman began working under the direct supervision of Acad. of RAS and RAMS B.V. Petrovsky. Up to 1981 he was the head of the Department of Thoracic Surgery of the Research Institute for Clinical and Experimental Surgery of the Ministry of Health of the USSR in Moscow but also worked part time for the Ministry of Health of the USSR. Since 1981 Mikhail Izraylevich was the head of the Phthiopulmonology Department of the I.M. Sechenov Moscow Medical Academy, and from 1998 to 2010 he worked as a Director of the Phthiopulmonology Research Institute of the I.M. Sechenov Moscow Medical Academy. Since 2010 and to the end of his life he was the Head of the Department and the Director of the Phthiopulmonology Clinic of the I.M. Sechenov First Moscow State Medical University.

Mikhail Izraylevich was actively involved in work of professional organizations within the USSR and Russia but also in international organizations in which he has held many important positions. He was also member of the International Society of Surgeons since 1971. From 1973 to 1999 he served as National delegate of ISS/SIC from the USSR and was Vice-President of

the Congress of ISW 1983 in Paris and was awarded Honorary Member of ISS/SIC at ISW 1997 in Acapulco, Mexico.

In recent years, Academician M.I. Perelman was the President of the Russian Society of TB specialists, Chairman of the Scientific Council for doctoral and privat-dozent theses in the field of pulmonology, tuberculosis, radiology at the M.I. Sechenov First MG MU, the Chairman of the problem commission “Thoracic Surgery” of the Scientific Board of Surgery RAMS, a member of the Bureau of the Clinical Department of RAMS, a member of the International College of Surgeons and a member of the European Respiratory Society, a member of the European Association for Cardiothoracic Surgeons, a member of the International Society of Cardiothoracic Surgeons (Japan).

Mikhail Izraylevich did a lot of editorial work. Besides the many posts as editor of national and international Journals, he was a member of the editorial board of the “World Journal of Surgery”.

His life path is a bright page of the domestic and world medicine. His quietus is a grievous loss.

Obituary of Colleagues and students – edited by ISS/SIC

Obituary: Dan Gavrilu (1915 – 2012)

Dan Gavrilu, the patriarch of Romanian Surgery who died at 97, is undoubtedly one of most celebrated Romanian surgeons. He won international recognition for his ingenious operation on the esophagus, named after him. He was born in 1915, on April 26, in Brăila, a picturesque Danube harbor, to a family of intellectuals. He graduated from the “I. C. Bratianu” High School of Pitesti in 1933 and completed his studies at the Faculty of Medicine, University of Bucharest. During World War II

he fought on the Caucasus front where, ironically, his life was saved by a Russian prisoner. In 1943 he passed with flying colors a competitive exam for a specialization program in surgery and in November, the same year, he was accepted for specialization in the clinic in Vienna where he learned the principles of functional surgery and specialization in orthopedics in the clinic followed by his surgical studies in Munich and Ulm. Back home, he became a university assistant and then lecturer in

surgery. In 1945, he was acknowledged formally as a specialist in surgery. It is the period when he performed the first total gastrectomy with an esojejunal anastomosis for gastric cancer. In 1947 he was promoted, following a competitive exam, to the position of main surgeon, the youngest physician to be promoted to this position in Romania. Already in 1957 he has become a member of the “Société” when he participated in the SIC Congress in Mexico. He was often seen as a participant in most of

the following congresses. In 1975 he was allowed to go to USA as visiting professor. In the US he delivered lectures and performed several demonstrating operations in New York, San Francisco, etc. Starting from the mid eighties, Dan Gavriiliu served for 8 years as National Delegate of Romania in ISS/SIC. Professor Dan Gavriiliu was not only a pioneer in the surgery of the esophagus but also a long served member in ISS/SIC. In spite of the fact that he lived behind the iron curtain, Dan Gavriiliu was a European Surgeon who was strongly committed to ISS/SIC.

(ISS/SIC excerpt from Obituary by Romanian Group: E. Tarcoveanu, A. Vasilescu, D. Dorobat, C. Romanec)



The esophagoplasty with a gastric tube – Gavriiliu's procedure [5].

