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ORIGINAL ARTICLE

SSAT 2022 Presidential Address: 7 Things to Love About SSAT

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It is an immense honor and a privilege to serve as president at the 63rd Annual Meeting of the Society for Surgery of the Alimentary Tract (SSAT) and to be with so many talented colleagues and friends today. We are privileged to see each other in person again and to have a society that is vibrant and well after 2 years of virtual encounters. I would like to start by recognizing Evelyne, my love of more than 30 years. Thank you for all these years shared together! I would not be here if I had not been fortunate to work with 3 fabulous mentors: the late John C. Bowen III, a technically superb surgeon at the Ochsner Clinic, New Orleans (Fig. 1); the late Leslie H. Blumgart, a generous and smart risk taker at the University of Bern, Switzerland, and Memorial Sloan Kettering, New York (Fig. 2); and Edward M. Copeland III at the University of Florida, Gainesville, a classy gentleman who gave me unconditional support in my early years as faculty (Fig. 3). Following the footsteps of great mentors, you find energy, strength, and inspiration.

The vertical mentor–mentee relationships are critical, but just as important are the horizontal relationships with my fellow faculty at MD Anderson Cancer Center. Their work ethic and team spirit are unmatched. Thank you for being such wonderful colleagues and friends. When I accepted the presidency, I said I would provide some hepatocyte growth factor to the society and would strive to make SSAT a society where all feel welcome. Today, 7 members will highlight our society in video clips that will showcase 7 things to love about SSAT. Please forgive me if I insert myself here with some personal anecdotes.

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SSAT History

First up is Dr. David M. Nagorney, to highlight SSAT's history.

> *"Dr. Vauthey, thank you for the fleeting experience of giving a snippet of a presidential address as an at-large member. Truly a novel idea. Time will tell how visionary. Today, this society stands as a steadfast surgical arm of Digestive Disease Week and an integral component of many other surgical societies. As a member of the SSAT for over 35 years, it's evident that the society has exceeded the expectation of the founders. Its history proudly reflects vision, determination, and accomplishments, and its future is bright. Thank you for this opportunity."*

My history with SSAT started with some trepidation at the plenary presidential session in 1994. Back then, I presented 106 hepatocellular carcinomas resected at Memorial Sloan Kettering. I answered easily the questions that Dr. Nagorney had graciously given to me immediately before the session. However, I remember Dr. Bernard Langer's pointed question: "How many patients are censored at the tail end of the survival curve with cirrhosis?" I clearly admitted the type II error and the limitations of the paper in my short answer: "3–4 patients in each cohort".[1]

Dr. Langer passed away earlier this year. He was a talented surgeon and leader as Chairman of the Department of Surgery at the University of Toronto and president of SSAT in 1994. Under his leadership, the complicated application process for membership was simplified, including the requirements for academic credentials. As a result, SSAT was set on track to become the thriving society we know today, where all gastrointestinal surgeons are welcome.

Here, I would like to recognize the many SSAT members at large, like Dr. Nagorney, whom I visited in my first years as faculty. You invited me to observe your practice, and I watched firsthand not only top surgical skills but also efficient practice management. I even jogged around the lake with you at 5 AM. Thank you for being a quiet but steadfast

Fig. 1 J. C. Bowen III, MD. Chair of the Department of Surgery at the Ochsner Clinic, New Orleans

