THE INTERNATIONAL SURGICAL GROUP

66th Meeting

ANNUAL GENERAL MEETING

October 27, 2023, 2 PM EDT

AGENDA

1. Matters arising

2. Minutes for the August 26, 2021, virtual Annual General Meeting were distributed by email (July 14, 2022, and November 7, 2022) to the membership and approved.

3. Apologies for absence

Peter Allen, Stanley Ashley, Arne Bakka, David Bergqvist, Henri Bismuth, Christiane Bruns, Herbert Chen, Stephen Cheng, Pierre-Alain Clavien, Kevin Conlon, Lorenzo Dionigi, Tim Eberlein, Eloy Espin, Liane Feldman, James Garden, Tomas Gudbjartsson, Bertil Hamberger, Ulf Haglund, Ulf Hedin, Alexander Heriot, Miles Irving, Dan Jones, Ira Kodner, Alfred Königsrainer, Knut Kvernebo, Paul Lai, Thomas Lennard, Arthur Li, Pål-Dag Line, Johanna Laukkarinen, Kelly McMasters, Jonathan Meakins, Nipun Merchant, Brendan Moran, Neil Mortensen, David Nahrwold, Enders Ng, Ronan O'Connell, Jim O'Neill, Carlos Pellegrini, Rutger Ploeg, Stefan Post, Niels Qvist, Layton Rikkers, Paul Russell, Hans Detlev Saeger, James Shapiro, Michael Solomon, Kjetil Søreide, Odd Søreide, Julie Ann Sosa, Peter Stålberg, Christian Toso, Jim Toouli, Kees van Laarhoven, Jan van Lanschot, Andy Warshaw, Jens Werner, David Wheatley, Malcolm Wheeler, Stephen Wigmore, Norman Williams

4. Deaths & Eulogies

R. Daniel Beauchamp (Carmen Solorzano)

Leslie Blumgart (Ron DeMatteo)

Hans Georg Borst (Norbert Senninger)

Albrecht Encke (Marek Krawczyk)

Peter Morris (Rowan Parks)

Moment of Silence

5. Treasurer's Report

ISG Account

Balance 2022		40,507.88
Membership dues 2021		5,350
Costs of meeting in Washington 2023		-8,000
Attorney's fees (not for profit tax return, etc)	0.00	
Corporate costs (Bank fee, tax return)		-285
Website design fee	-935	
Web maintenance	-285	
Current balance		$36,352.88

ISG Financial Status (10 year review):

Reserve as of August 1, 2013	$32,453.52
Reserve as of July 1, 2014	$29,774.15
Reserve as of July 1, 2015	$22,274.15
Reserve as of July 1, 2016	$34,870.35
Reserve as of September 24, 2017	$44,019.85
Reserve as of September 15, 2018	$48,193.96
Reserve as of October 22, 2019	$48,642.72
Reserve as of November 12, 2020	$42,807.88
Reserve as of August 26, 2021	$41,207.88
Reserve as of June 30,2022	$40,507.88
Reserves as of October 27, 2023	$36,352.88

Respectfully submitted
Yuman Fong

6. Resignations / Non-attendance

Resignations: Michael Edwards

Missing 5 years: None

Missing 4 years in a row: Christiane Bruns (Germany), Tomas Gudbjartsson (Iceland), Enders Ng (China) - If these members do not attend next year's meeting, they forfeit their ISG membership.

Missing 3 years in a row (First warning for low attendance): None

7. Composition of membership

The following individuals who have been elected (but not yet presented in a meeting) need to attend a meeting and give a scientific presentation to become active members (underlined previously proposed members gave a presentation at the 2023 meeting and are now active members):

Carmen Solorzano, USA (proposed 2019), Magdalena Fossum, Denmark (proposed 2020), Eva Angenete, Sweden (proposed 2021), Stefan Fichtner-Feigl, Germany (proposed 2020), Catherine The, Philippines (proposed 2020), Roger Olofsson Bagge, Sweden (proposed 2022), Mary Hawn, USA (proposed 2022), Liane Feldman, Canada (proposed 2022), Aurora

Pryor, USA (proposed 2022), Jennifer Tseng, USA (proposed 2022)

After a vigorous discussion, it was decided to allow Stefan Fichtner-Feigl one more year to activate his ISG membership.

For 2023, the following proposals were received:

*North America: (**free slots 0**- last year borrowed a slot from UK, Ireland & Scandinavia)*

- **Marco Del Chiaro, USA, 50years,** last year nominated by Richard Schulick, supported by David Linehan and Kees van Laarhoven, this year, nominated by Herbert Chen

*UK, Ireland, Scandinavia: (**free slots 4**)*

- **Magnus Nilsson, Sweden, 55 years,** nominated by Anna Martling, supported by Bertil Hamberger, Malin Sund
- **Angus Watson, Scotland, 56 years,** nominated by Rowan Parks, supported by Stephen Wigmore, Frank Frizelle. O. James Garden

*Rest of the world: (**free slots 2**)*

- no nominations

An extensive discussion was held regarding the importance of maintaining the "20 active members" from each of the three geographic regions. As The United States has no free slots, and borrowed one slot last year, and their proposed candidate is young, Marco Del Chiaro will be carried over to next year, when some of the current North American active members become 65 and free up membership slots.

8. New Member Gifts

Ties for men or interested women

Scarves designed by Yuman Fong, no longer available

Recommend ISG pins – unisex, not high cost – The following design was selected (the yellow color denotes gold):

9. Website-update

The new website address is internationalsurgicalgroup.com and the password is:

ISG2023!

Please send me photos from the meeting to post to the site either by text or e-mail:

Phone: 001-502-724-9380

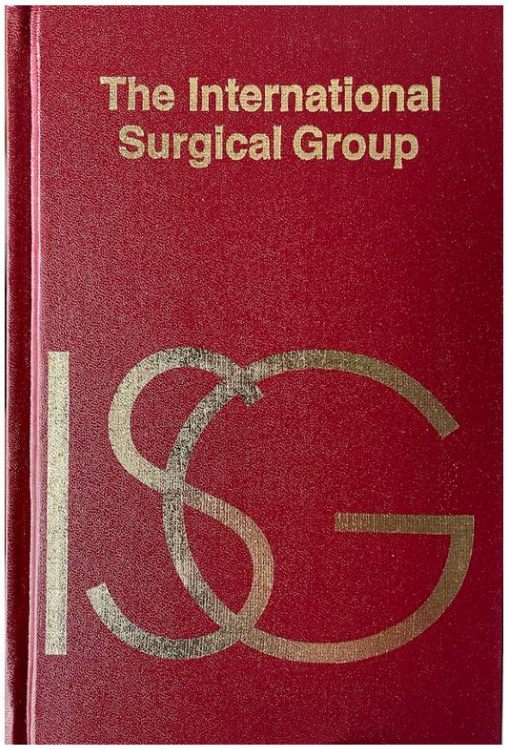
e-mail: susan.galandiuk@louisville.edu

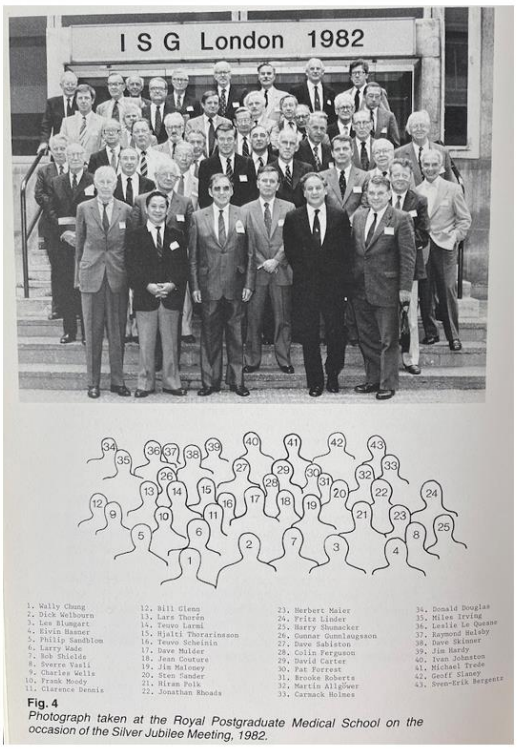
Many of you have already sent me wonderful photos. I am awaiting to hear back from Kristin Furio the local event organizer regarding the group photos and photos taking during the black-tie dinner. The photos can be found in the photo gallery which can be located from the drop-down menu under the banner, by clicking under “ISG members only”. Under this tab you can also find a tab to “Update your member information” if needed. If you click on some of the past meetings, you will see that for some past meetings, we have very few photos, we would like to correct this, and welcome any photos you would like to share.

10. New ISG history book-update and funding

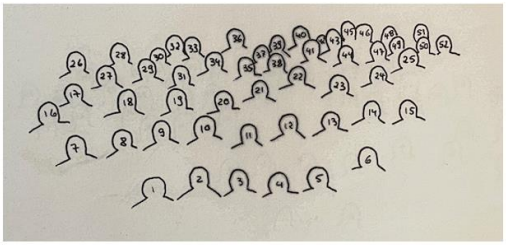
All meetings have been summarized; all meeting photos have been acquired. Some will need high-definition versions if possible. Stencils of all photos have been made. I will need help with identification of some members in the photos and will send this information out in a Dropbox link before end of the year. Below left, you can see what the previously published book looked like, on the right, as sample of a group photo,

below it a stencil denoting figures in the photo, and below that, a description, of who is in the photograph.





Below is a sample of one of the more recent meetings that we will need some help with:



2001 Oxford ISG Meeting

11. Future Meetings

After a long discussion about the initially proposed dates shown below, which directly conflicted with their mid-summer fest, Pål-Dag & Kjetil have been able to secure the hotel for **June 23-26, 2024** Please watch the amazing video shown below describing the location and hotel.

2024 June 23-26 , location Stavanger, Norway

Oral presentation made by Pål-Dag Line to accompany the video

https://youtu.be/sg22CeYQ6RY?si=ryfZ8vOYI1liSHKD

2025 TBA

2026 TBA

Meeting proposals are urgently needed, several suggestions were made. Please send details to me the suggested dates so that we can consider these. For your information, a list of meeting locations for the last several years is shown below.

Year	Location
2012	Hong Kong
2013	Ghent & Bruges
2014	Newport
2015	Berlin
2016	Edinburgh
2017	Johannesburg
2018	Reykjavik, Iceland
2019	Los Angeles
2020	Only Business Mtg, COVID
2021	Virtual Mtg, COVID
2022	Dublin

12. Election of Officers for 2022/2023

Proposed composition of executive:

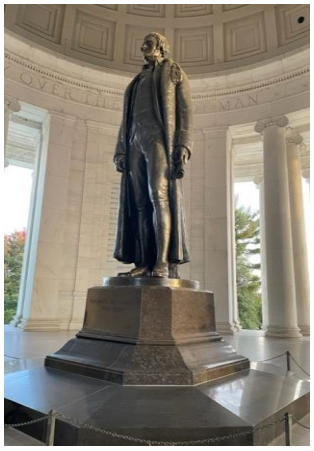
President	Barbara Bass
Vice President	Pål-Dag Line
Secretary	Susan Galandiuk
Treasurer	Yuman Fong

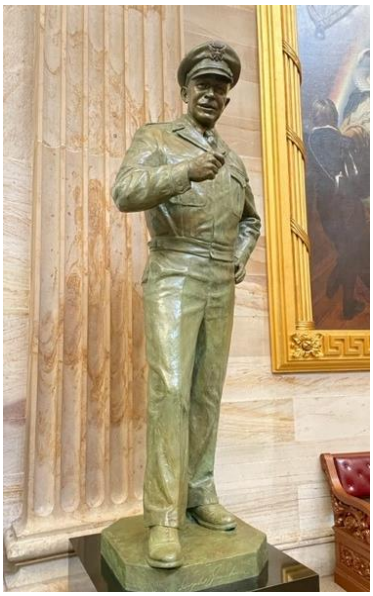
13. Other matters arising

Thank you to Barbara Bass, Richard Marshall, & Kristin Furio for a wonderful meeting !

14. Adjourn

On Thursday afternoon, members and accompanying persons toured the capitol, and were able to visit the Jefferson Memorial, followed by a memorable evening at the Cosmos club on Friday and a splendid tour of George Washington's home Mount Vernon on Saturday.






"Peace, with all the world is my sincere wish."


Boom

Conference Hotel:
The Westin Georgetown, Washington, DC
2350 M Street, N.W., Washington, DC
+1 202-429-0100

Host: Barbara Lee Bass, MD, FACS
bbass@gwu.edu +1 713-569-8737

Organizer: Kristin Furio
kfurio@gwu.edu +1 631-897-5494

Member Itinerary and Meeting Agenda

Wednesday, October 25		
4:00 PM		**Arrivals, hotel check in available**
6:30 – 9:00 PM		**ISG Hotel Arrival Reception** **for members and travel partners** *Westin Georgetown Promenade Room* *Dress code: Casual*
Thursday, October 26		
7:00 AM		**ISG Breakfast Buffet** **for members and travel partners** *Westin Georgetown Promenade Room* *Dress code: Business Casual*
		ISG Annual Meeting Day 1 *Westin Georgetown Washington Ballroom for all meetings*
8:00 AM		**Welcome** *Barbara Bass*
		Introduction of New Proposed Members *Susan Galandiuk*
8:30 – 10:00 AM		**Scientific Session I** *Moderator: Barbara Bass*

Thursday, October 26	
8:35 – 8:45 AM	1. Watch and Wait a Swedish national cohort study *Eva Angenete proposed 2021*
8:55 – 9:05 AM	2. Isolated Hepatic Perfusion as a Treatment for Uveal Melanoma Liver Metastases *Roger Olofsson Bagge proposed 2022*
9:15 – 9:25 AM	3. Does the use of probe-based near infrared auto-fluorescence parathyroid detection benefit para-thyroidectomy? A randomized single-center clinical trial *Carmen C. Solorzano proposed 2019*
9:35 – 9:45 AM	4. BJS Society Award in Surgery *Anders Bergenfelz*
10:00 – 10:30 AM	**Coffee and Tea Break** *Washington Ballroom Foyer*
10:30 AM – Noon	**Scientific Session II** *Moderator: Rowan Parks*
10:35 – 10:45 AM	5. The Surgical Research Institute: Broad Participation by Residents, Fellows and College & Medical Students *Hiram Polk, Susan Galandiuk*
10:55 – 11:05 AM	6. Statewide Planning and Research Cooperative System (SPARCS): Leveraging the Power of NY State *Aurora Pryor proposed 2022*
11:15 – 11:25 AM	7. Sarcopenia in robotic esophagectomy *Jürgen Weitz*

