



The State of the SSO: Responding to the Pandemic and Beyond

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I want to begin my address by expressing my sincere thanks to the Society of Surgical Oncology (SSO), which has meant so much to me over the years. I consider the SSO to be my academic and clinical home, and I am very grateful for the opportunity to have led the SSO over this past year. This experience was greatly enhanced by the strong leadership of Eileen Widmer and the entire SSO staff, along with the members of the Executive Committee (Doug Tyler, Sandra Wong, Kelly Hunt, Ron DeMatteo, and David Bartlett).

I also want to thank the people who have made this journey possible for me. My wife Denise has supported and tolerated my passion for surgery with love and understanding. My children challenge me intellectually and to be a good role model. My development in medical school was positively influenced by my friends and classmates, but also Roger Foster (Fig. 1a). He suggested that I apply to residency at Barnes Hospital under the leadership of Samuel A. Wells (Fig. 1b), a masterful surgeon–scientist and previous President of this society. I was fortunate enough to match there, where Dr. Wells instilled a strong work ethic and demanded excellence. I also had the privilege of doing research for 3 years under his direction and that of Helen Donis-Keller, PhD (Fig. 1c). These years were critical to my development as a surgeon–scientist. I also thank the many surgeons at Washington University who were such powerful and positive influences on me (these include Jeff Moley, Jeff Norton, Jessie Ternberg, Bill Monafo, Gregorio Sicard, Charlie Roper, Wayne Flye, Bill Kraybill, Marvin Lopez, and many others).

I was lucky once again to match into the fellowship program at Memorial Sloan Kettering. Like so many of my predecessors, I am indebted to Sir Murray Brennan (Fig. 1d) for teaching me how to think critically about clinical and scientific problems. There were so many excellent role models there, and working with these talented individuals left enduring impressions on me (notably Dan Coit, Al Cohen, Jatin Shah, Ashok Shaha, Elliot Strong, Michael Burt, Pat Paty, Jose Guillem, Leslie Blumgart, Yuman Fong, Pat Borgen, Richard Barakat, David Klimstra, Carlos Cardon-Cardo, and many others). From there, I took a job at the University of Iowa, and I am beholden to Carol Scott-Conner (Fig. 1e) for hiring me, giving me room to grow, and having the faith in me to lead the Division of Surgical Oncology and Endocrine Surgery. I am also appreciative to Nelson Gurll for being a great example of the complete endocrine surgeon, and to Thomas and Sue O’Dorisio (Fig. 1f, g) for teaching me so much about taking care of patients with neuroendocrine tumors, which has become my greatest passion in medicine. And finally, I am grateful to Ron Weigel (Fig. 1h), my Chairman and friend, for guiding me in career development and being an outstanding role model of a surgeon–scientist and leader.

I prepared for my Presidential address by reading through all of those of my predecessors. These frequently discuss the difficulty of figuring out what to talk about, and generally land on the history of the organization, important initiatives of the past years, or trying to predict the future. As I read these papers, the focus of my talk became very clear. Members of the human race, and our society, faced exceptional new challenges over the past year, and I had to tell the story of how these affected the SSO.



FIG. 1 a Roger S. Foster, M.D.; b Samuel A. Wells, Jr., M.D.; c Helen Donis-Keller, Ph.D.; d Murray F. Brennan, M.D.; e Carol Scott-Conner, M.D., Ph.D.; f Thomas M. O'Dorisio, M.D.; g M. Sue O'Dorisio, M.D., Ph.D.; h Ronald A. Weigel, M.D., Ph.D

THE BEGINNING OF 2020

Relevant to this narrative is remembering that infectious diseases were the leading cause of death up until the 20th century. Jenner's vaccinations to protect against smallpox in 1796 and the use of antibiotics for treating infections in the 1940s were two major advances that led to improved methods for reducing the large number of deaths from infectious disease. The last great epidemic in the USA was the H1N1 influenza of 1918, the Spanish flu, which killed an estimated 675,000 Americans.¹ In contrast, the polio epidemic of 1952 killed 3145 people, but about 700,000 have died from HIV/AIDS between 1981 and 2018.² The situation we were to face in 2020 was in retrospect most similar to the pandemic of 1918, but we began the year full of hope with grand plans for the SSO. My story today is about how the SSO has been affected by the pandemic and how this resilient society responded to it.

We were all looking forward to the reimagined annual meeting to be held in Boston from 25 to 28 March 2020. The Annual Meeting Reimagination Task Force (AMRTF) and Scientific Program Committee (SPC) had spent a lot of time analyzing previous meetings and how people learn in order to make the annual meeting more suitable to our members' needs. The most noteworthy innovation of the reimagined meeting was to create a gathering place, known as "The Hub," to replace the traditional exhibit hall. This

would be a large open space with five distinct zones devoted to disease sites, each with a vendor on one side, and a place for presentations and gathering on the other. Here members could come together and exchange ideas, interface with industry, and catch a greatly expanded educational content more tailored to their needs in a less formal setting. The traditional meeting sessions were reduced in length, giving more time for breaks and networking, and there were more opportunities for members to be involved in the meeting. Interest and excitement in this reimagined meeting were very high, and 3 weeks out from the event we had set a new record number for registrants at 1486.

Right around this time, however, certain global and national events began that were to profoundly influence the year to come. On 9 January, the World Health Organization (WHO) announced a number of pneumonia cases in Wuhan, China, and on 21 January 2020, the first similar patient in the USA was reported in Washington State (Table 1).³ On 31 January 2020, the WHO announced a global health emergency, and on 2 February 2020 the USA declared a travel ban from China, followed by a national health emergency on 3 February 2020. The WHO named the virus responsible SARS CoV-2 and the disease COVID-19 on 11 February 2020. Due to a large number of cases, Italy locked down on 9 March 2020, and US cases reached 1000 by 12 March 2020. The WHO declared a