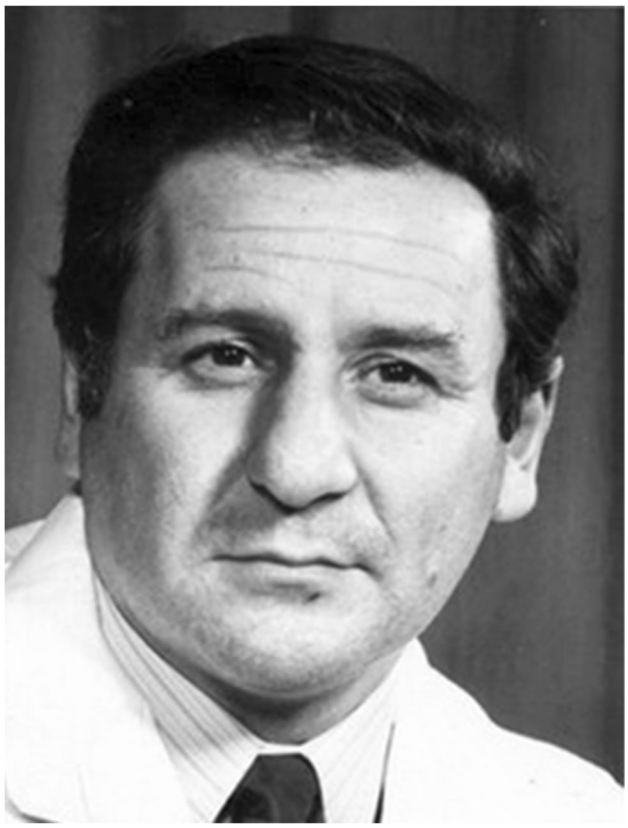

Fig. 2 Leslie H. Blumgart, MD. Professor and Director of the Department of Visceral and Transplantation Surgery at the University of Bern, Switzerland, and Chief of the Hepatopancreaticobiliary Service in the Department of Surgery at Memorial Sloan Kettering Cancer Center, New York

supporter of SSAT and its members over the years. Today, you should be sitting here in the front row.

To every member of SSAT, especially the young ones, I encourage you to be inspired by passionate surgeons. Please visit your best colleagues in your specialty. They will move your learning curve and help you transform your practice skills from those of a competent surgeon into those of an expert in the field (Fig. 4). [2]

Opportunities for All

Next, Dr. Haejin In highlights SSAT's focus on opportunities for all.

> "*Hi! My name is Haejin In. Reflecting on what I love about SSAT, it's that they constantly strive to be more inclusive and promoting of persons from all backgrounds. As a foreign medical graduate (FMG), this is very important to me. Except for grade school, which I did in the US, I was raised in Korea. I came to the US after medical school with the realization that as a female in Korea, I would probably never become a surgeon. And even if I did, I would never make it very far in academia. But my journey in the US was not without its struggles. Getting into a US residency program as an FMG was extremely difficult. My high scores got me a few interviews, but my unfamiliarity with the interviewing process and lack of sponsors resulted in my not getting matched. I learned the value of knowing the right people, people who have done it before, who can be your allies and sponsors, and that's what led me to join SSAT."*

Dr. In's story illustrates the obstacle course faced by FMGs. The quality of the residency programs in the US is unparalleled, and FMGs apply to the match programs with the hope of being accepted. Most of them are passionate and highly qualified. According to the National Residency Matching Program 2022 Annual Report, FMGs have accounted for 35 to 38% of all applicants to residency programs over the past several years.[3] But for FMGs, finding a residency is often an uphill battle. Many programs do not

