



# AAES NEWS

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

## The American Association of Endocrine Surgeons

### MESSAGE FROM OUR PRESIDENT



I would first like to thank the members of the AAES for bestowing upon me the honor of being your president. It has been a long time since the days I was a fellow and attended my first AAES meeting yet I remember it well. I particularly remember the very warm welcome I received from the then senior members. In the time that has passed, I have seen changes and progress in our

organization is healthy and vibrant. We remain the eminent voice for endocrine surgery in North America. We have enjoyed many successes and continue to face some challenges. Our society is growing and evolving to meet the needs of our members and patients. I see the torch passing to our generation and I can only hope we carry it forward in a manner that makes our founders proud.

One sign of the growth and maturation of our society is the observation that we are transitioning to a new generation of leadership. None of the current executive council is a founding member. We continue to value the wisdom of our past presidents, many of who are amongst the most notable surgeons in American surgical history. There is a treasure in our history that should be preserved. To that end, our council has supported the addition of a Heritage Series talk at each of meetings to highlight significant past achievements related to our field. We all enjoyed the excellent talk on the Zollinger-Ellison syndrome given by Stuart Wilson at the Cancun meeting. Another fact of our maturity is that we have lost some of our long-standing members to death. This year, we are saddened by the passing of Ron Nishiyama. I met him for the first time at a postgraduate endocrine surgery course and have treasured his contributions to our meetings over the years.

He will be missed.

The 2008 meeting in beautiful Monterey was very well attended and the scientific content was superb. Attendance was an all-time high. There were 141 abstracts submitted and 30 papers presented. The program included 15 posters presented and again, there was strong international participation. We also had 17 resident and fellow papers presented. With a continually rising number of submissions and only 30 accepted for presentation, it is increasingly difficult to get a paper on the oral program. The issue has been recognized as our council has discussed how and whether to expand our meeting to allow for more papers to be presented.

Largely because of the quality of the research work presented at our meetings, our relationship with the journal Surgery remains strong. The December issue is a yearly highlight and widely viewed as the single most important resource to learn about the state of the art in endocrine surgery. This year the journal has agreed to publish an additional 4 papers should our society decide to expand our meeting format. We will also have the opportunity to publish in the journal some of the most interesting case vignettes from our meeting. I wish to thank Doug Evans for his service to the organization as our recorder. He has done a stellar job. Doug has new challenges as the new chairman of surgery at my old institution, the Medical College of Wisconsin. He is a quality individual and MCW is a good place. I wish him well and I am sure he will continue the strong tradition of endocrine surgery there.

Another sign of the strength of our society is that hospitals and universities now look to our members to train the next generation of endocrine surgeons. There are now 16 fellowships recognized by the AAES under the direction of our members. Earlier this year, the Surgical Council on Resident Education (SCORE) published their Patient Care Curriculum Outline. Of note is that while general surgery residents are expected to be able to provide comprehensive care of patients with thyroid and parathyroid disorders they are, however, not expected to be able to provide



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comprehensive care of patients with adrenal or pancreatic endocrine tumors. It is also notable that the members of SCORE include the American Board of Surgery, the American College of Surgeons, the American Surgical Association, the Association of Program Directors, the Association for Academic Surgery (AAS). We are seeing a progression toward a state where fellowship training in endocrine surgery will become a defacto requisite to enter the field. A match process has been implemented and has been a great success. This year, there were 24 applicants for 14 available fellowship positions. Richard Prinz has been the representative for the AAES on the Surgical Oncology Advisory Council that was formed by the American Board of Surgery to recognize the growth and development of surgical subspecialties. Goals and objectives for our fellows have been established and serve as to way to assure that fellows, when trained, will carry on the high level of clinical care expected from our future members. Martha Zeiger and Geoff Thompson have worked with AACE to assure opportunities for our fellows to attend relevant aspects of the Endocrine University program currently available to endocrinology fellows.