TABLE 1 Noteworthy events in the COVID-19 pandemic in 2020 and early 2021³

Date	Event
9 January 2020	WHO announces pneumonia cases in Wuhan
21 January 2020	First US case reported in Washington State
31 January 2020	WHO issues global health emergency
3 February 2020	US declares public health emergency
11 February 2020	WHO names SARS-CoV-2/COVID-19
9 February 2020	Italy locks down
11 March 2020	WHO declares pandemic; NY stock market drops
13 March 2020	Trump declares national emergency; European travel ban
25–28 March 2020	SSO in-person meeting 2020 (postponed)
26 March 2020	Senate passes CARES Act
30 March 2020	FDA EUA for hydroxychloroquine
2 April 2020	CMS preventive measures for long-term care centers
28 April 2020	US cases exceed 1 million
1 May 2020	FDA EUA for remdesivir
15 May 2020	Gating criteria announced to reopen economy
28 May 2020	US deaths pass 100,000
10 June 2020	US cases reach 2 million
23 July 2020	US cases pass 4 million
8 August 2020	US cases reach 5 million
17 August 2020	COVID-19 becomes third leading cause of death in US
17–18 August 2020	SSO Virtual Meeting 2020
31 August 2020	US cases pass 6 million
22 September 2020	US deaths pass 200,000
28 September 2020	Worldwide deaths exceed 1,000,000
2 October 2020	President Trump tests positive for COVID-19
4 November 2020	US reports 100,000 cases per day
16+18 November 2020	Moderna + Pfizer vaccines report high efficacy
11+18 December 2020	FDA grants EUA for Pfizer + Moderna vaccines; vaccinations begin
1 January 2021	20 millionth confirmed case in US
19 January 2021	US passes 400,000 deaths; leading cause of death in USA in January
22 February 2021	US passes 500,000 deaths
27 February 2021	FDA EUA for Johnson & Johnson/Janssen vaccine
18–19 March 2021	SSO Virtual Meeting 2021
26 March 2021	30 million cases in the US, > 120 million cases globally

WHO World Health Organization, *SSO* Society of Surgical Oncology, *FDA* Food and Drug Administration, *CMS* Centers for Medicare and Medicaid Services, *EUA* Emergency Use Authorization, *US* United States

pandemic on 11 March 2020, and the New York Stock Exchange experienced a significant drop that week. President Trump declared a national emergency on 13 March 2020 and announced a European travel ban. The federal government chose not to take the lead in stay-at-home orders or lockdowns, and instead, states began by issuing their own decrees, which generally meant that people could only leave their homes for “essential” activities, and many ordered the closing of nonessential businesses. California started this on 19 March, followed by Illinois and New Jersey on 21 March, New York on 22 March, and Massachusetts on 24 March. By 7 April, 43 states had issued

similar stay-at-home orders, while 7 states never issued these orders, including my home state of Iowa (as well as North and South Dakota, Nebraska, Arkansas, Utah, and Wyoming). Against this backdrop of escalating case numbers and state orders, the SSO’s 2020 Annual Meeting was set to take place on 25–28 March at the Hynes Convention Center. Since the number of US cases was rapidly increasing and lockdowns were imminent, by the second week of March, we were developing significant concerns about bringing our membership together for the annual meeting in Boston.

CHALLENGES ENCOUNTERED FOR THE 2020 ANNUAL MEETING

The SSO leadership group (including President Dave Bartlett, myself as President-elect, and CEO Eileen Widmer) was meeting weekly, and by the end of February, we began discussing how the situation unfolding with COVID-19 might affect our upcoming meeting. The SSO management team started to explore the implications for canceling or postponing the meeting. At this point, there were no travel bans to Boston, but state authorities were discussing contact tracing programs and possible quarantines. The implausibility of having an in-person meeting in late March was becoming clearer, despite the fact that we had just successfully held our Advanced Cancer Therapy meeting from 15 to 17 February, and the Americas Hepato-Pancreato-Biliary Association were just beginning their annual in-person meeting on 5 March. The financial implications were huge, with hotel contracts specifying the booking of a large number of rooms, substantial budgets for food, and charges for renting the convention center and meeting rooms. Work was already underway constructing the physical structures that would define the Hub, as well as banners and other decorations. The leadership group met often to look for ways we could be released from our various contracts. We learned many things, including that *force majeure* provisions did not cover infectious disease outbreaks. The pandemic was becoming a bigger and bigger problem, and although restrictions on large gatherings were being threatened, they were not yet in place, and therefore we could not be freed of our obligations. Fortunately, the SSO staff had a long-standing and good relationship with both the hotel and the Hynes Convention Center, which allowed us to negotiate to find solutions.

We needed to make the difficult decision to either cancel the meeting, postpone it until later in the year, or move to a virtual format. Because of the uncertainties of what was to happen with the virus, and the hope that we could still have an in-person meeting, we were able to reach a deal to reschedule our meeting to later in the year without penalty for the dates of 17–20 August. The cost of simply canceling the meeting would have been significant, estimated to be around US\$1.4 million, and we could reduce this loss to around US\$700K by postponement. On 5 March 2020, the Executive Committee (EC) promptly voted to postpone and reschedule the in-person meeting, and an urgent meeting of the Executive Council was called the following day, where the larger governing body unanimously approved the measure. This gave the SSO some breathing room, and time to survey what was happening around the nation. The EC met weekly for the next month so that a quick consensus could be reached on a number of issues related to the society brought about by the pandemic. Plans also had

to be made to move fellowship interviews to an online format, reschedule the annual business meeting, modify publication rules for abstracts accepted to SSO 2020, set up COVID-19 resources on our website, and finalize the contract language related to postponement.

Meanwhile, the number of COVID-19 cases and deaths was exploding in the USA. In New York City alone, the first case was reported on 1 March, and by the end of the month, there were 31,000 confirmed cases. Hospitals there were filling to capacity, the Army Corps of Engineers were preparing 2190 beds in the Javitz Convention Center to accept overflow patients, and the hospital ship USNS Comfort entered New York Harbor on 30 March. Travel bans and lockdowns were becoming increasingly common, and universities and medical centers across the country were not allowing domestic or international travel. The Congress passed the Coronavirus Aid, Relief, and Economic Security (CARES) Act on 26 March 2020, which was signed into law by the President the following day. This provided economic assistance to workers, small businesses, and state and local governments to help Americans weather the negative effects of COVID-19 on the economy. The situation was no better in the rest of the world, with Italy declaring a lockdown on 9 March 2020, and Spain on 16 March 2020.⁴

The membership was informed of the meeting postponement on 6 March, immediately following approval by the Executive Council, and registrants were given the option of being reregistered for the August meeting or refunded. The wisdom of postponing our meeting was confirmed in hindsight by analyzing the repercussions of a meeting of a biotechnology company (Biogen) held in Boston on 26–27 February with just 175 attendees. Follow-up studies revealed that this led to COVID-19 infections in more than 100 participants, which were estimated to have resulted in as many as 245,000 cases internationally.⁵ Other events in the USA around this time that led to large numbers of cases included Mardi Gras in New Orleans (culminating on 25 February, Fat Tuesday) and a funeral in Georgia on 29 February. We were fortunate that we could postpone the meeting and therefore avoid another super-spreader event that would directly affect SSO members, their families, and their patients.