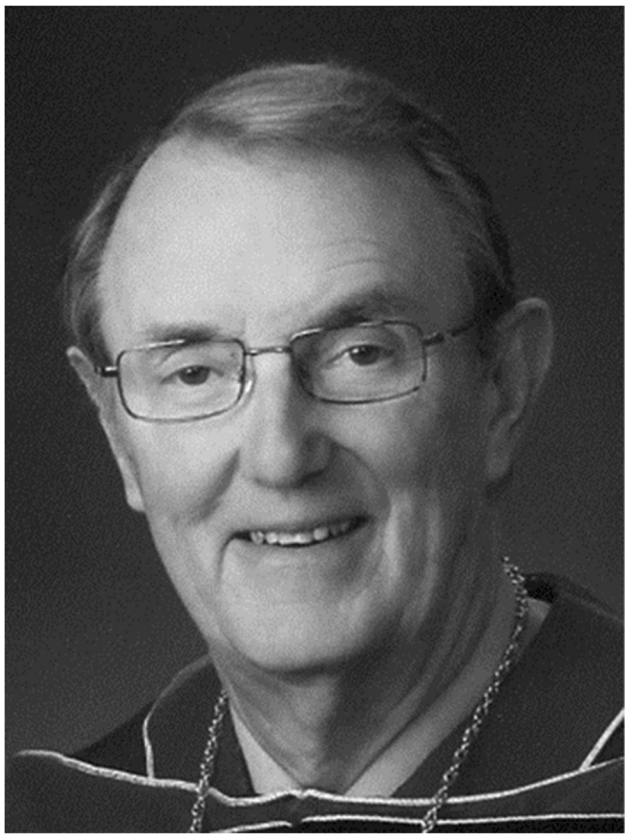

Fig. 3 Edward M. Copeland III, MD. Distinguished Professor at the University of Florida, Gainesville

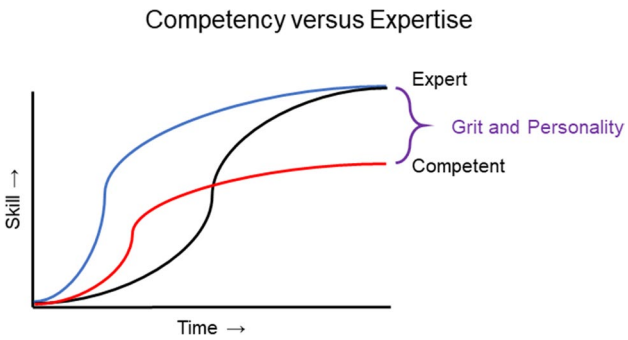

Fig. 4 While genetics and coaching can help speed the rate of skill acquisition, the defining neurocognitive features of elite performers are established only through extensive and deliberate practice

sponsor visas and do not accept FMGs. This makes for quite an uneven playing field. Once an FMG completes a training program, the path remains uncertain. Research options are limited, and the T32 research programs are open only to citizens and permanent residents. Furthermore, the J-1 visa rules require that trainees return to their home country after training unless they work in underserved communities under the Conrad 30 visa program.[4]

FMGs help extends medical care to people who traditionally have difficulty accessing it. They serve minority groups in much greater proportion than US medical graduates do (Fig. 5). Government, office-based visits and statistics show that FMGs serve more than 60% of Medicaid patients.[5] We are proud of having so many fine FMGs in our society. On the top row, we have the Argentinian–Italian connection with past presidents Carlos A. Pellegrini and Fabrizio Michelassi and current and past Board members Daniela Molena and Marco G. Patti. In the second row in the current leadership, we have Ranjan Sudan, Haejin In, and Imran Hassan.

Before moving to the next section, I would like to salute Olga Zhadan from Ukraine. You and your country are in our thoughts. We hope your family and friends are safe.

Multidisciplinary Society

Next, Dr. Valentine N. Nfonsam highlights SSAT's focus on multidisciplinary collaboration.

> "*I have been a member of the SSAT for several years now. The main reason why I like the SSAT is it being a premise for the collaboration not only between surgical specialties, but also medical specialties. This unique collaboration with other organizations positions the SSAT to be a leader in the management of diseases of the alimentary tract.*"

SSAT is a multidisciplinary society that encompasses all subspecialties of the gastrointestinal tract. As part of our most recent strategic initiative, we are now reaching out to other surgical societies, with Board members representing the Society of American Gastrointestinal and Endoscopic Surgeons, the American Society of Colon and Rectal Surgeons, and the Americas Hepato-Pancreato-Biliary Association (AHPBA). We are increasingly present at other meetings. In April 2022, at the International Hepato-Pancreato-Biliary Association (IHPBA) meeting, we had a wonderful symposium titled "IHPBA meets SSAT: 'Tell me How': Lessons in Leadership," a title that resonates well with our leadership among surgical societies.