Our leadership continues with efforts to reach out to other societies sharing an interest in endocrine disorders. Martha Zeiger and I attended the Endocrine Sisters Society Forum as representatives of the AAES. We discussed issues related to joint policy and advocacy collaborations, expanding the global reach of our societies, decreased funding opportunities for research and enhancing communication between our member societies. Martha Zeiger has also served as our representative to the leadership of the American Association of Clinical Endocrinology (AACE).

Our fiscal health is good. Our balance sheet has grown primarily because the meetings in Tucson and in Monterey were profitable. Both meetings enjoyed generous corporate support. This year, a notable business related accomplishment is that our AAES received 501(c)(3) tax status. Sally Carty deserves credit and our gratitude for all her efforts in this regard. She handles the daily duties required to have our society function normally. We look forward to the assistance of Lettuce Planet making her job easier. Our new tax status means the donations to the Paul LoGerfo fund are now fully tax deductible. Please consider additional donations to the fund to support the educational and research efforts of the AAES. Please also consider the AAES as a beneficiary in your estate planning.

One challenge facing our society is how to manage our growth. One consequence of the attributes of the AAES we

value, including high level science and collegial fellowship, is that others want to join us. After several years of debate, our membership decided to extend a hand of friendship to practitioners from other specialties with which we share common interests. Those who are otolaryngologists, urologists and other surgical specialists are now eligible to become allied members. We hope that these physicians who have expertise in some aspect of endocrine surgery will attend meetings and submit abstracts to share their knowledge with us, and in turn learn from ours. I wish to thank our past president, Geoff Thompson, for taking on this difficult issue. There are concerns that our society's character could change if we were to admit large numbers of allied members. Our membership saw that opening our doors to the best and brightest from all disciplines is laudable and desirable. Our membership committee is charged with developing mechanisms and criteria to be sure that those that join our society do so in the spirit we hope. Our council has also explored the concept of creating an additional candidate category of membership for young surgeons and those who are in training who are not yet eligible to become members of the AAES. We will continue exploring how to best make this happen.

Our council is asked frequently to lend our name to endorsements of meetings or courses. In many cases, our members may be featured faculty for the courses. Others ask our society to endorse their textbooks. These requests stem from the perception that the AAES has developed an enviable reputation for excellence, integrity and leadership in our discipline. It also will make us consider strongly whether and if so, how to honor such requests. Our interest should be to protect our brand.

I would like to see our society's members collaborate more on research initiatives and studies. We have a unique ability to collaborate on studies concerning rare endocrine tumors. Who else but our society could do a study on parathyroid carcinoma or malignant pheochromocytoma? No one member of the AAES sees enough patients to do a clinical trial on patients with one of these diseases. Yet in the era of molecular genomics and pharmacogenomics, it is increasingly thought that rare tumors harbor a genomic Achilles heel. If tumor tissue could be collected and analyzed, a potential novel therapeutic agent could be identified. A phase II trial involving about 30 patients could be the basis for approval of such a new agent under the FDA Orphan Disease mechanism. The members of the AAES should work together to develop a tumor registry, tumor banking and cooperative clinical trials. In order



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to accomplish these goals, there are issues to address including acquiring funding, obtaining a central Institutional Review Board approval and overcoming institutional proprietary concerns. Our members should be aware of and support the efforts of Sam Wells to lead the formation of the International Thyroid Oncology Group. This cooperative trial group will focus on developing and testing new agents for thyroid cancer. Members of the AAES, in order to best serve our patients must support these efforts. If we don't, who else will and who else can? I have asked Tom Fahey, Richard Goldstein and Brad Carter to join me on a committee to find ways we can foster these types of collaborative efforts within the AAES.