Thursday, October 26		**Social Program Day 1**
12:00 – 1:00 PM		**ISG Lunch and Learn** **for members and travel partners** *Westin Georgetown Promenade Room* *Dress code: Business Casual* "Classical Washington: Greece & Rome in the Art & Architecture of DC" *Dr. Elise Friedland, GW Assoc. Prof. of Classics & Art History*
1:15 PM		**Bus Departure for US Capitol** **for members and travel partners**
2:00 – 4:00 PM		US Capitol Visit and Tour *All visitors must go through a security screening* *Visitors may be broken into groups of 20* *Tour is one hour long*
4:30 PM		**Bus Departure for ride along National Mall and Dinner**
4:45 – 5:45 PM		National Monument stops (weather dependent)
6:15 – 9:00 PM		**ISG Reception and Dinner** **for members and travel partners** *GWU City View Room*
Friday, October 27		
7:00 AM		**ISG Breakfast Buffet** **for members and travel partners** *Westin Georgetown Promenade Room* *Dress code: Business Casual*
		ISG Annual Meeting Day 2 *Westin Georgetown Washington Ballroom for all meetings*
8:00 – 9:25 AM		**Scientific Session III** *Moderator: Murray Brennan*

Friday, October 27		
8:05 – 8:15 AM	8.	Neurotensin—New Tricks For An Old Hormone *Mark Evers*
8:25 – 8:35 AM	9.	Decreasing Pain After Major Abdominal Surgery- The Two Wound Hypothesis *Andrew Hill*
8:45 – 8:55 AM	10.	Perioperative Layered Autologous Tissue Expansion Graft for Surgical Repair of Hollow Organs: A Promising Approach for Tissue Engineering *Magdalena Fossum Proposed 2020*
9:05 – 9:15 AM	11.	Fluorescence Guided Surgery in HPB *Catherine Teh Proposed 2020*
9:30 – 10:30 AM		**Scientific Session IV** *Moderator: Yuman Fong*
9:35 – 9:45 AM	12.	Anatomy of union *Ronald DeMatteo*
9:55 – 10:05 AM	13.	Physiology of Union *David Jayne*
10:15 – 10:25 AM	14.	Assessment of Perioperative Outcomes Among Surgeons Who Operated the Night Before *Mary Hawn Proposed 2022*
10:35 – 10:45 AM	15.	Tip of the Iceberg? A Global Pandemic Delays Cancer Diagnoses in the USA *Jennifer F Tseng Proposed 2022*
10:55 – 11:15 AM		**Coffee and Tea Break** *Washington Ballroom Foyer*

Friday, October 27		
11:15 AM – 12:45 PM		**Scientific Session V** *Moderator: Ron Maier* **Panel: Surgeons Dealing with Challenging Situations**
11:15 – 11:25 AM		Surgical preparation/response to a high influx of surgical patients in mass casualty events *Raul Coimbra*
11:25 – 11:35 AM		Christchurch major earthquake, fires/floods/mass shootings *Frank Frizelle*
11:35 – 11:45 AM		Ukrainian refugees in Poland - the challenge to the medical community *Oskar Kornasiewicz*
11:55 AM – 12:40 PM		Panel Discussion
12:45 – 1:45 PM		**Lunch for ISG members** *Westin Georgetown Promenade Room*
2:00 – 3:30 PM		**ISG Annual General Meeting** *Washington Ballroom*
		Social Program Day 2
6:15 PM		**Bus Departure for Cosmos Club Dinner for members and travel partners**
6:30 – 9:45 PM		**ISG Black Tie Reception and Dinner for members and travel partners** *Cosmos Club* *Dress code: Black Tie* *Guest Speaker: Frank Sesno, GW School of Media and Public Affairs Director of Strategic Initiatives*

Saturday, October 28		**Social Program Day 3**
7:00 AM		**ISG Breakfast Buffet and Historical Talk for members and travel partners** *Westin Georgetown Promenade Room* *Dress code: Casual* "George Washington's Talents: Reconsidering the First President for Today" *Dr. Denver Brunsman, GW Assoc. Prof. and Chair of History*
8:15 AM		**Bus Departure for Mount Vernon** (those who need to depart for airport directly after the visit should bring luggage on board)
9:00 AM – 2:15 PM		Visit to George Washington's Mount Vernon Estate
9:15 AM		Orientation and Grounds Tour
11:20 AM		Mansion Tour (divided in groups)
12:00 PM		Lunch and Gift Shops
1:00 PM		Distillery and Gristmill Tour (divided in groups)
2:15 PM		**Bus Departure for Hotel** (those traveling directly to airport should arrange for taxi service/uber)
3:00 PM		Bus Arrival at Hotel
Self Led		**Dinner** *Recommendations:* Rasika West End (Indian) Blue Duck Tavern (American) Farmers Fishers Bakers (Seafood)
Sunday, October 29		**Departures**

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Travel Partner Itinerary

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Thursday, October 26	
7:00 AM	**ISG Breakfast Buffet for members and travel partners** *Westin Georgetown Promenade Room* *Dress code: Business Casual*
9:40 AM	**Partners Bus Departure for historic house tour** *Outside of Hotel Entrance*
10:00 – 11:30 AM	Visit to Anderson House
11:45 AM	**Partners Bus Departure for Hotel**

Thursday, October 26	
12:00 – 1:00 PM	**ISG Lunch and Learn** **for members and travel partners** *Westin Georgetown Promenade Room* *Dress code: Business Casual* "Classical Washington: Greece & Rome in the Art & Architecture of DC" *Dr. Elise Friedland, GW Assoc. Prof. of Classics & Art History*
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Friday, October 27	
7:00 AM	**ISG Breakfast Buffet** **for members and travel partners** *Westin Georgetown Promenade Room* *Dress code: Business Casual*
9:00 AM	**Partner Bus Departure for White House photo opportunity**
9:45 AM	**Partner Bus Depart President's Park for Smithsonian National Museum of American History**

Friday, October 27	
10:00 AM – 12:15 PM	Visit to Smithsonian National Museum of American History
12:30 PM	**Partner Bus Departure for Lunch at National Gallery of Art**
12:45 – 1:45 PM	**Partner Lunch at National Gallery of Art**
1:45 PM	Explore National Gallery of Art Ground Floor
2:15 – 3:30 PM	Tour of National Gallery of Art West Building *One-hour tour spanning 500 years of art* *Meet at Main Floor Rotunda in West Building*
4:00 PM	**Partner Bus Departure for Hotel**
6:15 PM	**Bus Departure for Cosmos Club Dinner for members and travel partners**
6:30 – 9:45 PM	**ISG Black Tie Reception and Dinner for members and travel partners** *Cosmos Club* *Dress code: Black Tie* *Guest Speaker: Frank Sesno, GW School of Media and Public Affairs Director of Strategic Initiatives*