On 2 April 2020, the Center for Medicare and Medicaid Services (CMS) introduced preventative measures for long-term care centers, US COVID-19 cases exceeded 1 million by 28 April 2020, and there were 100,000 deaths by 28 May 2020. Many meetings were being canceled, and large organizations like the American Association of Cancer Research (originally scheduled to meet 24–29 April in San Diego) and the American Society of Clinical Oncology (29 May to 2 June in Chicago) changed from in-person to virtual meeting formats. The EC met several times in April,

where the most important discussions revolved around what to do with our annual meeting. It was becoming clear that our meeting, whether there could be an in-person component, would need to have a strong virtual component. On 23 April 2020, the EC voted to explore what it would take to change our in-person meeting in August to a virtual one. There were challenges to this, since companies hosting virtual meetings were by now being inundated with requests, and we needed to decide quickly. The long-standing relationship between the SSO and the event company Freeman became very important, allowing us to work with a trusted vendor to develop the virtual meeting.

During May, COVID-19 cases were continuing to increase, and it became clear that restrictions on gatherings and University travel bans were not going away. We decided we needed to cancel the in-person component of our postponed meeting and make it completely virtual. The EC formally voted to move forward with a virtual rather than in-person meeting on 7 May 2020, which was approved by the Executive Council on 11 May 2020. We also decided that, under these extraordinary circumstances, we should make this meeting free to our members. An email was sent to all registrants and members on 13 May 2020 offering the options to refund their money, make a donation to the research fund, or apply the registration fee to membership dues for the upcoming year. All hotel reservations made through the SSO website were canceled by our event management company.

The EC approved signing a contract with Freeman for a virtual meeting on 4 June 2020, and the SSO senior leadership team and the entire staff immediately began researching how other organizations were dealing with the loss of in-person meetings, and how to deliver content to our members. Meanwhile, the SPC, led by Chair Herb Zeh and Vice-Chair Marty Heslin, had already been thinking about how we should reconfigure our in-person meeting to a virtual format. Although we have had a virtual meeting component offered online after all of our meetings since 2013, this was made up of videos of the named lectures and symposia or abstract sessions occurring in the main meeting room, with all other sessions having audio recordings synched with the slide presentations. These previous virtual meetings were available 1 month after the meeting, and in 2019, members who registered could access this for US\$25, with the cost increasing to US\$299 for members who did not register. These were archived and could be accessed free of charge 1 year after the meetings occurred. The big challenges facing the SPC and EC were to decide how long the meeting should be, how much and what content to deliver, and how to work out logistics on the platform we had selected. There was concern for online meeting fatigue, since we all had been videoconferencing since March on almost everything, and our capacity to

capture all of the subject matter we had planned to deliver at the 2020 meeting within a 2–3-month timeframe was not going to be possible. The number of hours of content delivered at the previous meeting in 2019 was 71 h, and the 2020 meeting with the expanded Hub content offerings was to increase this to 105 h. Due to logistical challenges and the concern that people would not sign on for more than a few hours a day, the goals set for the virtual meeting were to maintain the named lectures and keep all of the parallel oral abstract presentations and posters, but to eliminate the symposia, debates, and special interest sessions. Our first priority was to allow residents and fellows to present their clinical and basic science research, and therefore a template for the virtual meeting was proposed (Fig. 2), which was approved by the EC on 18 June 2020.

Throughout the spring and summer, we all had attended a number of virtual conferences with varying levels of success achieved in different meetings. Some were well attended, but the virtual experience was not always pleasing, and many sites were difficult to navigate. Some things were clearly lost with the virtual format, such as human contact and networking, the interactivity of sessions, and the experience for those giving presentations. On the other hand, there was great convenience and improved safety in not having to travel, and most content could be accessed on demand after the fact. We knew from previous SSO member survey data that networking was the highest-ranked reason for attending our meetings, which was something that would be hard to replicate with a virtual meeting.

PERFORMANCE OF THE 2020 VIRTUAL MEETING

The virtual meeting was successfully delivered on 17–18 August 2020. There were 140 oral presentations given over 12 parallel sessions, and there were 379 posters and 8 top-rated videos. The total number of hours of content was 20.3. There were 1030 unique users from 43 countries, with 760 signing on the first day and 557 the second day. A comparison with comparable sessions from 2019 is shown in Fig. 3, which reveals similar attendance figures for the 2020 virtual and the in-person 2019 meeting. Some sessions had even higher attendance virtually than seen the previous year, and these included HPB1, Upper GI, HPB2, and Quality 2. The industry-sponsored symposia were also well attended, with 248 people attending on the first night and 181 the second. The named lectures had lower attendance than in previous years, with the exception of the ACS/SSO Basic Science lecture. Since attendees at in-person meetings are more of a captive audience, having largely traveled out of town, the drop in attendance for the

SSO 2020 Virtual Meeting Schedule							
EDT	PT	Monday, August 17					
5:00 PM	2:00 PM	Welcome & Announcements , including the Charles M. Balch, MD, Distinguished Service Award					
5:15 PM	2:15 PM	SSO Presidential Address					
5:45 PM	2:45 PM	James Ewing Lecture					
6:15 PM	3:15 PM	5 minute break					
6:20 PM (85 total min)	3:20 PM (85 total min)	Breast Virtual Forum 1	Hepato-Pancreato-Biliary Virtual Forum 1	Quality Improvement/Clinical Outcomes Virtual Forum 1	Melanoma Virtual Forum	Endocrine & Other Surgical Oncology Virtual Forum	Upper Gastrointestinal Virtual Forum
7:45 PM	4:45 PM	15 minute break					
8-9 PM	5-6 PM	OPTIONAL Independent Satellite Symposia: Taking the Leap With Immunotherapy in Resectable Melanoma: Immune Checkpoint Inhibitors as Adjuvant and Neoadjuvant Therapy and Other Intersections With Surgical Management (60 min)					
EDT	PT	Tuesday, August 18					
5:00 PM	2:00 PM	John Wayne Lecture					
5:30 PM	2:30 PM	American Cancer Society/SSO Basic Science Lecture					
6:00 PM	3:00 PM	5 minute break					
6:05 PM (75 total min)	3:05 PM (75 total min)	Breast Virtual Forum 2	Hepato-Pancreato-Biliary Virtual Forum 2	Quality Improvement/Clinical Outcomes Virtual Forum 2	Colorectal Virtual Forum	Peritoneal Surface Malignancies Virtual Forum	Sarcoma Virtual Forum
7:20 PM	4:20 PM	10 minute break					
7:30-8:30 pm	4:30-5:30 pm	OPTIONAL Independent Satellite Symposia: Making the Most of the New Era of Immuno-Oncology in TNBC: Essential Guidance for Surgeons on How to Maximize the Potential of Immunotherapies and Combinations in Advanced and Early-Stage Breast Cancer (60 min)					

FIG. 2 Template of SSO 2020 virtual meeting

named lectures at the 2020 virtual meeting may have been related to the fact that participants were more likely to sign on between clinical activities or on one day.