In closing, allow me a personal note. I have just moved to Scottsdale to join the TGEN Clinical Research Service at Scottsdale Healthcare. This move is in a way a culmination of recent events stemming from an injury to my shoulder, which is now fine. During my recovery from rotator cuff surgery, I started working on and ultimately completed getting my MBA degree. We have much to learn from our business colleagues that can help in our daily care of

patients, our research efforts and in program development. Because, I have many great friends and colleagues there, I had hoped to build new programs in Tucson. It was not to be. Many of you know of the difficult environment at the University of Arizona so I leave Tucson with an eye toward great opportunities in Scottsdale. I will have 30% protected time to pursue my research efforts. I will join efforts with Dan Von Hoff and Jeff Van Lier Ribbink who are already at Scottsdale Healthcare. Our first priorities will be to establish tumor banking, develop an endocrine tumors center and open clinical trials on promising new agents for patients with adrenocortical cancer and other rare tumors. Our plan is to start a fellowship in endocrine surgery that would include one year in our lab at TGEN and one clinical year. So, in summary, it is a time of change and progress for the AAES and, also in a way, for me. Change brings with it opportunity and I am an optimist that we will make the most of our opportunities to advance the field of endocrine surgery in the coming few years.

*Michael J. Demeure, MD, MBA*

## ALLIED SPECIALIST AMENDMENT REPORT

*Report by Geoff Thompson*



At the last business meeting of the AAES, over 90% of the voting members present, voted to adopt the Allied Specialist Amendment to our bylaws. This truly overwhelming response to the proposed amendment put forth by the Council last year, will allow surgical specialists in fields other than general surgery who contribute significantly to the care of the endocrine surgical patient, to join with us in membership in the AAES.

This membership category carries with it voting privileges at the annual business meeting and the opportunity to participate in the committee process. My sincere thanks to the membership and my fellow Council members for bringing about an amendment that will serve to enhance collegiality and optimum care of the endocrine surgical patient.

## MONTEREY GOLF TOURNAMENT

*Report by Herbert Chen*



This year, the Second Annual AAES Golf Tournament took place on Saturday, April 5, 2008 at the Poppy Hills Golf Course in Pebble Beach, CA. The course was beautiful, and everyone had a great time. There were 6 teams this year. The competition was fierce but the team that won the annual "Isthmus Award" was comprised of Michael Roe, Larry Kim and Chen-Hsen Lee. Congratulations to this year's winners and everyone is welcome to play in 2009 in Madison, Wisconsin!



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## 2009 MADISON ANNUAL MEETING IMPLEMENTS NEW FORMAT, NEW TRADITIONS

The 30th Annual Meeting of the AAES will be held this year at the Monona Terrace Community and Convention Center in Madison Wisconsin from Sunday May 3 through Tuesday May 5, 2009. Our local arrangements chair, Herb Chen, is excited to show you his great city and to welcome residents and fellows to the meeting; contact him with any questions or needs at [chen@surgery.wisc.edu](mailto:chen@surgery.wisc.edu). Herb notes that the Monona Terrace Convention Center was designed by Frank Lloyd Wright; during the meeting we will be learning from a local speaker about the many buildings he designed in Madison.

The 30th Annual Meeting of the AAES will be held at the Monona Terrace Community & Convention Center in Madison, WI: May 3 - 5, 2009.

Online registration is now open. For questions about registration or housing contact Nonie Lowry at [information@endocrinesurgery.org](mailto:information@endocrinesurgery.org).

This year a total of 34 abstracts were accepted for oral presentation (AAES has always accepted 30 in the past) and more posters were accepted for presentation than ever before. The oral abstracts and the poster titles are now accessible on our website at [www.endocrinesurgery.org](http://www.endocrinesurgery.org) along with the preliminary program and registration information.

### NEWS!

AAES Council has approved some important changes to the meeting format in Madison. Importantly, **the 2009 annual meeting will convene Sunday at 2 pm** with two scientific sessions taking place prior to the Welcome Reception on Sunday evening at the Madison Museum of Contemporary Art. Other features of the 2009 meeting include:

- Young Endocrine Surgeons Social at 8 pm Saturday May 2 (*contact Barb Miller at [barbram@umich.edu](mailto:barbram@umich.edu)*)
- Tennis Tournament on Sunday morning from 6:45-10
- Young Endocrine Surgeons Workshop on Sunday from 11:30-2
- Program Directors Meeting on Sunday at 10:30
- AAES Heritage Vignette by Dr. Ed Kaplan during Monday's luncheon
- The New President's Reception on Monday 9:30 pm
- AAES Poster Competition on Tuesday from 9-10 am
- Interesting Case Presentation session on Tuesday from 10:30-noon. Abstracts are now being accepted online by Vice President Jeff Moley
- Best Poster Award, Raffle and Adjournment on Tuesday at noon
- Neuroendocrine Cancer Symposium & Reception Tuesday 1:30-6:30 pm

## 2008 AAES MONTEREY POSTGRADUATE WORKSHOP

*Report by Nancy D. Perrier & Sally E. Carty*

On Sunday, April 6, 2008, the first Endocrine Surgery Practice Development Course was held in the Cypress Ballroom at the Monterey Plaza Hotel in Monterey, California. The 90 minute workshop was designed to provide practical tools to new and young endocrine surgeons and featured a panel of 5 endocrine surgeons from different parts of the country: Robert McIntyre, University of Colorado; Michael Yeh, UCLA; Cord Sturgeon, Northwestern University Kathleen C. Williams, private practice in Knoxville TN, and Nancy Perrier, M. D. Anderson Cancer Center. The course had an unexpectedly high number of participants (99) who overwhelmingly considered the course useful, appreciated the website

information and pearls given by the panel, and requested that the course be offered again.

One practical caveat was the difficulty in announcing the 2008 course to the target audience of junior surgeons, residents and fellows since these individuals- as nonmembers- do not currently receive regular correspondence from AAES. Our future ability to disseminate such information may be improved by a proposed bylaws amendment approved by AAES Council to be presented at the 2009 Annual Business Meeting, concerning new Candidate and Resident membership categories for our society.



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## 2008 MONTEREY MEETING REPORT



Experienced in being the AAES local arrangements chair, which he had also done in 1996 in Napa, California, Past President Quan Duh worked very hard indeed to make our 2008 Monterey meeting a complete success. At the same time he also coordinated a very successful celebration for Orlo Clark in San Francisco. Handing out backpacks at the registration booth, functioning as the gracious host, and bringing the meeting in well in the black, Quan was also able to convince the lovely Monterey Bay Hotel to distribute free bottles of wine in response to the power outage. We thank him for everything most heartily.





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## AAES EDUCATION AND RESEARCH COMMITTEE

*Report by William B. Inabnet III*

Barry Inabnet was appointed Chair of The Education and Research Committee, taking over from Steve Libutti, who completed a productive and successful 3-year term as Chair. Due to the growing demands of both research and education among the AAES members, an *ad hoc* committee to oversee AAES research initiatives was established by president Michael Demeure. One of the primary objectives of the *ad hoc* research committee is to create a rare endocrine tumor registry. Past ERC initiatives have included the development of resident and fellow curricula for endocrine surgery training. Due to the rapid advancement of endocrine surgery knowledge and techniques, one immediate goal of the ERC will be to review and revise the education curriculum. The ERC aims to enhance mentoring of students, residents, fellows

and junior faculty through a variety of outreach initiatives such as the organization of “how to” workshops on research-related topics, the development of a web portal to facilitate collaboration by listing research protocols and increasing awareness of funding opportunities. How best to spend the Paul LoGerfo Research funds was tabled until the fund reaches a sufficient balance. Finally, the journal Surgery has granted the AAES permission to publish 12 pages in the journal per year. The ERC recommends that the page allocation be 3 pages every 4 months as opposed to a monthly 1 page publication and will make recommendations on how best to utilize this opportunity; possible considerations include AAES announcements, review topics and position statements.