Saturday, October 28	
7:00 AM	**ISG Breakfast Buffet and Historical Talk for members and travel partners** *Westin Georgetown Promenade Room* *Dress code: Casual* "George Washington's Talents: Reconsidering the First President for Today" *Dr. Denver Brunsman, GW Assoc. Prof. and Chair of History*

Saturday, October 28	
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1:00 PM	Distillery and Gristmill Tour (divided in groups)
2:15 PM	**Bus Departure for Hotel** (those traveling directly to airport should arrange for taxi service/uber)
3:00 PM	Bus Arrival at Hotel
Self Led	**Dinner** *Recommendations:* Rasika West End (Indian) Blue Duck Tavern (American) Farmers Fishers Bakers (Seafood)

Sunday, October 29	**Departures**

Speaker Biographies

Denver Brunsman, PhD, is an Associate Professor and the Chair of the Department of History at The George Washington University. He. writes on the politics and social history of the American Revolution, early American republic, and British Atlantic world. His courses include “George Washington and His World,” taught annually at Washington’s Mount Vernon estate. He is the author of the award-winning book, The Evil Necessity: British Naval Impressment in the Eighteenth-Century Atlantic World (2013), and coauthor of a leading U.S. History textbook, *Liberty, Equality, Power: A History of the American People* (2016; 2020), as well as the e-books Leading Change: George Washington and Establishing the Presidency (2017) and George Washington and the Establishment of the Federal Government (2020), among other publications.

His honors include the Oscar and Shoshana Trachtenberg Prize for Teaching Excellence and induction into the George Washington University Academy of Distinguished Teachers as well as selection to the College Board AP U.S. History Development Committee (2018-23; Higher Ed Chair, 2021-23).

He frequently leads K-12 professional development programs for organizations such as the George Washington Teacher Institute at Mount Vernon and the Gilder Lehrman Institute of American History, with whom he has twice partnered to lead the National Endowment for the Humanities Summer Institute “The Making of America: Colonial Era to Reconstruction.”

Currently, he also serves as project director for “The Long Struggle for Equality: The Declaration of Independence at 250,” a national traveling exhibition with accompanying public programs sponsored by Gilder Lehrman and a recipient of a Public Humanities Projects Planning Grant from the NEH.

Elise A. Friedland, PhD, is an Associate Professor of Classics and Art History and teaches Greek and Roman art and archaeology and Latin at The George Washington University. She earned her PhD in Classical Art and Archaeology from the University of Michigan and her BA in Classics from Williams College.

Prof. Friedland has published two co-edited volumes, *The Sculptural Environment of the Roman Near East: Reflections on Culture, Ideology, and Power* (2008, Peeters Press) and *The Oxford Handbook of Roman Sculpture* (2015, 2018: Paperback, Oxford University Press), as well as a monograph, *The Roman Marble Sculptures from the Sanctuary of Pan at Caesarea Philippi/Panias (Israel)* (2012, ASOR's Archaeological Report Series).

Her articles focus on the importation, display, and messages of marble sculpture in the Roman Near East, especially in Israel and Jordan. Prof. Friedland is currently engaged in two major projects: studying and publishing the corpus of Roman marble sculptures discovered at the site of Beth Shean/Scythopolis in Israel; and investigating the reception of Classical art in Washington, DC.

In 2013, Prof. Friedland was awarded both GW's Bender Teaching Award and the Archaeological Institute of America's national Excellence in Undergraduate Teaching Award as well as the ASOR Membership Service Award.

She has received multiple fellowships, including awards from the U.S. Capitol Historical Society (2017), the Albright Institute for Archaeological Research, Jerusalem (2019), and a National Endowment for the Humanities Public Scholar Fellowship (2020-21) to write *Classical Washington: Greece & Rome in the Art and Architecture of DC.* And 2022, Prof. Friedland contributed "Antiquity in America's Capital" for *Antiquity & America: Perspectives*, an exhibit for Bowdoin College Museum of Art.

The GW Museum currently has an exhibit on display through next month featuring works depicting federal buildings and public sculpture, organized by Prof. Friedland and based on her *Classical Washington* book project.

Frank Sesno is an Emmy Award-winning journalist with more than thirty years of experience reporting from around the world. Well known as bureau chief, anchor, White House Correspondent and talk show host on CNN, he is also a nationally renowned moderator who has engaged some of the world's leading personalities, and he appears regularly on U.S. and international media.

Frank has interviewed heads of state including five U.S. Presidents and many other influential figures such as Benyamin Netanyahu, Condoleezza Rice, Anderson Cooper, Karl Rove, Bill Gates, Walter Cronkite, Hillary Clinton and Colin Powell. He has interviewed Nobel prize-winning scientists, renowned economists, Hollywood celebrities, CEOs, best-selling authors and leaders from a wide range of industries.

He is widely quoted and active across media, appearing on television and radio around the world on CNN, BBC, NPR, CBC, Australian television, Al Jazeera and Chinese Television. The New York Times, Wall Street Journal, Washington Post, Los Angeles Times, Politico and many others have turned to Frank for his observations and analysis. Frank hosts an annual Chesapeake Bay Summit with Maryland Public Television and recently narrated two feature-length documentaries, *The Limits of Hope: Inside Obama's White House* (2016) and *My Dear Children* (2017), a film about "faith, family and tragedy" resulting from pogroms after the Russian Revolution.

Frank currently serves as Director of Strategic Initiatives at The George Washington University's School of Media and Public Affairs, where he also teaches classes on the art of the interview, journalism ethics, documentary and sustainability reporting. He was previously the school's director for 11 years, leading SMPA's nearly two dozen world-class faculty.

He created PlanetForward.org, a multi-platform project that brings students and experts together to examine sustainable innovations that "move the planet forward." The project is headquartered at the School of Media and Public Affairs.

Scientific Session Abstracts

1. Watch and Wait a Swedish national cohort study

Eva Angenete, University of Gothenburg, Sweden

Introduction: Neoadjuvant chemoradiotherapy is common in advanced rectal cancer prior to surgery. About 15-20% of patients achieve a clinical complete response of the tumor (cCR) and may defer surgery. Results from tertiary centers confirm this. The aim of this national cohort study was to confirm safety in an unselected national cohort.

Methods: WoW (Watch and Wait) is a prospective national multicenter study that includes patients with rectal cancer from all University Hospitals in Sweden also including Västerås. Inclusionperiod 2017-2022. Follow-up is standardized and primary endpoint disease free survival at three years. The study reached full accrual in February 2023 and here we present descriptive data, and at the meeting probably more outcomes.

Results: 210 patients with cCR were included. A majority were men (n=121), and median age was 66 (30-89). Most patients received 5x5 Gy and 4 cycles of CapOx (n=102) but also 5x5 Gy and waiting (n=57). Most tumors were low, median 5 (0-14) cm and T3 or T4 tumors (n=158) and most had positive nodes (N1-N2) (n=151). 54 (26%) had tumor regrowth.