A post-meeting survey was sent to members to get their impressions of the meeting. The number of respondents was 366 people, of whom > 90% rated the meeting as good to excellent, > 90% thought the scientific value was good to excellent, and > 90% felt that the content was relevant to their practice and of a high standard. The ratings dipped to just 84% of respondents voting that the sessions were useful and conducive to learning. In retrospect, things that could be improved upon were how questions were posed to the speakers, and the variation in how these were handled in the different sessions. The lack of networking opportunities and the feeling of lack of connection with others were some of the biggest deficiencies of the virtual format. There were some platform glitches experienced as well, but fewer than expected. These included the sudden playing of loud jazz music over the audio of the last few minutes of the Presidential address, and two talks from one parallel session being mistakenly started in another session. Some people had difficulty accessing the posters using certain

browsers. The SSO staff were very responsive to problems, but were spread fairly thin by running six concurrent sessions.

FIRST ONLINE BUSINESS MEETING

The SSO bylaws specify that an annual business meeting must be held each year, within 13 months of the previous meeting. At this meeting, reports are given by the President, the Treasurer, and various officers and committee members, and the new council members and officers are voted upon. This is also the time when the President-elect ascends to President and takes over leadership of the society. This must be attended by at least 100 members or 10% of eligible voting members in person or by proxy, and members must be notified between 10 and 50 days of the date of the meeting. The normal timing of this meeting is on the last day of the annual meeting, a time where many members may have already departed and attendance is usually limited to just a fraction of the membership. The SSO bylaws allow for an electronic meeting, and since the postponed meeting was moved to August, we needed to

Session Attendance						
Virtual Forum Session - Livestream	Night	LIVE		ON DEMAND	2020	SSO 2019
		Unique Users	Questions	Unique Users	TOTAL VIEWS	
Breast 1	Monday	235	15	98	333	395
Endocrine/Other	Monday	52	14	43	95	100
HPB 1	Monday	162	16	72	234	190
Melanoma	Monday	136	22	70	206	140/75
Quality 1	Monday	45	6	24	69	95
Upper GI	Monday	96	22	53	149	115
Breast 2	Tuesday	104	22	46	150	175
Colorectal	Tuesday	42	10	33	75	95/50
HPB 2	Tuesday	96	15	43	139	60
Peritoneal Surface Malignancies	Tuesday	60	8	32	92	-
Quality 2	Tuesday	75	4	16	91	35
Sarcoma	Tuesday	66	21	36	102	155

Lectures - Livestream	Night	LIVE		ON DEMAND		SSO 2019
		Unique Users		Unique Users	TOTAL VIEWS	
Welcome & Announcements	Monday	255		64	319	-
SSO Presidential Address	Monday	394		148	542	1000
James Ewing Lecture	Monday	385		55	440	1000
John Wayne Clinical Research Lecture	Tuesday	169		53	222	1000
ACS/SSO Basic Science Lecture	Tuesday	201		31	232	140

FIG. 3 Attendance of different sessions in the 2020 virtual meeting (both live and on-demand after the event), with comparison with the 2019 in-person meeting

schedule the business meeting before the end of April. We decided to hold this on 16 April 2020. This was given in a webinar format, and questions could be asked using the chat function. The attendance at the virtual business meeting was 170, which was substantially higher than we had in-person in 2018 and 2019. This demonstrated that the online format could successfully deliver the necessary information to our members, and participation improved.

FISCAL EFFECT OF THE PANDEMIC ON THE SSO

For most societies, the biggest single expense and greatest source of revenue is their annual meeting. Even though we could circumvent the hotel and convention center penalties by postponing our meeting from March until August, we had already expended significant funds for the in-person meeting, including a lot of staff time, as well as creating unique designs for the Hub and beginning construction on some of the physical items that would be in the hall. The change to a virtual meeting also created new costs for the online platform, recording and editing talks, and management of the abstracts and posters. On the positive side, there were also many savings, such as not needing to rent the convention center, not providing food for the attendees, and not renting rooms for committee meetings. There were new trials in terms of securing educational and industry grants to help support the costs of the meeting, as providing value in an online format was challenging. We had also sold space in the Hub to a select

group of vendors, and without this actual physical space, we would not be able to deliver on the Hub concept as promised. Once again, the SSO staff worked hard to overcome these issues. We decided that having our members stay connected by attending the virtual meeting during the pandemic was more important than revenue, so we decided not to charge our members for registration. Even without registration income, through reduced expenses, having two non-CME industry-sponsored sessions, and staff successfully applying for grants and educational funding, we were still able to realize a modestly positive bottom line, which was comparable to previous meetings.

Another significant test to the functioning of the SSO came through the mandatory stay-at-home orders for “non-essential” workers in Chicago, which began on 21 March 2020. Fortunately, the SSO has consistently upgraded its informational technology systems over the years, so the staff could change to working remotely without missing a beat. There were two staffing vacancies at the beginning of the pandemic, and the Executive Council approved of hiring two new staff members to replace them on 25 March 2020; another staff member left on 20 April. With the uncertainties of the coming year, these hires were put on hold, and Ms. Widmer and the staff worked creatively to distribute duties and projects across existing personnel. Limited reopening was allowed in Chicago on 3 June 2020 (phase 3: gatherings of < 10 people, some businesses with safety precautions), and more on 26 June 2020 (phase 4: < 50 people gatherings, school reopening, bars and

restaurants open), but things returned back to phase 3 on 29 October 2020. Everyone adapted very well to working virtually, which allowed for the staff to be protected, and none developed severe or symptomatic COVID-19.