## NEW MEMBERS

The AAES welcomes 27 new members:

| Active              |                 |                       |                  |                          |                          |
|---------------------|-----------------|-----------------------|------------------|--------------------------|--------------------------|
| Eren Berber         | Cleveland, OH   | Barbra S. Miller      | Ann Arbor, MI    | Alexander L. Shifrin     | Neptune, NJ              |
| Mark S. Cohen       | Kansas City, KS | Judiann Miskulin      | Indianapolis, IN | Mauricio Sierra          | Mexico City, Mexico      |
| Cora Lee Foster     | Ithaca, NY      | Vinod Narra           | Detroit, MI      | Vivian E. Mack Strong    | New York, NY             |
| Scott F. Gallagher  | Tampa, FL       | Jennifer B. Ogilvie   | Pittsburgh, PA   | Jeffrey van Lier Ribbink | Scottsdale, AZ           |
| Amelia C. Grover    | Richmond, VA    | Kepal N. Patel        | New York, NY     | Kristin E. Wagner        | Charlotte, NC            |
| Per-Olof Hasselgren | Boston, MA      | Jennifer E. Rosen     | Boston, MA       | David J. Winchester      | Evanston, IL             |
| John I. Lew         | Miami, FL       | Melwyn J. Sequeira    | Midland, MA      | Michael W. Yeh           | Los Angeles, CA          |
| Corresponding       |                 |                       |                  |                          |                          |
| Michael Brauckhoff  | Halle, Germany  | Celestino P. Lombardi | Rome, Italy      | Anatoly F. Romanchishen  | Saint Petersburg, Russia |
| Laurent Brunard     | Nancy, France   | Marco Raffaelli       | Rome, Italy      | Jonathan Serpell         | Franston, Australia      |

AAES membership is increasing. There were 330 AAES members in 2006 and 303 in 2004. As of 10/08 the AAES has a total of 356 members, including 207 Active, 48 corresponding, 91 senior and 10 honorary members.

## AD HOC WEBSITE COMMITTEE REPORT

*Report by Brad Mitchell*

Last year, the ad hoc Website committee submitted a proposal for an AAES website policy to Council, and it was reviewed and approved by legal counsel. This year, the Committee will be sending out a survey to members for suggestions of changes that would be useful to members and their patients, and will be working with Lettuce Planet

etc to explore the cost of such changes. Links to our sister organizations (eg. ATA, AACE, IAES) may improve our collaborations and online presence. In addition, cost and format of an online Jobs Board are currently being examined by Council.



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## 2007-08 PROGRAM COMMITTEE

Report by Julie Ann Sosa



Last year the Program Committee received 141 abstract submissions for the Monterey Meeting. By comparison, there were 125 submissions to the Tucson meeting and 141 to the New York City meeting. With hard work and reduced holiday making, the abstracts were winnowed successfully

through a blinded peer review system to a final program that consisted of 30 oral presentations (acceptance rate: 21%) and 15 posters. Among the presentations, 83% were clinical, and 17% were basic science; 73% were American, and 17% were from foreign authors. Reflecting the make-up of the submission pool, they were focused most on thyroid (47%), followed by parathyroid (30%), adrenal (17%), and pancreas/other (7%) topics. The posters were similar in make-up to the presentations.

Warm appreciation is extended to all members of the Program Committee, which consisted of Sally Carty, Doug Evans, David Farley, Carmen Solorzano, Sonia Sugg, Geoff Thompson, and Julie Ann Sosa (Chair).

## AAES TAX STATUS AND LOGERFO FUND

As of May 30, 2008, the AAES became a 501(c)(3) organization, incorporated in the state of Illinois.

This wonderful news means that as of that date all contributions to the Paul LoGerfo Educational Research Fund are tax deductible. We share this information not only to allow you to do your tax forms properly this year, but also to encourage you to donate **now and generously** to the LoGerfo fund. The LoGerfo family has just donated \$12,000 in memory of Paul LoGerfo and to them we are very grateful indeed.

The purpose of the LoGerfo Fund is to support basic science and clinical research in endocrine surgery but we cannot begin to do so until we reach a sufficient principal. Please give this year to the Fund - which now can be done easily online. We all want the art and practice of endocrine surgery to stand for excellence worldwide. Donors to the Fund this year (any time since the 2008 Monterey meeting) will be recognized and thanked at the start of the 2009 meeting in Madison.