Ten years ago, here in San Diego for the AHPBA/SSAT joint symposium, we exemplified leadership by combining a multidisciplinary topic and a fabulous speaker, Valérie Paradis, Professor of Pathology at Beaujon Hospital in Paris. Our gastroenterology colleagues packed Room 28-AB. They were not only standing at the back of the room but also sitting on the floor in front. In my academic experience, the most highly cited and impactful publications resulted from multidisciplinary collaborations with expertise from radiologists, medical oncologists, and pathologists.[6–8] Multidisciplinary collaboration is our academic currency and now extends well beyond the fields of surgery and medicine

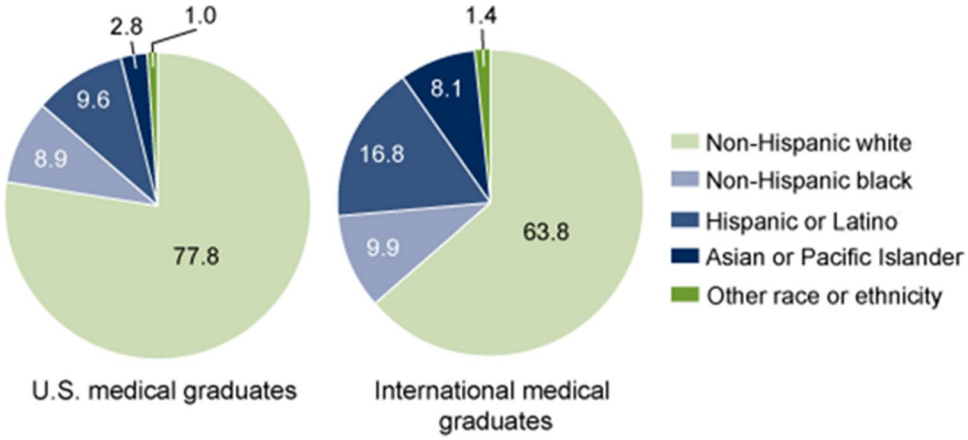

Fig. 5 Percentage of office visits to US medical graduates and international medical graduates by patient race and ethnicity [5]

to include big data management, artificial intelligence, and 3-dimensional virtual reality.

International Society

Next, Dr. Rebecca Snyder highlights SSAT's global outreach.

> "*Hello! I'm Rebecca Snyder, a surgical oncologist and HPB surgeon at East Carolina University and current vice chair of the SSAT Giving Back Committee. I'm delighted that Dr. Vauthey asked me to speak with you today to share some of the exciting collaborative initiatives led by the Giving Back Committee and International Relations Committee. The mission of the Giving Back Committee is to empower collaboration with low-resource areas throughout the world for improvement of alimentary tract surgical care and education. Through these relationships, we can share ideas, techniques, and research with each other as we work toward improving the quality of gastrointestinal surgical care and education across the world.*"

Global outreach has been the focus of my presidency (Table 1). The International Relations Committee and the Giving Back Committee have met monthly to expand the footprint of SSAT. These meetings included preparing webinars, addressing the specific needs of low-income countries, developing specific on-site presence and travel plans, and proposing reduced membership dues for low- and middle-income countries. Special thanks to Drs. Dempsey, Sudan, Hassan, Jones, Zibari, Gaskill, Vreeland, Snyder, Ribeiro, Stavrou, Cooper, Tseng, and Snyder for your input and participation. Multiple mechanisms of funding support are now in place (Table 2). Funding for new chapters is now based on gross national income, per the World Bank classification.[9] We have adjusted membership fees for low- and middle-income countries, our Global Outreach Fund has been supported by generous donors and members, and our Traveling Fellowship provides travel funds for surgeons in low- and middle-income countries.

During the past year, we had a record number of international webinars led by a cadre of excellent international chapter presidents (Table 3). Kudos to Dr. Montalvo-Javé, who organized the Mexican webinar on the importance of Tokyo Guidelines for cholecystitis. It was a resounding success, with more than 1000 participants. Our own intrepid ambassador, Ranjan Sudan, flew to India between 2 COVID-19 pandemic waves for the Indian webinar on robotic surgery held in New Delhi and was able to represent the society in person. The Italian webinar, led by chapter president Dr. Torzilli, featured the importance of education and the role of women in surgery.