Another important step taken was applying for a Paycheck Protection Program loan under the CARES Act. This was done very early in the process (approved by the EC on 9 April 2020) and was successfully secured. A thorough review of ongoing projects and expenditures for 2020 was performed, and many were canceled or deferred and fiscal strategies were presented to the EC on 30 April. These measures allowed our organizational infrastructure to function in this new capacity without further depleting reserves, which had already been eroded to cover non-reimbursable expenses related to canceling the in-person annual meeting. The Finance Committee chaired by Treasurer Ron DeMatteo also reviewed the SSO's investment portfolio and asset allocations to make sure these reserves were safely balanced in the face of market volatility. Although we lost almost \$700K by canceling the annual meeting, the combination of the Paycheck Protection Program loan and the startling recovery of the stock market led to significant returns and financial stability of the Society. The end result was a very positive bottom line in 2020 despite these significant challenges.

PROVIDING VALUE TO SSO MEMBERS DURING THE PANDEMIC

Surveys of our members have consistently revealed that the most important function of the SSO is putting on its annual meeting, where people can network, see old friends, and view a wide range of educational content. As discussed, the first two of these elements are extremely difficult to provide in an online format, and many of our members expressed feelings of isolation brought on by the pandemic. A major test for the SSO was how to remain relevant when we could not have our in-person meeting.

The great increase in numbers of COVID-19 cases nationally in March 2020 led most hospitals to cancel "elective surgeries," a term which was later modified to "non-essential" surgeries. The American College of Surgeons (ACS) published a set of guidelines for general triage of surgical patients on 24 March, and David Bartlett and I began to work on recommendations for triage of cancer surgery cases with the leaders of each of our eight disease site work groups (DSWGs). These recommendations were posted to our website on 30 March and 6 April, and the paper published online in *Annals of Surgical Oncology (ASO)* on 8 April.⁶ Our members apparently found this to be helpful, since it has been accessed over 17,000 times and cited 59 times, leading all ASO articles in

2020. The SSO website was expanded to include a COVID-19 community page where comments from surgeons could be posted, and this and the other disease site communities saw an uptick in traffic. We created podcasts in which leaders of each DSWG were interviewed to discuss triage recommendations specific to each disease site, and these were posted to the website on 27 March 2020. Former SSO President Jeff Drebin published an article on how they were triaging cancer cases at Memorial Sloan-Kettering on 13 April, reflecting the experience of a particularly hard-hit area.⁷ On 19 April, the Center for Medicare and Medicaid Services (CMS) released their guidelines for Opening Up America Again, and the White House their gating criteria. The EC studied these recommendations and wrote an editorial providing further guidance on how to interpret these suggestions with respect to cancer surgery, which was published online in ASO on 6 June 2020.⁸ Other SSO members published papers on implications for surgical fellowship recruitment,⁹ including data in COVID-19 registries (a list of national and international registries was posted with links on the SSO website on 28 June 2020),¹⁰ preserving the academic mission of surgical oncology during the pandemic (online 29 June 2020),¹¹ and strategies for dealing with cancer during COVID-19 from the ASO Editorial Board (online 14 June 2020).¹² Many other articles have followed from our members, who have also been active in writing guidelines for the ACS, the American Society of Breast Surgeons, the North American Neuroendocrine Tumor Society, the American Association of Endocrine Surgeons, and other groups.

The SSO upgraded its online educational platform called "ExpertEd" on 7 April 2020, which allowed for posting more content and a better user experience. Other early notable postings included interviews with surgical oncologists in six different "hot zones" (New York, Chicago, New Orleans, Detroit, Boston, and San Francisco; posted 17 May), interviews with fellows in "hot zones" (posted 29 June), and an interview with one of our members who was hospitalized then recovered from COVID-19 early in the pandemic (posted May 27). Since we could not meet in March, and an in-person meeting in August was up in the air, it became clear that one of the things the SSO could do was provide increasing online content for our members. Each DSWG was encouraged to look at content that might be relevant to be delivered online, including virtual tumor boards, webinars, and podcasts. The amount of content delivered in 2020 was tremendously increased from the prior year, with 69 educational offerings in 2020 versus 28 in 2019. This included 25 podcasts, 21 tumor boards, 7 continuing medical education presentations, 6 hot zone interviews, 4 video interviews, 2 breast fellow webinars, 2

FIG. 4 SSO educational offerings in 2020 with selected metrics; lower panel, selected metrics for *Annals of Surgical Oncology* in 2020



other webinars, 1 Complex General Surgical Oncology (CGSO) video conference, and 1 case-based discussion (Fig. 4).

Despite the considerable efforts by SSO staff, DSWGs, and SSO members to deliver this large amount of content, it is hard to determine its value to our members. Between April and December 2020, there were 8742 visitors to the ExpertEd site, with 12,499 visits overall. The most highly viewed initiatives have been the SurgOnc Today podcasts with over 4000 downloads and the Virtual Tumor Boards with nearly 1700 individuals attending. The online communities were more accessed early in the pandemic, but few members posted to these sites after the first 1–2 months.

OTHER SSO INITIATIVES

The SSO has also been extremely active in many other areas during the year. The Diversity and Inclusion Committee, chaired by Monica Morrow, developed a statement on racism, diversity, and cancer care, which was posted online on 9 June. A Governance Task Force chaired by Doug Tyler came up with recommendations for modifying the Vice President position, terms of officers, and composition of the nominating committee. With the dissolution of the James Ewing Foundation, approved by the New York State Attorney General in 2021, we needed to reevaluate how the organization will conduct fundraising for sponsoring young investigator and clinical investigator awards. Sandra Wong was appointed to lead the Research and Education Fund Task Force to develop recommendations for these new circumstances. Another important initiative that had been discussed for years was the development of guidelines from within the SSO. Most of the previous

guideline work was done in conjunction with other societies, where we were either involved from the beginning, had members participating but not formally representing the SSO, or had guidelines developed by others and we were asked for SSO endorsement. The Quality Committee chaired by Tari King worked hard to develop specific criteria for SSO endorsement and for how our own internal guidelines would be developed. For the first time, this year each DSWG was invited to submit two proposals for potential guideline/consensus statements/expert opinion pieces. Fifteen proposals were reviewed by the Quality Committee for prioritization, voted on by the EC, and two were approved to move forward this year. These guidelines can be labor intensive, but the plan will be to select two per year from the DSWG proposals. Most of these will address areas where management is unclear, data are limited, there is controversy, and expert opinion from the SSO would add value.