### AAES EXECUTIVE COUNCIL

**Michael J. Demeure**  
*President*

**Janice L. Pasioka**  
*President-Elect*

**Jeffrey F. Moley**  
*Vice-President*

**Sally E. Carty**  
*Secretary-Treasurer*

**Steven K. Libutti**  
*Recorder*

### AAES COUNCIL MEMBERS

**Alan P.B. Dackiw**

**Thomas J. Fahey, III**

**Richard A. Hodin**

**William B. Inabnet, III**

**Christopher R. McHenry**

**Bradford K. Mitchell**

**Julie Ann Sosa**

**Geoffrey B. Thompson**

**Robert Udelsman**

### AAES COMMITTEE CHAIRS & REPRESENTATIVES

**Sonia L. Sugg**  
*Publication & Program Committee*

**Thomas J. Fahey, III**  
*Membership Committee*

**William B. Inabnet, III**  
*Education & Research Committee*

**Allan Siperstein**  
*Fellowship Committee*

**Christopher R. McHenry**  
*Nominating Committee*

**Peter Angelos**  
*Ad hoc Ethics Committee*

**Jack M. Monchik**  
*Paul Logerfo Committee*

**Martha A. Zeiger**  
*AAE Representative*

**Richard A. Prinz**  
*SOAC Representative*

**Sonia L. Sugg**  
*ESC Representative*

**Julie Ann Sosa**  
*NSQIP Representative*



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## **SURGICAL ONCOLOGY ADVISORY COUNCIL [SOAC] OF THE AMERICAN BOARD OF SURGERY**

*Report by Richard A. Prinz*

SOAC was started to recognize the growth and development of surgical subspecialties by the American Board of Surgery. It was meant to provide a mechanism and process for these sub-specialties to remain under the umbrella of the American Board of Surgery as they matured and sought to obtain recognition and certification of their sub-specialty training and discipline. Originally its membership consisted of representatives of the Society of Surgical Oncology. At a meeting of the American Board of Surgery in January 2005 it was agreed that the American Society of Breast Surgeons and the American Association of Endocrine Surgeons would also be appropriate organizations to send representatives to SOAC. I have attended the SOAC meetings which occur at the time of the summer and winter Board meetings of the American Board of Surgery, since June 26, 2006. Other members of SOAC who are also members of the AAES include Drs. Jeff Moley and Ron Weigel. SOAC has some ongoing responsibilities to create and review the appropriateness of questions used on the in-training, qualifying, and certifying and recertifying exams of the American Board of Surgery that relate to surgical oncology, breast and endocrine disease. The Board of course has the final choice on both the appropriateness and use of these questions. SOAC also serves an advisory role relating to fellowship training and to recertification issues that affect sub-specialists practicing in its disciplines. The American Board of Surgery is well aware that there is increasing interest and demand for fellowship training among residents and that graduates of fellowship programs are seeking some type of certification for their advanced training.

There are approximately 13 institutions offering fellowship training in endocrine surgery in North America. None of these are ACGME approved and none of these lead to any type of board certification. Currently there are no requirements for having an endocrine surgical fellowship. In order to have ACGME approval for fellowship training RRC requirements must be met. These would include a definition of the discipline and a curriculum for the fellowship training. This would have to be created by the American Association of Endocrine Surgeons and submitted to the RRC for its approval. The curriculum would define the types and numbers of procedures that the fellow would have to perform, the types of technologies the fellow would have to learn and the various associated disciplines within which the fellow would have to interact among other requirements. Graduates of the fellowship would then

have to take a test sponsored by the American Board of Surgery to determine that they have achieved an advanced level of knowledge and skill in endocrine surgery in order to be certified by the Board. The pass rate and experience level of fellows would be reviewed by the RRC in their process of ongoing approval of each fellowship program. Additionally endocrine surgical specialists would also be subject to the recertification process or more appropriately the maintenance of competence process that the Board is instituting.