We now have plans to expand to more countries. These efforts will include South Africa, Ghana, and the Philippines, as well as Latin America, including Honduras, Ecuador, and Nicaragua (Fig. 6). These are small countries where SSAT can make a big difference with the potential for on-site outreach trips by young members of our society who are eager to contribute to a better world.

Table 1 Activities of the global outreach working group

Monthly Meetings Spearheading Global Outreach
Leadership of International Relations Committee and Giving Back Committee
Preparation of Webinars and Addressing the Specific Needs of Low-Income Countries
Developing Specific On-site Presence and Travel Plan
Discussion and Proposal of Reduced Membership Dues for Low- and Middle-Income Countries

Table 2 Global outreach grants and funding support

1	Global Outreach Funds Budgeted to Develop SSAT Chapters
	Board of trustees approved $175 k for the development of 14 chapters, with budget adjusted according to World Bank classification: upper- and high-income countries, $10 k per chapter; low- and middle-income countries, $15 k per chapter
2	Yearly Membership Dues Reduced for Members in Low- and Middle-Income Countries
	Reduced membership dues for new chapters to $115 per member
3	SSAT Global Outreach Fund Established
	Grateful donors and members contributed almost $40 k in less than 6 months
4	SSAT Traveling Fellowship for Surgeons from Low- and Middle-Income Countries
	$8 k stipend includes support to travel to Digestive Disease Week and support to travel to an institution in the US where the surgeon will be hosted by an SSAT member

SSAT, Society for Surgery of the Alimentary Tract

Table 3 Society for surgery of the alimentary tract international webinars

Country	Chapter president	Title
Brazil	Ulysses Ribeiro Jr	Clinical Case Discussions
Germany	Hauke Lang	How I Do It—Surgical Video Seminar
India	Vikram Kate	Training Opportunities in Robotic Surgery
Italy	Guido Torzilli	Education and Training in Digestive Surgery
Kuwait	Mousa A. Khoursheed	Bariatric and Hernia Complications
Mexico	Eduardo E. Montalvo-Javé	Importance of Tokyo Guidelines
Peru	Cesar Rodriguez	Pancreas Cancer and Techniques in Hepatic Surgery

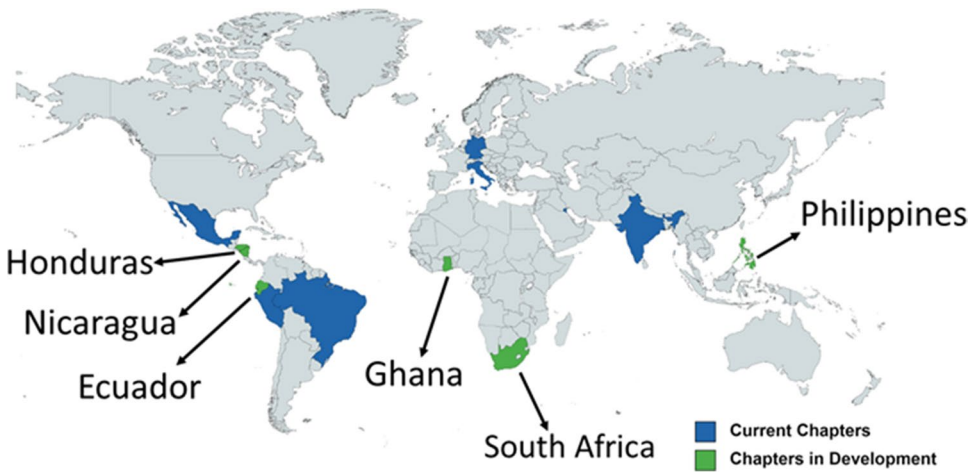

Fig. 6 SSAT global chapters that have been established and are in development

Inclusion of Allied Health Professionals

Next, Ms. E. Melissa Arvide highlights the inclusion of allied health professionals in SSAT.