Other important issues the SSO had to take on this year related to fellowship programs. The first was the need to change from in-person to online interviews. The Training Committee (chaired by John Mullen) and Breast Fellowship Program Directors Committee (chaired by Richard Bleicher) worked closely with SSO staff to develop the platform to make online interviews possible, including scheduling, asking questions, rating, and matching of candidates.

We also had to cancel the 2-day in-person meeting of the Fellows Institute, which has brought together breast, CGSO, and hepatobiliary (HPB) fellows at the Houston Methodist Institute for Technology, Innovation, and Education (MITIE). During this meeting there were didactic sessions, hands-on operative and robotic teaching, and abundant networking opportunities. The SSO had to

figure out how these experiences could be delivered in a virtual format (approved by EC on 4 June 2020), which required several adaptations. The breast fellows program was given over 7 h on 4 December 2020, while the CGSO content was delivered over three different 3-h sessions (HPB on 2 December 2020, melanoma/sarcoma/endocrine 9 December 2020, and colorectal/HIPEC/gastric 16 December 2020). The loss of the hands-on and networking components of the meeting challenged the training committees to develop innovative content. One benefit to the virtual format was that more fellows could attend, whereas in previous years the CGSO component generally only allowed for fellows to attend in their second year. The attendance figures for 2020 showed greater participation of CGSO (110 total, 56 first year and 54 second year, as compared with 40 total in 2019) and HPB fellows (21 versus 11 in 2019). The number of breast fellows was similar to 2019 (64 versus 63), and 7 fellows from other programs participated. Peak attendance for the three CGSO sessions was 112 for HPB, 92 for melanoma/sarcoma/endocrine, 79 for colorectal/HIPEC/gastric, and 126 for the breast program (many CGSO fellows also attended). Despite the fact that the hands-on component was missing, the virtual meeting was generally well received, allowed for even higher attendance, and generated positive revenues similar to previous in-person meetings.

The EC on voted on 8 October 2020 to make the CGSO Board Review Course virtual, and this was scheduled for 2 weeks before the CGSO certifying exam, on 21 January 2021. The SSO also committed funds to research and develop a new mobile application platform. The Executive Council voted on 26 October 2020 to move the Advanced Cancer Therapies planned in-person meeting from February 2021 to later in the year, to potentially allow for an in-person meeting for this specialty group. The Bylaws Committee, chaired by Shelley Hwang, met to revise the bylaws for the first time since 2015. Most of the changes were related to the recommendations of the Governance Task Force regarding officers and the Nominating Committee. These were approved by the Executive Council on 16 December 2020, and will be voted on by the membership at the Annual Business Meeting in 2021.

There were many other areas where the SSO made progress this year. One major improvement was to expand the opportunities for each DSWG to be actively involved in the organization beyond scoring abstracts and suggesting symposium topics for the annual meeting. These came in the form of writing the cancer triage guidelines to conduct two online tumor boards each, and specific webinars. The SSO joined the Executive committee of mCODE, an ASCO-initiated group to standardize reporting of cancer information in medical records to enhance its extraction for clinical studies. Many of our members were very involved

in the creation of the ACS Operative Standards for Cancer Surgery, led by Kelly Hunt and Matt Katz, and several podcasts were created to help disseminate this important content. The Global Forum of Cancer Surgeons led by Chandra Are representing the SSO put out its fourth paper on “Global Forum of Cancer Surgeons: Position Statement to Promote Cancer Surgery Globally”¹³ in 2020, and its fifth in 2021 on “Global Forum of Cancer Surgeons: Support for the Brazilian Society of Surgical Oncology Journey towards Implementation of Cytoreductive Surgery/Hyperthermic Intraperitoneal Chemotherapy in Brazil.”¹⁴ This is an international group represented by surgical oncology societies in Brazil, Canada, Chile, China, Egypt, Europe, India, Israel, Italy, Japan, Latin America, Mexico, Pakistan, and South Korea. We also expanded the number of international societies with whom the SSO has a memorandum of understanding agreement to include Israel (joining surgical oncology societies from Brazil, Canada, China, Egypt, Europe, India, Japan, Mexico, and South Korea). These relationships with partner societies usually include talks at their annual meetings by the SSO President and other leaders, and some also include “Best of SSO” presentations. Due to the pandemic, this President was not able to physically travel to any international meetings, but did present virtually at meetings in Europe, Brazil, Mexico, South Korea, and Japan.

The Society journal *Annals of Surgical Oncology* (ASO) was also very productive in 2020. This is the scholarly arm of the organization, disseminating cutting-edge content and editorial commentaries from experts. It is also an important source of revenue, and one cannot overstate the importance of the ASO to the SSO. Under the leadership of Editor-in-Chief Kelly McMasters, Executive Editor Mark Roh, and Senior Managing Editor Deb Whippen, the ASO set a new record for publications this year at 1001 (Fig. 4). They also introduced the Landmark series, which are invited papers from experts summarizing important, evidence-based, multidisciplinary advances in different cancer types, visual abstracts to accompany articles, and author reflections to add commentaries on select articles.

THE 2021 ANNUAL MEETING

Much was learned from the 2020 meeting, and it was clear that the 2021 meeting would need to have a virtual component, but it was hoped that an in-person meeting could still be conducted as planned in Chicago on 17–21 March 2021. Since there were many uncertainties and COVID-19 case numbers were still on the rise, on 4 June 2020 the EC voted to explore the options of moving the annual meeting to later in 2021 when a vaccine might be available, versus canceling the in-person meeting and

moving to an all-virtual format. Negotiations with our hotel and meeting space for 2021 suggested that we could potentially void our 2021 contract if we would commit to having our meetings there in 2024 and 2025. The EC voted to move forward with canceling the March 2021 in-person meeting on 4 June 2020. The options for moving the meeting to August 2021 were limited, as many organizations were not canceling their meetings and holding onto hotel and convention center space, and many Council members felt that having another meeting in August would be undesirable. In late summer 2020, the number of COVID-19 cases was not decreasing in the USA, institutional travel bans were still in effect, gatherings of more than 10–50 people were prohibited, and quarantines were being imposed in certain places (such as Illinois). The development of vaccines seemed to be going well, with large trials of over 30,000 people well underway for the Pfizer, Moderna, and AstraZeneca products, but when definitive results would be available was unknown. The executive council met on 13 August 2020, and the consensus of the group was to explore moving to a fully virtual meeting in March at our usual time, versus possibly a hybrid virtual/in-person meeting later in the year. After thoroughly researching potential scenarios, the EC met on 10 September 2020, where six different potential alternatives for the annual meeting were discussed in detail. After this discussion, it was unanimously decided to proceed with a virtual meeting around the originally planned dates in March 2021. The AMRTF was reconvened to try to improve on the virtual experience, including making more opportunities for networking and expanding the amount of content delivered.