Discussion: A majority of patients in WoW have an advanced tumour and regrowth is within the expected numbers compared to international figures. It is possible to achieve complete response with 5x5 Gy and sufficient delay before evaluation. There is insufficient long-term data to recommend this strategy outside registration and controlled follow-up. We believe that the oncologic results from WoW will contribute with important knowledge about the implementation in a national setting.

2. Isolated Hepatic Perfusion as a Treatment for Uveal Melanoma Liver Metastases

Roger Olofsson Bagge[1,2,3#*], Axel Nelson[4#], Amir Shafazand[1,3#], Charlotta All-Ericsson[5], Christian Cahlin[6], Nils Elander[7], Hildur Helgadottir[8], Jens Folke Kiilgaard[9], Sara Kinhult[10], Ingrid Ljuslinder[11], Magnus Rizell[6], Malin Sternby Eilard[6], Gustav Ullenhag[12], Jonas A Nilsson[1,13], Lars Ny[4] and Per Lindnér[6]

[1]Sahlgrenska Center for Cancer Research, Department of Surgery, Institute of Clinical Sciences, Sahlgrenska Academy, University of Gothenburg, Gothenburg, Sweden.

[2]Department of Surgery, Sahlgrenska University Hospital, Gothenburg, Sweden.

[3]Wallenberg Centre for Molecular and Translational Medicine, University of Gothenburg, Gothenburg, Sweden.

[4]Department of Oncology, Institute of Clinical Sciences, Sahlgrenska Academy at University of Gothenburg, Sahlgrenska University Hospital, Gothenburg, Sweden.

[5]St. Erik Eye Hospital, Karolinska Institutet, Stockholm, Sweden.

[6]Transplant Institute, Institute of Clinical Sciences, Sahlgrenska Academy at University of Gothenburg, Sahlgrenska University Hospital, Gothenburg, Sweden.

[7]Department of Oncology, Linköping University Hospital, Linköping, Sweden.

[8]Department of Oncology, Karolinska University Hospital, Stockholm, Sweden.

[9]Department of Ophthalmology, Glostrup Hospital, Copenhagen University Hospital Glostrup, Denmark.

[10]Department of Oncology, Skåne University Hospital, Lund, Sweden.

[11]Department of Oncology, Norrlands University Hospital, Umeå, Sweden.

[12]Department of Radiology, Oncology and Radiation Science, Section of Oncology, Uppsala University, Uppsala, Sweden

[13]Harry Perkins Institute of Medical Research, University of Western Australia, Perth, Australia

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Background: Uveal melanoma is the most common primary intraocular malignancy in adults. Despite successful control of the primary tumor, metastatic disease will ultimately develop in approximately 50% of the patients, with the liver being the most common site. The median survival for patients with liver metastases is about 6-12 months, and there are only few systemic treatment options available that moderately prolong survival. A previous trial using isolated hepatic perfusion (IHP) has suggested a 14-month increase in overall survival, compared with a historical control group consisting of the longest surviving patients in Sweden during the same time period (26 vs. 12 months).

Methods/Design: In this multicenter randomized, controlled, phase III trial, patients with previously untreated isolated liver metastasis from uveal melanoma were randomized between 2013 and 2021 to receive IHP or best alternative care (control group). The primary end point is overall survival at 24 months, but here we report the secondary outcomes of response according to RECIST 1.1 criteria, progression-free survival (PFS), hepatic PFS (hPFS) and toxicity.

Results: A total of 93 patients were randomized, with three patients in each group being excluded due to either withdrawal of consent or inappropriate enrollment, and a total of 87 patients were assigned to either IHP group (43 patients) or control group (44 patients). In the IHP group, 41 (89%) patients were treated per protocol, and in the control group, 49% of the

patients were treated with chemotherapy, 39% with immunotherapy and 9% with localized treatment interventions. In an intention-to-treat analysis, the overall response rate (ORR) in the IHP group was 40% (17/43) compared to 4.5% (2/44) in the control group (p<0.0001). The median hPFS in the IHP group was 9.1 months (95% CI, 5.6 to 13.4 months), compared to 3.3 months (95% CI, 2.9 to 4.0 months) in the control group (p<0.0001). The median PFS in the IHP group was 7.4 months (95% CI, 5.2 to 11.6 months), compared to 3.3 months (95% CI, 2.9 to 3.7 months) in the control group (p<0.0001). There were 14 treatment-related serious adverse events in the IHP group, where vascular complication and infections were the most common side effects, compared to 13 in the control group where immunotherapy related side effects were most common. There was one treatment related death in the IHP group.

Conclusion: Treatment with IHP resulted in superior ORR, hPFS and PFS compared to best alternative care among previously untreated patients with isolated uveal melanoma liver metastasis.

3. Does the use of probe-based near infrared autofluorescence parathyroid detection benefit parathyroidectomy? A randomized single-center clinical trial

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Objective: To evaluate the benefits of probe-based near infrared (NIRAF) autofluorescence parathyroid detection during parathyroidectomy.

Summary Background Data: Intraoperative parathyroid gland identification during parathyroidectomy can be challenging, while additionally requiring costly frozen sections. Earlier studies have established NIRAF detection as a reliable intraoperative adjunct for parathyroid identification.

Methods: Patients undergoing parathyroidectomy for primary hyperparathyroidism were prospectively enrolled by a senior surgeon (>20 years' experience) and a junior surgeon (<5 years' experience), while being randomly allocated to the probe-based NIRAF or control group. Data collected, included procedure type, number of parathyroids identified with high confidence by the surgeon and the resident, number of frozen sections performed, parathyroidectomy duration, and number of patients with persistent disease at the first post-operative visit.

Results: One hundred and sixty patients were randomly enrolled under both surgeons to the probe group (n=80) vs. control (n=80). In the probe group, parathyroid identification rate of the senior surgeon improved significantly from 3.2 to 3.6 parathyroids per patient (p<0.001), while that of the junior surgeon also rose significantly from 2.2 to 2.5 parathyroids per patient (p=0.001). Parathyroid identification was even more prominent for residents increasing significantly from 0.9 to 2.9 parathyroids per patient (p<0.001). Furthermore, there was a significant reduction in frozen sections sent in the probe group vs. control (17 vs 47, p=0.005).

Conclusions: Probe-based NIRAF detection can be a valuable intraoperative adjunct and educational tool for improving confidence in parathyroid gland identification, while potentially reducing the number of frozen sections required.

4. BJS Society Award in Surgery

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Background: Surgery is one of the backbones of modern healthcare, and scientific progress in surgery has benefitted patients greatly, with an impressive reduction in morbidity and mortality. In spite of this, scientific achievements within the field are, arguably, not receiving enough attention.

Methods: To highlight import scientific progress in surgery to the public, peers and not least young aspiring academic surgeons, BJS Society (BJSS), the charity that owns the journal titles BJS and BJS Open and the educational website BJS Academy, decided to launch a new international ward in scientific surgery in 2023, called BJS Society Award in Surgery. A call for nomination was announced in the autumn of 2022 through a wide range of channels.

There were three specified criteria for the award which the winner had to fulfill:

• a discovery, innovation or scientific study within the field of surgery

• has changed clinical practice

• has had a profound impact on patient care

Further, the nominated candidate should hold a specialist diploma in Surgery.