> "*I'm among some of the first advanced practice providers here at SSAT. We are so excited to help grow and support this organization. We can't wait to see the future collaborations and opportunities that come with being part of this organization that we can then bring back to our own organizations.*"

Like other gastrointestinal societies, we have now extended membership to allied health professionals, and the board has approved an advanced practice provider (APP) working group. SSAT wants to be part of the nationwide emphasis on interdisciplinary and interprofessional team-based care. The trainee shortage and resident working hour restrictions have led to the integration of APPs into all surgical subspecialties, including general, bariatric, and gastrointestinal surgery.

APPs participate in all surgical practice settings: outpatient and inpatient settings and operating rooms. They

contribute to education and research even in nonclinical settings. Several studies have confirmed how APPs add value to patient care teams by (1) increasing the number of patients seen and decreasing the length of stay, (2) improving patient access, decreasing wait times, and increasing patient satisfaction scores, and (3) improving professional satisfaction and team collaboration.[10,11]

Much of the APP value to practice is difficult to measure and track. Often, the true value to practice is "behind the scenes" and hidden from usual practice value metrics. However, APPs are clearly valuable. APPs are instrumental in the coordination of care for surgical patients, APPs enhance patient education and navigation, APPs bridge the gap in communication between providers and referring physicians, and APPs facilitate trainee education. Overall, APPs improve patient care outcomes and are more in touch with the patient's immediate needs than surgeons are. E. Melissa Arvide and Sarah E. Smith from the University of Wisconsin are leading the APP working group. We welcome the APPs as members of SSAT. Your participation will contribute to the strength and diversity of SSAT.

Join Early, Stay Late

Next, Dr. Zhi Ven Fong highlights SSAT's engagement with trainees.

> "*My name is Zhi Ven Fong, and I'm a surgical oncology fellow at Dana Farber, Mass General Brigham. SSAT is one of the best societies a trainee can be a part of. This is one meeting I make a plan to come to every year. I've been a SSAT team member since I first presented at DDW as a medical student over 10 years ago, and I look forward to coming to this meeting for many more years to come until I retire 40 years from now.*"

SSAT prides itself on engagement with trainees. We presently have 8 committees and a working group with candidate members (Table 4). The committees range from the Diversity and Inclusion Committee to the Early Career Working Group. Residents and fellows from all corners of the country and now overseas benefit from the leadership opportunities offered by committees and working group participation. Our candidate members are among the main drivers of social activities throughout the year. The Resident and Fellow Education Committee's annual American Board of Surgery In-Training Examination (ABSITE) webinar is a hit every year, with 206 live attendees last year and 1000 more viewing the upload on YouTube. The most popular SSAT YouTube video for the past year was the general surgery boards video, which netted almost 3000 views (Fig. 7).

We have had 34 years of the Residents and Fellows Research Conference at this meeting. Every year, the society's leadership and Board of Trustees spend the day getting to know candidate members and discussing the fantastic papers presented. We look forward to seeing these members develop into the next generation of SSAT leaders. This slide summarizes a talk I presented at the European Surgical Association (Table 5).[12] This is my message of wisdom to trainees so eager to succeed in academic surgery. Never forget the basics: anatomy and selflessness. There is no small task if it is done well. The vertical mentor–mentee relationship is important, but most important are the horizontal relationships with colleagues of various disciplines. Relationships do matter. Practice with prudence and combine judgment with experience. Last but not least, for

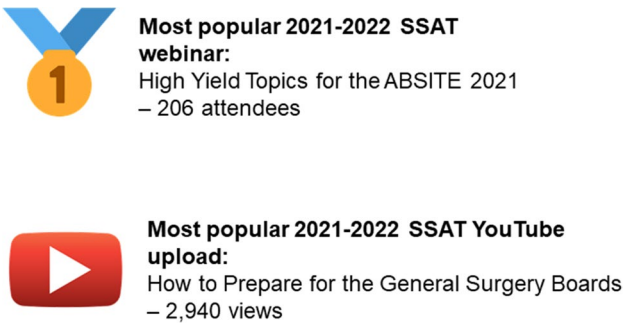

Fig. 7 Most popular SSAT candidate member–driven educational webinars for residents and fellows according to the number of attendees or views. ABSITE: American Board of Surgery In-Service Training Examination