The AMRTF held several meetings to establish priorities for the new virtual meeting. It was generally agreed that we needed to tap into the wisdom of our members more than we did in 2020. This meant restoring some of the symposia and including more moderators who were recognized as leaders in their fields. The general philosophy of the meeting was changed from trying to limit the number of hours and make it more convenient for members to attend, to delivering more content, but to schedule this so that people with an interest in a specific disease site did not need to be present for the entire meeting. We still thought it would be best to limit the meeting to 2 days, but to make it more convenient for members to get the content they desired in 1 day. The idea of having the meeting at night was replaced by having it during the day, with the hope that members would block the 1–2 days off their schedule and take time off from other duties to immerse themselves in the meeting. The metrics of success would be based not only on how many people attended the full meeting, but also on the number of people who participated in the different disease-specific oriented content. One of the things

we learned from the last meeting was that six parallel sessions were probably too many, and this was cut down to three to four so that it could be managed more effectively. This led to the meeting structure shown in Fig. 5. The AMRTF was further subdivided into four focus groups to work on making the meeting more fun, increasing attendance and enhancing the user experience, improving networking, and exploring new sponsorship opportunities from industry with the online format. The SPC reviewed the abstracts, chose the oral and poster presentations, and selected the symposia. The number of submissions decreased from 745 in 2020 to 440 in 2021. There were 99 oral presentations chosen for 2021, in contrast to 140 in 2020, with the main difference being that there were many abbreviated or “quick-shot” presentations in 2020. The number of posters submitted also decreased, from 379 in 2020 to 249. It may take a while to figure out why there were fewer submissions, but this could reflect the perception of diminished value in presenting online versus in-person, or the fact that the circumstances surrounding the pandemic were less conducive to clinical and basic science research. Besides the oral abstract presentations and posters, we added one symposium for each disease site, four debates on topics from the most widely attended disease sites and two additional symposia on topics of special interest (diversity and inclusion, global responses to COVID-19). The hours of content within the meeting were 38, increased by 87% from the 2020 virtual meeting.

To improve the sense of community and networking, we added two optional meet-the-expert sessions before the meeting each day on topics of wide interest to members, which included “How to avoid rejection of your manuscript,” and “What’s in your academic wallet? How to capitalize your growth,” “What does it take to be an SSO superstar?” and “How to develop and launch successful clinical trials.” Networking opportunities were created using the *Gather.town* application on the two evenings leading up to the meeting, and just after the end of the meeting. To further try to increase involvement in the meeting and traffic to posters and exhibitors, we introduced gamification, where points would be earned for visiting these sites, attending sessions, and asking questions of oral or poster presenters. Prizes would be issued to those with the 25 highest point totals on each day, and for the 2 days combined. Registration by the time the meeting ended was >1400, and we will need to carefully study a variety of metrics and post-meeting surveys to see how successful we were at improving the virtual meeting experience. This will be important, for even as we resume in-person meetings in 2022, the virtual component will not be going away, and lessons learned will be applied to future meetings.

EDT	PT	Thursday, March 18				Friday, March 19			
9:00 AM	6:00 AM	MTE: How to Avoid Rejection (of Your Manuscript) (non-CME)		MTE: What's in Your Academic Wallet? How to Capitalize Your Growth (non-CME)		MTE: What Does It Take To Be An SSO Superstar? (non-CME)		MTE: How to Develop and Launch Successful Clinical Trials (non-CME)	
9:15 AM	6:15 AM	BREAK							
9:30 AM	6:30 AM	Welcome and Awards (non-CME)				John Wayne Clinical Research Lecture Jatin P. Shah, MD			
9:45 AM	6:45 AM	SSO Presidential Address James R. Howe, MD (non-CME)				American Cancer Society/SSO Basic Science Lecture Stacey Gabriel, PhD			
10:00 AM	7:00 AM	James Ewing Lecture Bert Vogelstein, MD (non-CME)				BREAK			
10:15 AM	7:15 AM	BREAK							
10:30 AM	7:30 AM	Breast Virtual Forum 1	Hepato-Pancreato-Biliary Virtual Forum 1	Quality Improvement/Clinical Outcomes Virtual Forum	Endocrine, Head & Neck Virtual Forum	Upper Gastrointestinal Virtual Forum	Melanoma Virtual Forum	Sarcoma Virtual Forum	Peritoneal Surface Malignancies Virtual Forum
10:45 AM	7:45 AM	BREAK							
11:00 AM	8:00 AM	BREAK							
11:15 AM	8:15 AM	BREAK							
11:30 AM	8:30 AM	BREAK							
11:45 AM	8:45 AM	BREAK							
12:00 PM	9:00 AM	Breast Virtual Forum 2		Hepato-Pancreato-Biliary Virtual Forum 2	Colorectal Virtual Forum	Controversies in Management of Primary and Metastatic Small Bowel Neuroendocrine Tumors		Management of High-Risk Melanoma: What We Know and Where We Are Heading	Evidence-Based Sarcoma Care for the Next Decade: Recent and Forthcoming Trials
12:15 PM	9:15 AM	BREAK							
12:30 PM	9:30 AM	BREAK							
12:45 PM	9:45 AM	BREAK							
1:00 PM	10:00 AM	BREAK							
1:15 PM	10:15 AM	BREAK							
1:30 PM	10:30 AM	BREAK							
1:45 PM	10:45 AM	Tailoring Breast Cancer Surgery/ Management to Patient and Tumor Factors		Update on Treatments for Cholangiocarcinoma	Case-Based Discussion in Colorectal Cancer	Surgical Management of PSM: Current Approaches and Future Direction (non-CME)		Great Debates 2: UGI/ Melanoma (non-CME)	Cancer Surgery During a Pandemic: A Global Perspective (non-CME)
2:00 PM	11:00 AM	BREAK							
2:15 PM	11:15 AM	BREAK							
2:30 PM	11:30 AM	BREAK							
2:45 PM	11:45 AM	BREAK							
3:00 PM	12:00 PM	BREAK							
3:15 PM	12:15 PM	BREAK							
3:30 PM	12:30 PM	BREAK							
3:45 PM	12:45 PM	BREAK							
4:00 PM	1:00 PM	Management of Breast Cancer in Women Age 70+ (non-CME)		Great Debates 1: HPB/Colorectal (non-CME)	Inclusion and Respect in the SSO (non-CME)	Independent Satellite Symposia: The Path Forward for Immunotherapy in Resectable Melanoma: Principles and Perspectives on Using Immune-Based Adjuvant & Neoadjuvant Therapy		Independent Satellite Symposia: What Surgical Oncologists Need to Know About Managing Esophageal Cancer - An Innovative Whiteboard View	
4:15 PM	1:15 PM	BREAK							
4:30 PM	1:30 PM	BREAK							
4:45 PM	1:45 PM	BREAK							
5:00 PM	2:00 PM	BREAK							
5:15 PM	2:15 PM	BREAK							
5:30 PM	2:30 PM	BREAK							
5:45 PM	2:45 PM	BREAK							
6:00 PM	3:00 PM	The Future of the Surgical Oncology Profession: An Informal Discussion with SSO Leadership (non-CME)							
6:15 PM	3:15 PM	President's Virtual Reception Gather Town							