A special Award Committee consisting of members of the BJS Council and co-opted members were chosen to evaluate nominated candidates.

Results: A wide range of nominations were submitted from many parts of the globe. The nominated candidates were discussed, and the importance of their scientific contribution were analysed in the context of the three criteria for the award. The number of candidates were successively reduced. The most interesting candidates were sent for written reviews by independent specialists. The name of the recipient of the inaugural award will be official in early June. The scientific achievements of the winner will be presented.

The award includes: €100,000 ($110, 000), a medal, a diploma with a painting and a BJS Academy webinar.

Conclusion: The BJS Society Award in Surgery has been met with much enthusiasm. The nomination and review process has worked quite well, and the experience of the process will help BJSS to improve the work for the next award cycle in 2025.

5. The Surgical Research Institute: Broad Participation by Residents, Fellows and College & Medical Students

Hiram C. Polk, Susan Galandiuk, University of Louisville, Kentucky

Introduction: In 1974, the senior author began to understand the potential usefulness of the only ongoing asset of our Surgery Department; a modestly endowed Research Institute. For 49 years, every Thursday afternoon (1-3 pm) a meeting of staff and faculty has been on the schedule to meet in the laboratory. The International Surgical Group (ISG) has become a basis for a number of successful fellowships who recently have often earned a Ph.D. in Physiology. Typically, this has involved serious classroom work, to include advanced statistics as well as bench laboratory work in the Price Institute of Surgical Research.

Methods: We describe our forty-year experience with a supervised surgical research program involving surgical trainees, medical and undergraduate students.

Results: We have published the experience of the Institute for college students, often seeking to enhance their application to medical school: They spend 2+ summers there and participate as co-authors on peer-reviewed publications and have presented at the Academic Surgical Congress since its founding. A long-term study found 75% earning M.D. degrees. A high proportion (32%) of these chose surgical specialty careers while 16% are still in medical school. More than 90% noted improved interpretation and understanding of research, specifically presentation skills, and professional and personal contacts.

Research Fellows were funded by the Trust; 63% were from overseas and 46% have pursued academic careers. In recent years, 20% of the total have earned Ph.D's. in physiology; six others received advanced degrees from their home University. Peer-reviewed publications (during and three years after Ph.D.) averaged 14.6 with 7.7 first authorships. Of the 56 total Price Fellows to date, four have become Department Chairs, 16 Division Chiefs, and four Editors-in-Chief of surgical journals.

Conclusion: The Institute was recognized as our first such "University Institute." These longer-term fellowships show a high proportion of academic effort and leadership in scholarly activities. A seemingly worthwhile value to our Department and perhaps to yours?

6. Statewide Planning and Research Cooperative System (SPARCS): Leveraging the Power of NY State

Aurora Pryor, Long Island Jewish Medical Center, Northwell Health, New York

Background: New York state (NYS) established the Statewide Planning and Research Cooperative System (SPARCS) database in 1979 to understand the delivery of healthcare in NYS. Patient-level data is collected for every encounter at hospital-based facilities across NY and can be cross-referenced across sites and years. Leveraging SPARCS, we can analyze trends and outcomes across multiple diseases.

Methods: The Surgical Outcomes and Research (SOAR) Collaborative was set up at Stony Brook University to use the SPARCS database to understand surgical outcomes trends. A blanket IRB approval was obtained to analyze SPARCS data and a robust statistical platform was set up using SAS to analyze ICD-9/10 diagnosis codes, procedure codes and CPT codes as well as outcome and patient-specific measures. All research proposals were hypothesis driven and ensuing analyses targeted specific procedures or diseases and relevant metrics.

Results: Since its founding in 2014, over 50 SPARCS based papers from SOAR have been published in the field of GI surgery. Most of these papers focused on long term outcomes in bariatric, foregut and hernia surgery, but additional studies were performed in related fields. Patient level factors allowed us to obtain data on healthcare disparities, and surgeon level data was also available.

Conclusion: The longitudinal nature of the SPARCS database provided robust data on re-operation, readmission and additional longer-term outcomes that are relevant to patients. Using these large datasets with data beyond the initial 30 post-operative days allows clinical decision-making support for patients and providers.

7. Sarcopenia in robotic esophagectomy

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Introduction: Sarcopenia is a known risk factor for adverse outcomes after esophageal cancer (EC) surgery. Robot-assisted minimally invasive esophagectomy (RAMIE) offers numerous advantages, including reduced morbidity and mortality. However, no evidence exists to date comparing the development of sarcopenia after RAMIE and open esophagectomy (OE). The objective was to evaluate whether the development of sarcopenia within the first postoperative year after esophagectomy is associated with the surgical approach: RAMIE versus OE.

Methods: A total of 168 patients with EC were analyzed who either underwent total robotic or fully open Ivor Lewis esophagectomy in a propensity score-matched analysis. Sarcopenia was assessed using the skeletal muscle index (cm^2/m^2) and psoas muscle thickness per height (mm/m) on axial computed tomography scans during the first postoperative year; in total 540 computed tomography scans were evaluated.

Results: After 1-to-1 propensity score matching for confounders, 67 patients were allocated to RAMIE and OE groups, respectively. Skeletal muscle index in the OE group was significantly lower compared with the RAMIE group at the third (43.2 ± 7.6 cm^2/m^2 versus 49.1 ± 6.9 cm^2/m^2,

p = 0.001), sixth (42.7 ± 7.8 cm^2/m^2 versus 51.5 ± 8.2 cm^2/m^2, p < 0.001) and ninth (43.0 ± 7.0 cm^2/m^2 versus 49.9 ± 6.6 cm^2/m^2, p = 0.015) postoperative month. Similar results were recorded for psoas muscle thickness per height.

Conclusions: To our knowledge, this study is the first to suggest a substantial benefit of RAMIE compared with open esophagectomy in terms of postoperative sarcopenia. These results add further evidence to support the implementation of the robotic approach in multimodal therapy of EC.

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8. Neurotensin—New Tricks For An Old Hormone

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Introduction. Identified in 1973, Neurotensin (NT), a 13-amino-acid peptide predominantly localized in specialized enteroendocrine cells of the small intestine and released by fat ingestion, facilitates fat absorption and growth of normal intestinal mucosa and various cancers. Increased fasting plasma levels of pro-NT (a stable NT precursor fragment produced in equimolar amounts relative to NT) are associated with increased risk of diabetes, cardiovascular disease and mortality; however, a role for NT as a causative factor in these diseases is not known.

Methods. Over the last 10 years, our laboratory has been studying the role of excess NT on obesity, cardiovascular disease and non-alcoholic fatty liver (NAFLD). For these studies we utilize a number of in vivo and in vitro models that include: NT wild type (WT) (Nt+/+) and knockout (KO) (Nt-/-) mice and NT receptor 1 WT (Ntr1+/+) and KO (Ntr1-/-) mice fed a low fat diet (LFD,10% kcal from fat), a HFD (60% kcal from fat), a Western diet (42% kcal from fat and 0.2% cholesterol) or normal chow. In addition, through a collaboration with Dr. Olle Melander (University of Lund, Sweden), we utilize the Malmo Diet and Cancer (MDC) population-based, prospective epidemiological cohort of over 28,000 men and women who underwent baseline examinations from 1991 to 1996. Fasted plasma samples at the baseline examination were available for analysis of pro-NT and successfully measured in 4,632 participants.

