



ANAHEIM

82ND

ANNUAL MEETING

GUIDE
BOOK

THE AMERICAN ASSOCIATION FOR THE SURGERY OF TRAUMA
& CLINICAL CONGRESS OF ACUTE CARE SURGERY

SEPTEMBER 20-23, 2022

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REPRESENTATIVE TO THE AMERICAN COLLEGE OF RADIOLOGY (ACR) COMMITTEE ON APPROPRIATENESS CRITERIA

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Dallas, Texas

REPRESENTATIVE TO THE AMERICAN COLLEGE OF SURGEONS (ACS) GERIATRIC SURGERY VERIFICATION (GSV) PROGRAM

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(2021-2024)
Allentown, Pennsylvania

REPRESENTATIVES TO COALITION FOR NATIONAL TRAUMA RESEARCH (CNTR) BOARD OF DIRECTORS

Raminder Nirula, MD, MPH
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Nashville, Tennessee

Raeanna Adams, MD
Nashville, Tennessee

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Fresno, California

Christopher Michetti, MD
Annandale, Virginia

Joseph Cuschieri, MD
San Francisco, California



PRODUCT THEATRE

Not attending a lunch session one day? Head to the Exhibit hall and get a **HOT LUNCH** and hear about the following products!

****Attendance is Limited****

avita^{medical}

Wednesday, September 20 — 12:45 PM - 2:00 PM

cerus  **HAEMONETICS**[®]

Thursday, September 21 — 1:40 PM - 3:00 PM

AstraZeneca 

Friday, September 22 — 12:00 PM - 1:15 PM

SATELLITE SYMPOSIUMS



HEMOSONICS

A Stago Group Company

HemoSonics, LLC

Tuesday, September 19, 2023 6:30 -8:30pm in Room Capistrano



**PRYTIME
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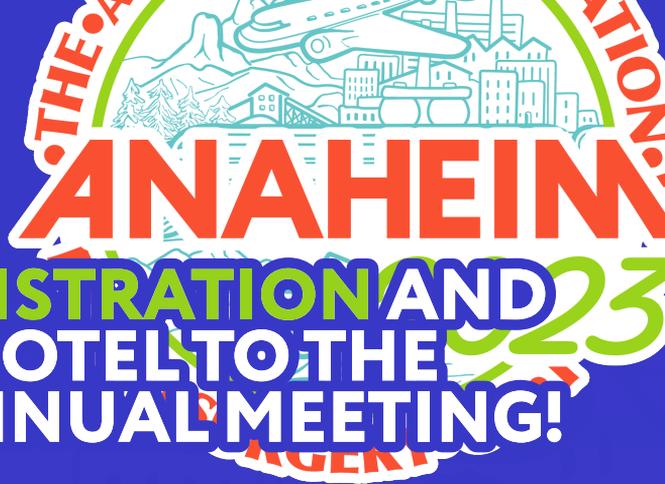
Prytime Medical Devices, Inc.

Thursday, September 21, 2023 2:00 - 5:00pm in Room El Capitan

Teleflex[®]

Teleflex

Thursday, September 21, 2023 4:30 - 6:30pm in Room Palos Verdes



WIN FREE REGISTRATION AND 4 NIGHTS OF HOTEL TO THE NEXT AAST ANNUAL MEETING!

PASSPORT TO PRIZES:

Want an easy way to get free registration and hotel accommodations for an upcoming AAST Annual Meeting?!? Two lucky winners will get the opportunity to experience the AAST Annual Meeting for free! All you have to do is visit the exhibit hall.

Just fill out the contact information on your passport cards, have it stamped by participating exhibitors, and turn your card in at the marked area near the exhibit hall entrance

This grand prize includes: One 2024 or 2025 Annual Meeting Registration, four nights hotel accommodations, and an extra banquet ticket or lunch/pre-session package!

Note: Spouse/Guest registrants are not eligible to win. Medical Students and Residents are not eligible for the Grand Prize.

BEST OF

We Need Your Help! Best Of Contest! At the Annual Meeting, attendees will be selecting the Best Of Exhibitors. Exhibitors will compete in various categories including best product, technology, service, and more!

In Order to Participate:

1. Locate the Best of Card in your conference badge.
2. Select the best exhibitor and what category they fall into
3. Turn in the card at the AAST Information Desk.
4. Take home an AAST logo item or gift card!

Prize: Eligible for up to one prize! Visit the Info Desk to claim your prize!