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Did you know.....?

The Grand Seigneur of Oncological Surgery Vinzenz Czerny was elected the Second Congress President of the ISS/SIC



by ISS/SIC Historian
Dorothea Liebermann-Meffert

The Work, Career, Impact and Curriculum of Vinzenz Czerny

Vinzenz Czerny (1842 – 1916) became our Congress-President in the year 1908^{1,2,3}. As Chairman and Professor of surgery at the venerable historical University of Heidelberg in Germany, he represented the typical example of a prominent surgeon who used elegant surgical technique and was in addition known as critical observer and keen scientist.



Vinzenz von Czerny 1842 – 1916

Starting his surgical career in Vienna, Austria, Czerny can be looked upon as the most important disciple of Theodor Billroth. However, while Billroth may be regarded as the father of modern gastrointestinal surgery, Czerny can be considered as the father of modern surgery for intestinal malignancies and multimodal treatment. The early history of visceral cancer therapy is linked with

his career. He became a surgeon of the highest rank, with great clinical skill, rare judgement, and vision who contributed essentially to the development of today's surgery^{1,3,7,15,16}.

From his early education on, he maintained a lifelong affection for the natural sciences, and also was an excellent physiologist and pathologist. During his professional life he built up a well – deserved – reputation for general as well as cancer surgery and for the introduction of radio- and chemotherapy into the treatment of malignant tumors.

Czerny founded the first experimental Institute for Cancer Research in Germany^{7,8}. Two years later, in 1908, he presided at the 2nd congress of the ISS/SIC in Brussels, a congress that was almost entirely devoted to the etiology of visceral cancer and the achievement of its treatment^{3,15}. Czerny left a clear legacy of opinion and methods on which the modern era of surgical cancer treatment developed.

Pioneering work on oncology, the principle interest

By the turn of the 19th and 20th centuries, cancer was under attack by surgeons. Conflicting evidence and concepts developed on its pathology and treatment^{1,2,3,16}. Credit for the first attempts to treat visceral cancer by excision belongs to the early time when Czerny worked with Billroth and his clinic⁴. Devoted to basic and clinical research, Czerny investigated the biochemical processes in cancer and studied the healing power and factors of non-surgical techniques on cancer by injection of toxins, chemicals and fulguration^{8,12}. About this time the X-rays were discovered by Wilhelm Conrad Roentgen (1845 – 1923). Very modern and logical in his way of thinking, Czerny was quick to notice not only the potential diagnostic benefit, but also the central role of irradiation therapy. An other advance at this time was the introduction of chemotherapy by Paul Ehrlich (1854 – 1915), with whom he had exchanged ideas long ago as young professor in Freiburg⁵. It may be of interest to learn that Czerny was also one of the first to introduce modalities of chemotherapy both in experimental studies and in the treatment of cancer patients^{6,15}.

The need of founding a facility, an institute for specialized cancer research

Czerny as one of the first recognized the fatal course and outcome of the disease even after radical dissection. In the subsequent years he felt the need to become more involved again in the research laboratory. Looking for a model on which to build an adequate facility Czerny travelled to Russia in 1898 and inspected Morosov's cancer institute in Moscow^{5,15}. In 1901 he visited the cancer surgeon Roswell Park (1852 – 1914) 11 at the University of the Buffalo School of Medicine in the USA^{5,7} where Park in 1898 is said to have founded the first facility in the world⁵ dedicated specifically to cancer research. Roswell Park had become member of the International Committee and the ISS/SIC like Czerny when the ISS/SIC was founded^{1,2,9,10}.



Roswell Park 1852 – 1914

It is conceivable that Doctor Park's model gave birth to what would later be known as the Czerny's first German Institute for Cancer Research in Heidelberg. In the same year (1908), at the age of now 67 years, Czerny retired from his University obligations, but chaired the experimental cancer institute and the cancer hospital, the Samariter Infirmary, in Heidelberg until his death⁸.