FIG. 5 Template of the SSO 2021 virtual meeting. CME Continuing medical education, MTE Meet the expert

BEYOND THE PANDEMIC

This past year has been trying for everyone. We have had to deal with the biggest infectious disease threat of our lifetimes, outrage over glaring racial disparities, polarized politics leading to an attack on our nation’s capital, and the looming threat of climate change. Our daily lives changed markedly. People started wearing masks everywhere, and we no longer gathered, went to restaurants, bars, concerts, or sporting events. People close to us got sick from the virus, and many died. COVID-19 became the leading cause of death in the USAs in January 2021¹⁵ and exceeded the number of American deaths during World War II, ranking just behind the Civil War,¹⁶ HIV/AIDS,¹⁷ and the Spanish flu of 1918¹ as the deadliest events in US history. Organizations had to adapt to remain viable and relevant, from industry to sports and entertainment, and including our professional societies. Everyone had to reexamine their missions and try to determine how these could be carried out in different ways, primarily by using the strength of nonphysical connections through the internet. So many people made noble sacrifices over 2020, and we are all hoping for a return to a more normal life with the beginning of vaccination programs. The Food and Drug Administration granted Emergency Use Authorization for the Pfizer and Moderna vaccines on 11 December 2020 and 18 December 2020, and vaccinations of healthcare professionals and patients in long-term care facilities began shortly thereafter. In late February to early March 2021, some states decided to remove mask mandates, restrictions

on gathering, and reopened restaurants and bars. The death toll was slowing, and some were becoming complacent, reminiscent of a quote from Albert Camus’ novel *The Plague*, which described a fictional outbreak of bubonic plague in Oran in the 1940s:

“It is true that the actual number of deaths showed no increase. But it seemed that the plague had settled in for good at its most virulent, and it took its daily toll of deaths with the punctual zeal of a good civil servant.”¹⁸

Deaths from COVID-19 surpassed 500,000 in the USA on 22 February 2021, but people were becoming more optimistic about the future, and a third COVID-19 vaccine (Johnson and Johnson) was approved for emergency use on 26 February 2021.

As we have discussed in this chronicle, the SSO also had to deal with many challenges in 2020. This proud organization, which first met in 1940, has had to adapt before, and certainly will have to again. Notable milestones included changing from the Memorial Hospital alumni society called the James Ewing Society to a broader organization named the Society of Surgical Oncology in 1976, creating a solid depth of fellowship programs to train physicians to treat cancer in the USA, establishing the *Annals of Surgical Oncology* in 1994, gaining approval for Surgical Oncology board subspecialization in 2011, and moving to society self-management in 2012.

What did we learn about the SSO in 2020? We found that the SSO is a strong organization with extremely capable management. The staff under the extraordinary leadership of CEO Eileen Widmer (Fig. 6) were prepared

FIG. 6 Management staff of the Society of Surgical Oncology. From left, seated row: Karen Araujo, Karen Hurley, CEO Eileen Widmer, Patti Stella, Jeanette Ruby; from left, standing row: Sean Waldron, Ana Olivares, Anne O'Day, Becky Williams, Erin Fleming, Krys Hansen, Myrna Asencio, Kelley Glazer, James Trigueros, Brenna Markle, and Andrea King



for the many new challenges that came their way, and through their experience and strong connections to the association management community were able to work through problems as they came up. They had the foresight to review the information technology infrastructure of the organization the previous year, and recent upgrades allowed people to work effectively from home. Since the staff was forbidden to physically come to the office for several months during the Chicago lockdown, it was critical that this work could be completed remotely. Video meetings kept them connected to one another and to the leadership. We are also incredibly fortunate to have sound finances, which allowed the SSO to weather the storm and continue to function despite losses incurred from canceling the annual meeting.

We also have great depth in leadership at the SSO, so that difficult decisions could be made by the talented and thoughtful officers of our organization. We learned that we liked in-person meetings better than online ones, although there is great convenience in being able to access content without having to travel. Networking and personal relationships are very difficult to replace, but our ability to expand online educational offerings throughout the year allowed us to deliver valuable information and remain relevant to our members. We were reminded that the *Annals of Surgical Oncology* continues to be an important driver of the organization by providing revenue and disseminating knowledge in a timely fashion, including articles giving members guidance during the pandemic.

Where do we go from here, and when will we emerge from the pandemic? We are all optimistic about the current availability of vaccines, but the initial rollout has been

slower than expected, and it seems that lower-risk populations will not have access to immunization until the end of the second quarter of 2021. This means that it will be difficult to have in-person meetings until at the earliest the third quarter of 2021 or perhaps even later, depending on emerging variants and whether there will be a new wave of infections. However, if our vaccines remain effective, we should see some return to normalcy. Our kids will be back in school, and parents will be able to go back to work again. We will be able to go to concerts, restaurants, sporting events, family gatherings, and see our grandparents again. We hope to resume our in-person meeting in 2022, with full implementation of the Hub concept. One thing we have learned, however, is the importance of the online component of our meeting, even as we see COVID-19 in our rear-view mirrors. Providing online educational materials for our members will continue to be a valuable function of our organization, as will international collaboration and outreach. I will end by humbly thanking the membership for allowing me to help guide the society over this past year. Let us look forward to better days ahead and seeing everyone again in person soon.

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