Results. NT-deficient mice are protected from obesity and hepatic steatosis associated with a high fat diet. Also, atherosclerotic plaques are significantly decreased in NT-deficient mice fed a Western diet. In humans, both obese and insulin resistant subjects demonstrate elevated plasma concentrations of pro-NT, and in longitudinal studies among non-obese subjects, high levels of pro-NT denote a doubling of the risk of developing obesity later in life. Moreover, an increasing plasma concentration of pro-NT predicts atherosclerotic events in coronary and cerebral arteries independent of all major traditional risk factors, indicating a strong link between NT and atherosclerosis.

Conclusions. Our findings directly link NT with increased obesity and atherosclerosis and suggest that NT may provide a prognostic marker of future obesity and enhanced atherosclerosis and a potential target for prevention and treatment.

9. Decreasing Pain After Major Abdominal Surgery-The Two Wound Hypothesis

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Background: The primary approach to managing severe post-operative pain in major abdominal surgery is the systemic administration of opioids. Opioids provide strong analgesia but have negative side effects. Notably there are growing concerns regarding abuse, delayed recovery after surgery and major delays in patient mobilisation associated with opioid analgesia.

Methods: In abdominal surgery two wounds are created. Firstly, a wound is made in the abdominal wall to allow access to the abdominal contents, the *somatic wound*. The somatic wound signal reaches the brain by the spinal cord. This message can be blocked by local anaesthetic to the somatic wound or afferent nerves including the spinal cord. The other wound, the *autonomic wound,* is a consequence of injury to the peritoneal lining of the abdominal cavity and its contents. The autonomic wound is of vital importance as disruption to these structures is substantial, especially after surgery such as colectomy. The bulk of signals sent to the brain from the autonomic wound travels via the vagus nerve and has not historically been a target for analgesia intervention.

Results: We have pioneered the use of intra-abdominal local anaesthetic infusions to block vagal afferents in order to decrease opioid requirements and pain following major abdominal surgery while providing comparable pain relief. A recent randomised controlled trial from our group has shown that the peritoneal cavity is an effective target for local anaesthetic administration with prolonged intraperitoneal infusions of local anaesthetic reducing opioid consumption by an average of 57% over the total length of stay in patients undergoing laparoscopic colectomy.

Conclusions: It may be, in the foreseeable future, that the *somatic wound* can be almost be completely be dispensed with. Therefore, the *autonomic wound* created by the surgeon, and its downstream effects, will require much more attention. Despite a century of research into the concept of complete anoci-association after surgery work is still needed to understand and exploit this exciting field of research.

10. Perioperative Layered Autologous Tissue Expansion Graft for Surgical Repair of Hollow Organs: A Promising Approach for Tissue Engineering

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Introduction: Birth defects affecting hollow organs present a significant challenge in surgical repair, often requiring the removal of pathological regions and subsequent reconstruction. However, the shortage of healthy grafting tissue poses a limitation to the success of these procedures. Tissue engineering approaches have not been widely adopted due to technical challenges, high costs, and regulatory complexity. In this study, we propose a novel approach, the perioperative layered autologous tissue expansion graft (PLATE graft), which combines a well-established tissue expansion technique with scaffold-bioengineering, aiming to overcome these limitations.

Methods: We developed the PLATE graft as a composite biomaterial and collagen-reinforced construct, comprising autologous epithelium on one side and smooth muscle tissue on the other. The graft mimics the structure and function of natural hollow organs and can be created in a normal operating theater, eliminating the need for extensive laboratory manipulations. Proof-of-principle studies were conducted to assess the regenerative performance of PLATE grafts in vitro using eight different organs. Furthermore, in vivo experiments were performed in a rabbit-model to reconstruct the vagina and in a porcine model to create a conduit to the urinary bladder. Micromolecular wound healing studies were also conducted to investigate key factors in wound healing in healthy and diseased tissues.

Results: The PLATE grafts demonstrated promising results in preclinical studies. In vitro experiments showed favorable regenerative performance across multiple organs. In vivo experiments in animal models successfully reconstructed the vagina and created a conduit to the urinary bladder using the PLATE grafts. Additionally, micromolecular wound healing studies provided further insights into the wound healing process and key elements for cell to cell interactions that promote cell migration and proliferation.

Conclusion: The perioperative layered autologous tissue expansion graft (PLATE graft) offers a novel approach to tissue engineering for surgical repair of hollow organs. By utilizing autologous tissue expansion in vivo and bypassing the need for custom bioreactors, multiple surgeries, GMP facilities, or round-the-clock laboratory staff, the PLATE graft presents a cost-effective and feasible solution. Promising preclinical results have paved the way for a proof of concept clinical trial, starting with a selected group of adult patients with vaginal stenosis. The PLATE graft holds significant potential for advancing the field of tissue engineering and improving outcomes in the surgical repair of hollow organs.

11. Fluorescence Guided Surgery in HPB

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Introduction: Fluorescence-guided hepatopancreatobiliary (HPB) surgery using indocyanine green (ICG) has emerged as a standard technique in the field. Over the past decade, its popularity has soared due to its unique applicability to the complex nature of the hepatobiliary system.

Methods: A scoping review of the literature and clinical validation was done in a series of patients who underwent hepatobiliary surgeries from 2016-2019.

Results: Administration of indocyanine green via intravenous injection resulted in the rapid appearance of a homogeneous fluorescent pattern on the liver, known as the early hepatic phase. Subsequently, after 15 to 30 minutes, fluorescent cholangiography revealed the biliary phase. Finally, during the late hepatic phase, the fluorescent pattern either within the liver nodule or surrounding it becomes evident, depending on the liver's parenchymal characteristics. Notably, a cirrhotic liver exhibits a persistently intense fluorescent illumination even days after ICG administration, aiding in the identification of liver tumors based on distinct patterns.

When ICG is administered after the isolation of hepatic pedicles during the same surgical procedure, it enables visualization of liver segmentation. This visualization assists in performing anatomical resection of the liver, enhancing surgical precision and outcomes.

In addition, incisionless cholangiography using ICG has proven to be a valuable tool for identifying extrahepatic biliary structures, particularly in cases involving anatomical variations. Our series of patients demonstrated a 100% success rate in visualizing the biliary tree. Of these, 48% were identified before dissection, while 52% were identified during the clearance of the cystic plate and identification of the cystic duct and common bile duct.

Conclusion: Incorporating fluorescence techniques into HPB surgery is undoubtedly beneficial and should be encouraged as a standard practice.

12. Anatomy of union

Ronald P. DeMatteo, Department of Surgery, University of Pennsylvania, Philadelphia, PA

Introduction: Some 2,500 years ago, Socrates observed that “Children have bad manners, contempt for authority, show disrespect for elders... They contradict their parents and tyrannize their teachers.” So it seems that there has always been a disconnect between the generations. However, this is now becoming more apparent between medical trainees and their teachers. *The Committee of Interns and Residents (CIR) is the largest house staff union in the U.S. with 24,000 members. CIR recently organized resident/fellow unionization at Penn.*

Methods: *Once the movement was recognized, a consultant was hired by the medical school to educate the faculty/administration regarding the unionization process. For instance, while the faculty/administration could converse with the trainees, several things were not permissible – making threats or promises, asking trainees to explain their views or grievances, or treating the pro-union trainees differently. N*umerous open meetings were held by hospital administration leaders with individual groups of trainees.