The funding of fellows is a major issue. In certain areas support comes from industry or philanthropy. Medicare funding for fellowship training is only allowed for ACGME approved programs and usually only covers 50% of the cost. RRC charges for the review of a fellowship program. This is necessary to cover the costs of sending reviewers to evaluate the program and committees to review the information provided by the program and by the evaluator. Fellows would also incur expenses to take American Board of Surgery type exams as would practicing specialists for their recertification. Currently there are few if any sources to recoup these costs. Some fellowship programs fund their fellows by having them listed as junior faculty so they can bill for their services. An ACGME approved fellowship is not allowed to do this since funding is coming from Medicare for their education. The government considers fellows billing for services as double dipping and assesses major fines for fraud when it is identified. Clearly the issue of ACGME approval for endocrine surgical fellowships is more complex than one might assume and the AAES is only at the initial stages of this process.

The other two disciplines represented in SOAC are larger, more mature and have more available resources than the AAES. The SOAC meeting on June 23, 2008 focused on the potential status of certification for graduates of Surgical Oncology Fellowships. SOAC was in favor of the Society of Surgical Oncology leadership contacting the ACGME leadership to begin a dialogue that would explore potential routes to certification. The SSO already has a site review process in place to evaluate each fellowship program and has had their graduates take an exam in the past. This dialogue is of interest to the AAES since it may identify the steps we may be able to take to have a certification process for endocrine surgery fellowship graduates.



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## FELLOWSHIP COMMITTEE REPORT

Here are some items of interest:

- AAES members now direct 16 different fellowships in endocrine surgery, located in the US, Canada, Mexico and Australia
- The AAES fellowship listings recently became unposted from the website due to technical difficulties with the contracting support organization, but are now re-posted.
- The third endocrine surgery fellowship Match in September of 2009 involved 24 candidates for 14 spots in 13 programs, with many applicants of superb caliber. Match results were again announced within 2 days.
- The 2009 Match for the fellowship spots starting July 2010 will likely be entirely online and Lettuce Planet etc will act as the honest broker for the process, ensuring full anonymity. Deadlines for rank list submissions may be earlier this year.

## AACE LIASON

*Report by Martha Zeiger*

AAES and AACE continue to have a productive and enriching relationship. At the annual 2008 AACE meeting in Orlando, Florida Drs. Carty, McHenry, and Thompson were invited to give a plenary session on the management of hyperparathyroidism, thyroid cancer and adrenal incidentalomas, while Drs. Solorzano, Shaha, and Duh ran Case Study Workshops on these same topics.

In Spring 2008 Dr. Brian Saunders from the University of Michigan was chosen to attend Endocrine University at Mayo Clinic as the Endocrine Surgery Fellow liaison. This year Dr. Erin Felger from Johns Hopkins University has been chosen to attend as the 2009 liaison.

At the AAES annual meeting in Monterey, California Dr. Shane Morita from Johns Hopkins University presented a case study entitled "Recurrent Hyperparathyroidism and Papillary Thyroid Cancer: An Unusual Case" that was chosen as the best case study presented and will be published in Endocrine Practice, an AACE-affiliated publication.

## OFFICE OF THE RECORDER

*Report by Steve Libutti*



In December we were busy getting ready for the selections by the Program Committee for this year's abstracts for presentation at our annual meeting in Madison. Once selected, we will begin in earnest to contact authors in order to have manuscripts submitted on time for review. A time line will be sent to all authors of selected manuscripts. We will need volunteers to review manuscripts so please contact me if you

are interested. I would like to thank Doug Evans for all of his hard work as Recorder over the past 3 years and for making this a smooth transition. I would also like to thank Thereasa Rich for agreeing to stay on as the administrative assistant to the Recorder. Her outstanding work will no doubt make the efforts of this office successful.