Czerny and the ISS/SIC

The reports of the first four congresses of the ISS/SIC between 1905 and 1914 provide evidence of Vinzenz Czerny's activity in relation to the society. From the very beginning of the society from 1905 to 1917 he has been delegate of the National Committee of Germany¹⁻³ and in addition he is quoted as a member of the International

Committee from 1908 to 1917^{1,2,3,16}. He actively attended the congress of 1905 where he reported his experience in the difficult treatment of non malignant gastric diseases with eleven leaks after gastroenterostomies and resections, a number which was statistically superior to the results of von Eiselsberg in Vienna, one other expert in this field¹.

Czerny was elected President of the 2nd ISS/SIC Congress held again in Brussels on September 21 – 25, 1908. Due to the nature of his experience and reputation Czerny covered a broad area of new cancer concepts and the treatment of inguinal hernia and urinary bladder surgery^{1,2,3,16}.

Czerny delivered the presidential address which particularly concerned tumor problems. He also delivered a (44 printed pages long) main lecture on cancer treatment of the esophagus, stomach, liver, biliary duct, pancreas, and peritoneum³. He chaired the main session on neoplasms in which questions were discussed such as: Is cancer initially a local disease? What is the reason for its development, whether hereditary, infectious or caused by parasites? What is the mode of development? Czerny summarized the concepts with astonishingly advanced comments³ that the local disease can be removed by wide radical excision, that affected lymph nodes should also be removed, that detailed anatomical knowledge is essential for excision, that the results can be improved with additional radium- and chemotherapy, possibly supported by antitoxic serum, fulguration, or caustic methods.

Of the 717 mostly renowned members of the society in 1908, 254 attended the Congress^{1,2,3,16}. Accordingly to the ISS/SIC rapports 1908 most of them came from France (177), followed by Germany/Austria (90/60), and the United States of America (58)³. Among the latter was the famous oncologist Roswell Park from Buffalo, member of the International and National Committee who also chaired the cancer sessions.

Biographical sketch

Nothing is on record in the archive of the ISS/SIC that relates to Czerny's life history. For his family he has put together a hand-written enchanting autobiographi-

cal manuscript in the year 1915^{8,15}. These original memoirs have been published in memory of his 50th day of death in the *Ruperto-Carola-Zeitschrift* in 1967 by the historian Wilfried Willer⁵. According to his report Vinzenz Czerny, born in November 19, 1842, in a family of pharmacists graduated from the Gymnasium at the age of 18 years. His exceptional intellectual capacity was already apparent in the early up-bringing and was expressed in an attraction to physics, physiology and biology that continued throughout his life. He studied natural science and medicine in Austria at the Universities of Prague and Vienna, qualified from the Medical school in Vienna in the summer of 1866 and published in December of the same year his thesis with *summa cum laude*, the highest degree possible^{7,15}.

Still in Vienna, in spring 1867, Vinzenz Czerny entered a residency in the School of Medicine at the University. Although he found writing time-consuming and hard^{5,15,16} he began to work in Vienna on a textbook of experimental pathology.

Surgery, instead, interested him only as much as it was necessary for the general studies⁵. It made him ill to watch in the operation theater as he felt nauseated⁵. However, in 1868 one of the most popular giants in surgery, Theodor Billroth (1829 – 1894) moved from Zürich in Switzerland, to Austria, to chair the Surgical Department at the 2nd School of Medicine of the University of Vienna. At that time Czerny delivered a series of addresses on the physiology of colors^{5,15} which attracted Billroth's attention. Without doubt Czerny's excellence showed up during his lecture on the results of physiological experiments. Billroth was quick to notice the talents of the young doctor. He contacted Czerny and urged him to pursue a career in surgery. Billroth made a vivid and lasting impression and exerted a tremendous influence on the young physician¹⁵. The temptation to get in touch with this admirable man and to work for him was too strong to refuse the offer⁵. So began – in Czerny's words – an association with Billroth was to lead to a never-to-be-forgotten relationship which was to be lifelong. Czerny "surgeon against his will"^{5,7} became Billroth's fellow, then a collaborator in the experiments. Due to intellect, diligence and skill, and because

of his social manners and love for music Czerny by that time had become Billroth's favorite scholar.