Results: The stated reasons for trainee unionization were related to salary, childcare, working conditions, parking, food allowances, housing allowances, representation, and improving patient care. The first vote occurred in February 2023 and required only 30% affirmative votes to trigger the National Labor Relations Board to hold a second vote. In May 2023, there was a formal vote of the 1,400 house staff, about 15% of whom are surgeons. The vote was all trainees across all departments as labor laws do not allow unionization of subsets. A simple majority was all that

was needed. Of those who voted, 88% voted yes. *The result is that the union will now become the exclusive bargaining representative for all the house staff. Apparently, a contract can take up to 18 months to work out. Union dues are estimated at 1.5% of salary.*

Conclusion: As has occurred elsewhere in the U.S., the house staff at Penn have successfully formed a union. It is likely that many other centers will follow. We are truly entering a new era in surgical education.

Paediatric Kidney and Liver Transplantation in Turkey: A Single Center Experience

13. Physiology of Union

David Jayne, University of Leeds, Leeds, UK

Introduction: The British Medical Association (BMA) is the main trade union for doctors in the NHS. Founded in 1832, it aimed to promote the medical and allied sciences, and to maintain the honour and interests of the medical profession. It was officially recognised as a trade union in 1971 and has a current membership of 173,000.

Methods: In 2004, the maximum number of hours a doctor could work fell to 56 hrs/week with the introduction of the European Working Time Directive (EWTD). A further fall to 48hrs/week came into law in 2009. This was accompanied by a 33% increase in the number of junior doctors employed in the NHS. However, concerns about contractual safeguards on safe working and proper recognition for unsocial hours led to limited industrial action in 2016. In 2019, the BMA agreed a new contract that guaranteed annual pay uplifts of 2% over 4-years. Despite this, a BMA survey in 2021 reported that one-third of junior doctors suffered burnout or other mental health issues, increasing to 62% in a survey undertaken during the COVID pandemic. In 2023, with a cost-of-living crisis and inflation running at over 10%, the BMA balloted its members on strike action citing a 26% real term decline in pay since 2008/09, unsafe working conditions, and concern over medical workforce retention.

Results: In February 2023, 98% of junior doctors who took part in the BMA ballot voted in favour of strike action. In March 2023, 72 hours of industrial action took place with senior doctors providing emergency cover. 195,000 appointments and operations were cancelled, adding to the record number of 7.2million people waiting for NHS routine care. No additional patient deaths resulted.

Further strikes are planned for June 2023. Morale is at an all-time low, with four in ten junior doctors planning to leave the NHS to work abroad.

Conclusion: Doctors have seen a real term erosion in their pay. Reduced working hours and increased levels of recruitment have not improved working conditions. With no immediate resolution to the conflict in sight, the future of the NHS hangs in the balance.

14. Assessment of Perioperative Outcomes Among Surgeons Who Operated the Night Before

Mary Hawn, Department of Surgery, Stanford University

Objective: To examine the association between an attending surgeon operating overnight and outcomes for operations performed by that surgeon the next day.

Design, Setting, and Participants: In this cross-sectional study, a retrospective analysis of a large multicenter registry of surgical procedures was done using a within-surgeon analysis to address confounding, with data from 20 high-volume US institutions. This study included 498 234 patients who underwent a surgical procedure during the day (between 7 am and 5 pm) between January 1, 2010, and August 30, 2020.

Exposures: Whether the attending surgeon for the current day's procedures operated between 11 pm and 7 am the previous night. Two exposure measures were examined: whether the surgeon operated at all the previous night and the number of hours spent operating the previous night (including having performed no work at all).

Main Outcomes and Measures: The primary composite outcome was in-hospital death or major complication (sepsis, pneumonia, myocardial infarction, thromboembolic event, or stroke). Secondary outcomes included operation length and individual outcomes of death, major complications, and minor complications (surgical site infection or urinary tract infection).

Results: Among 498 234 daytime operations performed by 1131 surgeons, 13 098 (2.6%) involved an attending surgeon who operated the night before. The mean (SD) age of the patients who underwent an operation was 55.3 (16.4) years, and 264 740 (53.1%) were female. After adjusting for operation type, surgeon fixed effects, and observable patient characteristics (ie, age and comorbidities), the adjusted incidence of in-hospital death or major complications was 5.89% (95% CI, 5.41%-6.36%) among daytime operations when the attending surgeon operated the night before compared with 5.87% (95% CI, 5.85%-5.89%) among daytime operations when the same surgeon did not (absolute adjusted difference, 0.02%; 95% CI, −0.47% to 0.51%; $P = .93$). No significant associations were found between overnight work and secondary outcomes except for operation length. Operating the previous night was associated with a statistically significant decrease in length of daytime operations (adjusted length, 112.7 vs 117.4 minutes; adjusted difference, −4.7 minutes; 95% CI, −8.7 to −0.8, $P = .02$), although this difference is unlikely to be meaningful.

Conclusions and Relevance: The findings of this cross-sectional study suggest that operating overnight was not associated with worse outcomes for operations performed by surgeons the subsequent day. These results provide reassurance concerning the practice of having attending surgeons take overnight call and still perform operations the following morning.

15. Tip of the Iceberg? A Global Pandemic Delays Cancer Diagnoses in the USA

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Background: COVID-19 and the ensuing shutdowns in medical care disrupted healthcare globally. We investigated observed and expected cancer incidence rates for lung, breast, and colon cancer in the United States of America.

Study design: Lung, female breast, and colorectal cancer patients from 2010-2020 in the National Cancer Database (NCDB) were standardized to calculate annual incidence rates per 100,000. A linear regression model of 2010-2019 incidence rates (pre-COVID) was used to calculate predicted 2020 incidence compared to observed incidence in 2020 (COVID) with sub-analyses for age, sex, race, ethnicity and geographic region.

Results: 1,707,395 lung, 2,200,505 breast, and 1,066,138 colorectal cancer patients were analyzed. After standardizing, the observed 2020 incidence was 66.888, 152.059, and 36.522 per 100,000 compared to predicted 2020 incidence of 81.650, 178.124, and 44.837 per 100,000, resulting in an observed incidence decrease of -18.1%, -14.6%, and -18.6% for lung, breast, and colorectal cancer, respectively. The difference was amplified on sub-analysis for lung (female, ≥65 years old, non-White, Hispanic, Northeastern and Western region), breast (≥65 years old, non-Black, Hispanic, Northeastern and Western region), and colorectal (male, <65 years old, non-White, Hispanic, and Western region) cancer patients.

Conclusion: Screenable cancers significantly decreased in measured incidence in the USA during the 2020 novel coronavirus pandemic. We infer that many patients thus currently harbor occult malignancy. We have no evidence to suggest that this is anything but an international phenomenon. This delay in the diagnosis of screenable, treatable malignancies will further strain our healthcare system and has the potential to increase future healthcare costs around the globe.