\*Please note: February 2, 2009 Dr. Libutti moves to become Director, of the Montefiore-Einstein Center for Cancer Care and Vice-Chairman, Department of Surgery at the Montefiore Medical Ctr/Albert Einstein College of Medicine, Greene Medical Arts Pavillion 4th Floor 3400 Bainbridge Avenue, Bronx, NY 10467-2490. At press time he does not know his new email address but we will eblast it to the AAES membership as he does\*

## BYLAWS AND AMENDMENTS PASSED IN MONTEREY

At the 2008 AAES Annual Business Meeting, 2 bylaws Amendments were passed by the voting membership. One concerned the new Allied Specialist membership category (see article by Geoff Thompson) and the other concerned our new standing committee, the Fellowship Committee. Both amendments passed.



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## OUTSOURCING & SECRETARY-TREASURER'S REPORT

AAES continues to grow. As our organization takes on vital new initiatives, the work of running AAES has expanded. Recognizing this, Council took timely action in 2005 to contract for partial administrative support by the American College of Surgeons, and further decided last year to move to full society administration by LP etc.

As your Secretary-Treasurer 2006-2009, I report here that the flexible and exceedingly competent work of LP etc is so far a joy to experience. LP etc is run by Mss. Nonie Lowry and Marcia McIntyre (photos) who took over from ACS in 9/08 just prior to the tripartite challenges of the fall AAES Council meeting, Dues renewal, and Abstract Submissions. Processing a truly huge initial amount of information and history with aplomb, they brought off these deadlines beautifully with only a few minor bumps in the road. To those who experienced a bump, go our apologies. To Nonie and Marcia go our thanks and congratulations!

We are now working hard on the next batch of upcoming deadlines eg. the Madison program book, but this is still a time of rapid change so if you have a suggestion to improve AAES management please contact me. New features of AAES management this year include:

- The redesigned high-definition AAES logo (patent pending)
- An entirely online Abstract Submission process - successfully implemented for 12/08
- The online submission of 2009 Interesting Case Presentation abstracts - **now open**
- Improved capability for eblasts to members
- Progress forward on the online Jobs Board
- Essential help with meeting planning and CME

Your hard-working AAES Council members have also been very busy. Normally AAES Council meets twice yearly, at the ACS meeting in fall and at the Annual meeting in spring, but this year Council also needed to meet in winter and news from that meeting includes:

- The AAES fiscal year will now run July 1 through June 30 (cycled prior around March 31)
- Later this year, the AAES Website will become fully managed by LP etc
- A proposed bylaws amendment to create Candidate and Resident membership categories will be presented for membership vote in Madison.





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## ANNOUNCEMENTS

If you did not perform a manuscript review last year and would like to do so this year, Steve Libutti would really like to hear from you.

If your email address has changed this year, please tell us immediately so we can continue to keep you informed of AAES matters as you would like. Also if you have recently turned 65 and thus become a Senior member, be sure to let us know.

Abstracts for the Interesting Case Presentation session, which will take place Tuesday May 5 from 10:30 am to noon in Madison, **are now being accepted online** by Vice President Jeff Moley.

AAES was accepted this year as an Associate Member of the Endocrine Section Council of the AMA.

This year's deadline for new member applications is January 31, 2009. Send new application materials directly to the Secretary-Treasurer's office.

Glenn Geelhoed is eager to recruit new volunteers for "lots of endocrine surgery procedures in remote regions among needy peoples"; contact him at [msdgwg@gwumc.edu](mailto:msdgwg@gwumc.edu).

## IN MEMORIAM

Ronald H. Nishiyama, MD passed away this year. Dr. Nishiyama was a premier endocrine pathologist and a treasured Honorary member of AAES. In the words of Orlo Clark, Dr. Nishiyama was loved by all, and made numerous important advances regarding endocrine tumors. Donations can be made to the Ronald H. Nishiyama fund established in his memory.

Stanley R. Friesen MD passed away Feb 28, 2008. Dr. Friesen was AAES President in 1983 and was the second recipient of the AAES Oliver Cope Meritorious Achievement Award. In the words of Geoff Thompson, Dr. Friesen was a beloved colleague, a giant in endocrine surgery, and a wonderful human being.

## THE AAES NEWSLETTER

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