Table 4 Society for surgery of the alimentary tract committees and working group with candidate members

Diversity and Inclusion Committee
Resident and Fellow Education Committee
Member Services Committee
Communications Committee
Twitter Subcommittee
Public Policy and Advocacy Committee
International Relations Committee
Giving Back Committee
Early Career Working Group

Table 5 Keys to success in academic surgery

Knowledge of anatomy
Valuing the incidental task (selflessness)
Vertical relationships (mentor and mentee)
Horizontal relationships (multidisciplinarity)
Practice
Prudence
Research and innovation

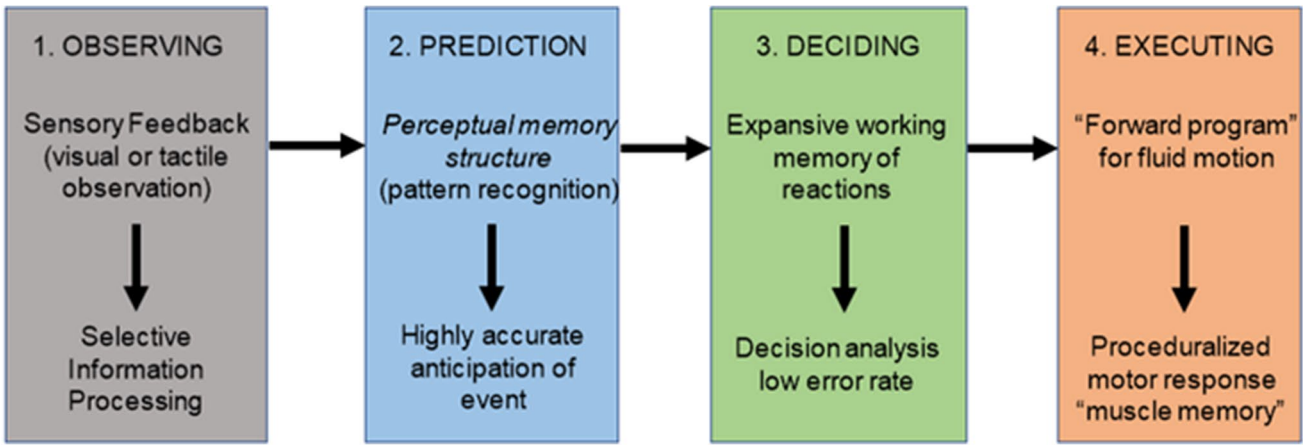

Fig. 8 Stepwise example of how elite performers do it better

your research endeavors, please avoid at all costs "Excel surgery," but rather excel in surgery. We are not called to be the "Marie and Pierre Curie" of surgery in terms of discovery, but please "be students of the disease," and innovate.

Early Career Working Group

Finally, Dr. Jessica Zaman highlights SSAT's Early Career Working Group.

"*Hi! I'm Jessica Zaman. I'm an MIS bariatric surgeon from Albany, New York. I'm also the program director for the general surgery residency program here. Today I am going to say a few words about the SSAT Early Career Working Group, which is a group that was recently formed by a chair, Tim Vreeland. I personally joined SSAT at the urging of my chair at the time, Dr. Steven Stain. Dr. Stain showed me that this society would be well worth my time. He was right. Since joining the society, I have met some amazing colleagues. I've also started a podcast with my co-host, Dan Nelson, and met some amazing mentors from throughout the country.*"