**Only exhibitors in the exhibit hall are eligible*

AAST PARTY LIGHT SPECIAL

Find the flashing light in the exhibit hall during breaks and pick up an AAST logo item!

During each break, an announcement will be made that the AAST Party light is flashing and you have five minutes to get your AAST Logo item. While you are in the exhibit hall, spend time visiting the exhibitors and filling out your "Best Of..." cards!

82RD ANNUAL MEETING OF AAST AND CLINICAL CONGRESS OF ACUTE CARE SURGERY

September 20-23, 2023

AAST has designated the following days and times for visiting the exhibitors. Please visit their booths and thank them for their support!

EXHIBIT HOURS

Wednesday, September 20, 2023
11:00 AM - 7:00 PM

Thursday, September 21, 2023
7:00 AM - 2:30 PM

Friday, September 22, 2023
7:00 AM - 1:30 PM



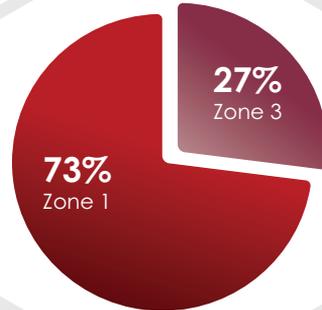
pREBOA-PRO™:

A Measurable Difference

Breaking the 30-Minute Barrier™



73% of Users Opt for
Zone 1*
n=254



Source: pREBOA-PRO™ Centers of Excellence Data. Data through Jul. 31, 2023

Come see us at **Booth 205**,
or join us at our satellite symposium

Thursday, September 21st at 2pm in Hilton Anaheim, El Capitan AB

with a networking session to follow



EXPERIENCE A NEW LEVEL OF EASE AND CLARITY AT AAST POSTER SESSION THIS YEAR!

We're excited to announce that instead of noisy chatter, we've introduced hand-held listening devices to enhance your listening experience. Simply scan the QR codes below to access detailed explanations and insights from presenters without the distraction of background noise.