Billroth largely supported Czerny's practical training. During this time, Czerny spend several weeks to further postgraduate studies by observing the famous German surgeons Thiersch (1822 – 1895) in Leipzig, von Volkmann (1830 – 1889) in Halle, and von Langenbeck (1810 – 1887) in Berlin at work in their clinics^{5,7}.

In 1870 Czerny, after board certification in general surgery, accompanied Billroth to the battle fields in the war between Germany and France (1870/1871). He served in military hospitals and gained experience in war surgery. In the summer of 1871 Czerny received the "venia docendi" for surgery from the University of Vienna. The topic of his unpublished address on the transplantation of completely severed parts of the body resulted from his experience on the battle field^{5,7,15}.

At the same time the chair of Surgery in the University of Freiburg in Germany (founded in the year 1457) became vacant. The Dean of the Medical Faculty, Professor Adolf Kussmaul (1822 – 1902) chairman of the Clinic of Internal Medicine asked Billroth for advice on filling the position. Czerny was only 29 years old when in November 1871 he received the position.

Because there was no adequate area in the clinic set aside for research work, Czerny moved his experiments to the nearby institute of anatomy, where the pathologist Professor von Langerhans (1847 – 1888) – discoverer of the pancreatic islands – worked with Czerny in excellent cooperation. The young Paul Ehrlich (1854 – 1915) – who was to be credited with starting chemotherapy – joined the group in the same lab¹⁵.

From now on the bilingual Czerny took every opportunity to visit foreign countries to see surgical clinics and meet interesting surgeons. In summer 1872 he traveled to England to learn from the advanced surgery performed in this country. He sought information on the spot, investigating the results of Lord Joseph Lister's (1827 – 1912) recently published, brand new antiseptic methods. He went to St. Petersburg,

Moscow, and traveled through the United States.

The period during the chairmanship in Freiburg and after the new appointment 1877 as Chairman and Director of the Department of Surgery at the University of Heidelberg^{5,7,8,15} were followed by a host of publications of which there were more than 200 in journals and textbooks (own search 16 through the Index Medicus of the years 1875 – 1916 and Ferber⁶). They reflect his wide range of surgical activity. Far in advance of his period Czerny recognized the value of systematic documentation. Clinical and experimental achievements, failures and long term results of his surgical clinic were published in detail in the annual periodicals.

Czerny refused offers to the chairs in Prag (1877), Würzburg (1882) and Vienna (1894), and remained in Heidelberg until his retiring from University to an emeritus position.

Czerny received many honorary academic and public degrees and privileges. He was knighted in the year 1903 and his curriculum was quoted in the most popular dictionary, the Brockhaus. Many instruments, surgical techniques and phenomena recall the distinguished surgeon^{13,14}.

A Vinzenz Czerny-Price for the best publication in oncology is donated by the German Society of Haematology and Oncology every year (Fa. Lilly GmbH, Bad Homburg, Germany).

In the subsequent decades, under the leadership of two of his successors to the chair in the Department of Surgery in Heidelberg, K.H. Bauer (1890 – 1978) and Fritz Linder (1912 – 1994) the institute became one of the finest and largest centers of cancer research in Europe. Professor Linder was also Congress and Society President of the ISS/SIC in 1973 – 1975.

Personal Features

Vinzenz von Czerny had the capacity to pursue ideas which were directed towards the future but in the present he never appeared to be satisfied with his achievements. There is no hint in the literature

that he allowed himself to be carried away by emotions and prejudices. As a surgical teacher he was stimulating and of an extroverted personality. Several of his pupils became professors and chairmen in German Universities.

The great man's modesty is best reflected in the sentence with which he ends his biography one year before his death: "My works are almost all aphorisms created in a short moment. It is right, therefore, that my work soon will be forgotten. However, I find solace in the knowledge that I have been one of the best in my specialty in my time"^{5,15}.

At the end of his life Czerny suffered from leukemia, which was presumably related to damage from unprotected exposure to X-rays. He died at the age of 74 years in Heidelberg.

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