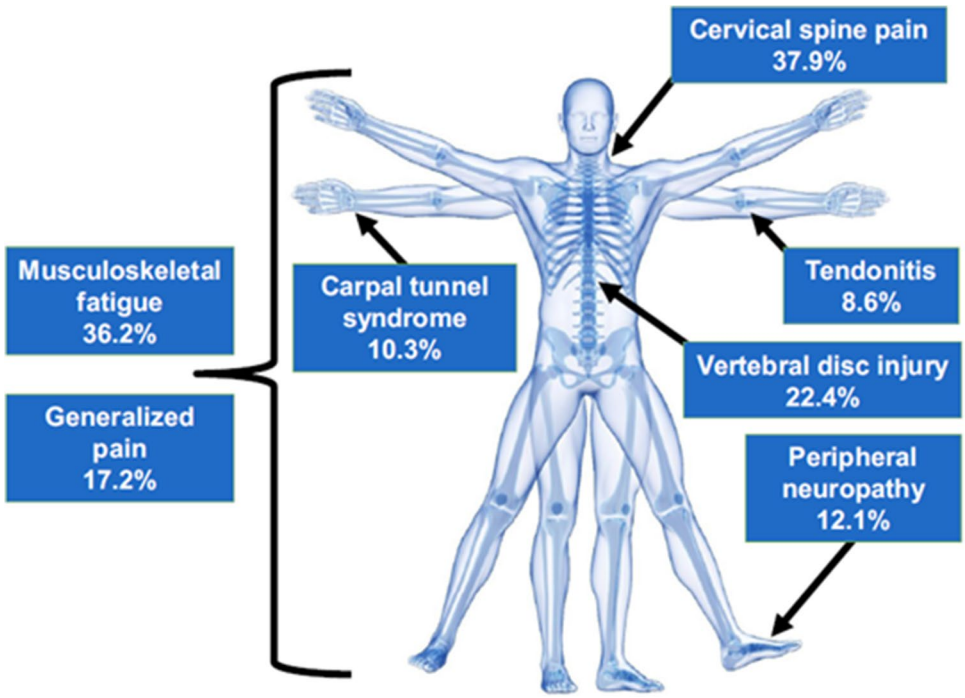

Fig. 9 Most common injuries identified by the Occupation-Related Symptoms and Injury Survey. (Adapted from Voss R, et al. J Am Coll Surg. 2017 [15] with permission)

The Early Career Working Group was created to address the needs of surgeons in their first years of practice and to help graduating residents and fellows transition into their new working environment. Like playing in a chess tournament, this process is stressful and can be exhausting.[13] Anatoly Karpov and Garry Kasparov played each other at the 1984 World Chess Championship, but the tournament was canceled after 48 games. Mr. Karpov had lost 22 pounds and looked like death. Elite chess players can burn thousands of calories per day in high-level tournaments owing to a combination of the sympathetic nervous system and cerebral cortex stimulation. Also, Roger Federer burns 500 cal in 1 h of singles tennis.

An enormous amount of energy is spent just using one's prefrontal cortical function (consciousness) to try to make the best decisions for patients. Being young faculty in a new environment is arguably the most challenging moment of a career. You are challenged at multiple levels to formally integrate what was learned in residency and fellowship, in effect going beyond step 1 and simultaneously observing and predicting, then deciding and executing (Fig. 8).[14]

An important consideration is occupation-related symptoms and injuries associated with an active practice. In an institutional survey, 28% of surgeons reported injuries, and two-thirds of these surgeons received treatment for them. Optimize the surgical exposure and prioritize ergonomics (Fig. 9). Do not stay on the same side of the operating room table. You should dance around the operating room table, and the operating table should move up and down and to the left and to the right for you.[15]

Finally, slow down, and listen to your colleagues. This may give you a healthy pause and a broader and healthier perspective. Please listen to Dr. Rohan Jeyarajah and Dr. Taylor S. Riall. They have words of wisdom on well-being in their fun conversation on the American College of Surgeons YouTube channel.[16] As my administrative assistant, Ruth Haynes, says, "Please be kind; everyone is fighting some kind of battle."

A concluding smile and some thoughts for Gabriel and Clotilde, who could not be here today. You are studying very hard. Keep faith in yourself, and you will find your place in this complex world. Your kindness will serve you well. "Unus pro omnibus, omnes pro uno." (One for all, all for one.)

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Declarations

Conflict of Interest The author declares no competing interests.

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