SCAN HERE TO VIEW INSTRUCTIONS



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FUTURE AAST MEETINGS



2024

83RD ANNUAL MEETING OF THE AMERICAN ASSOCIATION FOR THE SURGERY OF TRAUMA AND CLINICAL CONGRESS OF ACUTE CARE SURGERY

September 11-14, 2024

LAS VEGAS, NV

2025

84TH ANNUAL MEETING OF THE AMERICAN ASSOCIATION FOR THE SURGERY OF TRAUMA AND CLINICAL CONGRESS OF ACUTE CARE SURGERY

September 10-13, 2025

BOSTON, MA

2026

85TH ANNUAL MEETING OF THE AMERICAN ASSOCIATION FOR THE SURGERY OF TRAUMA AND CLINICAL CONGRESS OF ACUTE CARE SURGERY

September 16-19, 2026

SAN FRANCISCO, CA

PAST PRESIDENTS + MEETING SITES

2022	Chicago, IL	David H. Livingston, MD	1980	Phoenix, AZ	Leonard F. Peltier, MD
2021	Atlanta, GA	David A. Spain, MD	1979	Chicago, IL	Roger Sherman, MD
2020	Virtual Meeting	David A. Spain, MD	1978	Lake Tahoe, NV	William R. Drucker, MD
2019	Dallas, TX	Martin A. Croce, MD	1977	Detroit, MI	Alexander J. Walt, MD
2018	San Diego, CA	Michael F. Rotondo, MD	1976	Colorado Springs, CO	Joseph D. Farrington, MD
2017	Baltimore, MD	Raul Coimbra, MD, PhD	1975	Scottsdale, AZ	John H. Davis
2016	Waikoloa, HI	Grace S. Rozycki, MD, MBA	1974	Hot Springs, VA	John A. Moncrief, MD
2015	Las Vegas, NV	Thomas M. Scalea, MD	1973	Chicago, IL	Crawford Campbell, MD
2014	Philadelphia, PA	William G. Cioffi, MD	1972	San Francisco, CA	Moore Moore, Jr., MD
2013	San Francisco, CA	Robert C. Mackersie, MD	1971	New York City, NY	Curtis P. Artz, MD
2012	Kauai, HI	J. Wayne Meredith, MD	1970	Chicago, IL	Sawnie R. Gaston, MD
2011	Chicago, IL	L.D. Britt, MD, MPH	1969	Portland, OR	John E. Raaf, MD
2010	Boston, MA	Andrew B. Peitzman, MD	1968	Montreal, CAN	Fraser N. Gurd, MD
2009	Pittsburgh, PA	Gregory "Jerry" Jurkovich, MD	1967	Chicago, IL	Edwin F. Cave, MD
2008	Maui, HI	Timothy C. Fabian, MD	1966	Santa Barbara, CA	Raymond Householder, MD
2007	Las Vegas, NV	David V. Feliciano, MD	1965	Philadelphia, PA	William T. Fitts, Jr., MD
2006	New Orleans, LA	C. William Schwab, MD	1964	Chicago, IL	Rudolph J. Noer, MD
2005	Atlanta, GA	Steven R. Shackford, MD	1963	San Francisco, CA	Oscar P. Hampton, Jr., MD
2004	Maui, HI	H. Gill Cryer, MD, Ph.D	1962	Hot Springs, VA	Preston A. Wade, MD
2003	Minneapolis, MN	David B. Hoyt, MD	1961	Chicago, IL	Harrison L. McLaughlin, MD
2002	Orlando, FL	Ronald V. Maier, MD	1960	Coronado, CA	James K. Stack, MD
2001	<i>No Meeting Due to 9/11: Ronald V. Maier, MD</i>		1959	Bretton Woods, New Hampshire	Truman G. Blocker, MD
2000	San Antonio, TX	Frank R. Lewis, MD	1958	Chicago, IL	W.L. Estes, Jr., MD
1999	Boston, MA	J. David Richardson, MD	1957	Hot Springs, VA	Charles G. Johnston, MD
1998	Baltimore, MD	Anna M. Ledgerwood, MD	1956	Santa Barbara, CA	Warren H. Cole, MD
1997	Waikoloa, HI	Anthony A. Meyer, MD, Ph.D	1955	Chicago, IL	Robert H. Kennedy, MD
1996	Houston, TX	Kenneth L. Mattox, MD	1954	Atlantic City, NJ	Eslie Asbury, MD
1995	Nova Scotia, CAN	Cleon W. Goodwin, MD	1953	Chicago, IL	Martin C. Lindem, MD
1994	San Diego, CA	Ernest E. Moore, Jr., MD	1952	New York City, NY	Arthur R. Metz, MD
1993	New Orleans, LA	C. James Carrico, MD	1951	Montreal, CAN	R. Arnold Griswold, MD
1992	Louisville, KY	Lewis M. Flint, MD	1950	Salt Lake City, UT	Gordon M. Morrison, MD
1991	Philadelphia, PA	F. William Blaisdell, MD	1949	Atlantic City, NJ	Paul B. Magnuson, MD
1990	Tucson, Arizona	P. William Curreri, MD	1948	Chicago, IL	Casper F. Hegner, MD
1989	Chicago, Illinois	H. David Root, MD	1947	Atlantic City, NJ	Ralph G. Carothers, MD
1988	Orange County, CA	Donald S. Gann, MD	1946	San Antonio, TX	Grover C. Penberthy, MD
1987	Montreal, CAN	Donald D. Trunkey, MD	1945	<i>No Meeting Due to War: Charles S. Venable, MD</i>	
1986	Honolulu, HI	Francis C. Nance, MD	1944	Chicago, IL	Charles S. Venable, MD
1985	Boston, MA	David S. Mulder, MD	1943	<i>No Meeting Due to War: Henry C. Marble, MD</i>	
1984	New Orleans, LA	George F. Sheldon, MD	1942	Boston, MA	Henry C. Marble, MD
1983	Chicago, Illinois	Basil A. Pruitt, Jr., MD	1941	Montreal, CAN	Fraser N. Gurd, MD
1982	Colorado Springs, CO	Robert J. Freeark, MD	1940	Atlantic City, NJ	Edgar L. Gilcreest, MD
1981	Hot Springs, VA	Charles R. Baxter, MD	1939	Hot Springs, VA	Kellogg Speed, MD



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TOOLS FOR ACUTE CARE SURGERY (TACS)



TACS aims to equip health care providers with at-your-fingertips educational tools that include **video journal reviews, calculators, procedural videos**, and more!

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RESEARCH SCHOLARSHIP RECIPIENTS AMERICAN ASSOCIATION FOR THE SURGERY OF TRAUMA

1988 - 2023

AAST/RESEARCH & EDUCATION FOUNDATION SCHOLARSHIP AWARD

2023 - 2024	Julia Coleman, M.D.	2014 - 2015	Angela Ingraham, M.D.
2023 - 2024	Anaar Siletz, M.D.	2014 - 2015	Jon Simmons, M.D.
2023 - 2024	Marissa Boeck, M.D., M.P.H.	2013 - 2014	Susan Evans, MD
2023 - 2024	Letitia Bible, M.D.	2013 - 2014	Robert David Winfield, MD
2022 - 2023	Rebecca Maine, M.D.	2012 - 2013	Todd Costantini, M.D.
2022 - 2023	Anupamaa Seshadri, M.D.	2012 - 2013	Steven Schwulst, M.D.
2022 - 2023	Alison Smith, M.D.	2011 - 2012	David A. Machado-Aranda, M.D.
2022 - 2023	John Kubasiak, M.D.	2011 - 2012	Susan Rowell, M.D.
2021 - 2022	Samuel Carmichael, M.D.	2010 - 2011	Jared M. Huston, M.D.
2021 - 2022	Mehreen Kikat, M.D.	2010 - 2011	Eric Ley, M.D.
2021 - 2022	Christine Leeper, M.D., M.S.	2009 - 2010	Eric Ley, M.D.
2020 - 2022	Lisa Marie Knowlton, M.D., M.P.H.	2009 - 2010	Tam Pham, M.D.
2020 - 2021	Larry Yann-Leei Lee, M.D.	2008 - 2009	Timothy Browder, M.D.
2020 - 2021	Anne Stey, MD, M.Sc.	2008 - 2009	Tam Pham, M.D.
2019 - 2020	Ian Brown, M.D., Ph.D	2007 - 2008	Barbara A. Gaines, M.D.
2019 - 2020	Galinos Barmparas, M.D.	2006 - 2007	Michel Aboutanos, M.D., M.P.H.
2019 - 2020	Jennifer Leonard, M.D., Ph.D.	2005 - 2006	Carlos V.R. Brown, M.D.
2018 - 2019	Vanessa Ho, M.D., M.P.H.	2005 - 2006	Rochelle A. Dicker, M.D.
2018 - 2019	Marta McCrum, M.D., M.P.H.	2005 - 2006	Ajai K. Malhotra, M.D.
2018 - 2019	Deepika Nehra, M.D.	2004 - 2005	Jason J. Hoth, M.D.
2017 - 2018	Vanessa Nomellini, M.D., Ph.D.	2004 - 2005	Obeid Ilahi, M.D.
2017 - 2018	Jonathan Wisler, M.D., MS	2003 - 2004	Raminder Nirula, M.D., M.P.H.
2017 - 2018	Samuel P. Mandell, M.D., M.P.H.	2003 - 2004	Kathryn M. Tchorz, M.S., M.D.
2016 - 2017	Robert Becher M.D.	2002 - 2003	Susan I. Brundage, M.D., M.P.H.
2016 - 2017	Damien Carter, M.D.	2002 - 2003	Colleen E. Jaffray, M.D
2015 - 2016	Matthew Delano, M.D.	2001 - 2002	Kimberly A. Davis, M.D.
2015 - 2016	Benjamin Levi, M.D.	2001 - 2002	James A. Murray, M.D.
2015 - 2016	Matthew D. Neal, M.D.	2000 - 2001	Andrew J. Michaels, M.D., M.P.H.
2014 - 2015	Jacob Glaser, M.D.	1999 - 2000	Kenneth H. Sartorelli, M.D.

THE ACS, AAST & NIGMS JOINTLY SPONSORED MENTORED CLINICAL SCIENTIST DEVELOPMENT AWARD (K08/K23)

2011 - 2013	Carrie Sims, M.D.	2008 - 2013	Mitchell Jay Cohen, M.D.
2010 - 2013	Jason Sperry, M.D.	2007 - 2012	Alicia Mohr, M.D.
2009 - 2013	Jason J. Hoth, M.D.	2006 - 2011	Mark R. Hemmila, M.D.

AAST/ETHICON RESEARCH GRANT IN LOCAL WOUND HAEMOSTATICS & HEMORRHAGE CONTROL

2010 - 2011	Jeffrey S. Ustin, M.D.	2008 - 2009	Jose Pascual, M.D.
2009 - 2010	Jennifer Watters, M.D.	2007 - 2008	Kenji Inaba, M.D.

AAST/NOVO NORDISK RESEARCH AWARD IN HEMOSTASIS & RESUSCITATION

2009 - 2011	Matthew Rosengart, M.D., M.P.H.	2008 - 2009	Mitchell Jay Cohen, M.D.
		2006 - 2007	Mitchell Jay Cohen, M.D.

AAST/KCI RESEARCH GRANT IN WOUND CARE

2009 - 2010	Ziad C. Sifri, M.D.	2008 - 2009	Michael Corneille, M.D.
		2007 - 2008	Therese M. Duane, M.D.

AAST/JOHN B. DAVIS RESEARCH SCHOLARSHIP AWARD

2007 – 2008	Vishal Bansal, M.D.	2000 – 2001	Glen A. Franklin, M.D.
2006 – 2007	Carrie A. Sims, M.D.	1999 – 2000	Glen A. Franklin, M.D.
2005 – 2006	Gregory P. Victorino, M.D.	1998 – 1999	Jeffrey S. Young, M.D.
2004 – 2005	Louis J. Magnotti, M.D.	1997 – 1998	Charles N. Mock, M.D., M.P.H., Ph.D.
2003 – 2004	Toan T. Huynh, M.D.	1996 – 1997	Robert N. Cooney, M.D.
2002 – 2003	Eileen M. Bulger, M.D.	1995 – 1996	Chong-Jeh Lo, M.D.
2001 – 2002	Alan D. Murdock, M.D.	1994 – 1995	Paul E. Bankey, M.D., Ph.D.

AAST/RESEARCH & EDUCATION SCHOLARSHIP AWARD

2007 – 2008	Suresh Agarwal, Jr., M.D.	2004 – 2005	Saman Arbabi, M.D., M.P.H.
2006 – 2007	Mark R. Hemmila, M.D.	2003 – 2004	Saman Arbabi, M.D., M.P.H.
		2002 – 2003	Gregory P. Victorino, M.D.

AAST/WYETH-AYERST SCHOLARSHIP AWARD

2001 – 2002	Eileen M. Bulger, M.D.	2000 – 2001	James C. Jeng, M.D.
		1999 – 2000	Grant O'Keefe, M.D., M.P.H.

AAST/SHERWOOD DAVIS & GECK

1998 – 1999	Kenneth H. Sartorelli, M.D.	1993 – 1994	David A. Spain, M.D.
1998 – 1999	Joseph T. Murphy, M.D.	1993 – 1994	James R. Wallace, M.D., Ph.D.
1997 – 1998	Kimberly A. Davis, M.D., M.B.A.	1992 – 1993	Mark D. Cipolle, M.D., Ph.D.
1997 – 1998	Joseph T. Murphy, M.D.	1992 – 1993	William J. Mileski, M.D.
1996 – 1997	J. Perren Cobb, M.D.	1991 – 1992	Eric J. DeMaria, M.D.
1996 – 1997	Chong-Jeh Lo, M.D.	1991 – 1992	Scott A. Dulchavsky, M.D., Ph.D.
1995 – 1996	Robert N. Cooney, M.D.	1991 – 1992	Lena Napolitano, M.D.
1995 – 1996	Charles N. Mock, M.D., M.P.H., Ph.D.	1989 – 1990	Christine Cocanour, M.D.
1994 – 1995	Carnell Cooper, M.D.	1989 – 1990	Daniel J. Johnson, M.D.
1994 – 1995	David A. Spain, M.D.	1988 – 1989	Sandra Beale, M.D.

WINTHROP

1988 – 1989	Stephen E. Morris, M.D.
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2023 ANNUAL MEETING SCHOLARSHIPS

20forTwenty Scholarship

Nijmeh Alsaadi
Catherine Beni
Artem Boyev
Ted Chung
Sarah Cottrell-Cumber
Nicole Fierro
Daniel Garcia
Adam Gutierrez
Justin Hatchimonji
Raven Hill
Joseph Hoying
Mathieu Hylands

Phillip Kim
Jacob Kirkorowicz
Hanna Labiner
Daud Lodin
Ian McKinley
Samuel Medina
Rachael Palumbo
Louis Perkins
Marinda Scrushy
Amir Sohail
Allan Stolarski
Christopher Thomas
Miranda Wood

AAST & Association of Women Surgeons Scholarship

Patricia Quinones

Always Remember Military Committee Meeting Scholarship

Andrew Fisher

Michelle Mangold

Caleb McClary

SAVE THE DATE



WCTC

83RD ANNUAL MEETING OF AAST AND 7TH WORLD TRAUMA CONGRESS

SEPTEMBER 11-14, 2024
PARIS HOTEL – LAS VEGAS, NV



2023 VIRTUAL JOB FAIR

American Association for the Surgery of Trauma (AAST), Eastern Association for the Surgery of Trauma (EAST), and Surgical Critical Care Program Directors Society (SCCPDS) will be hosting a virtual job fair November 9-10, 2023

VIRTUAL JOB FAIR

NOVEMBER 9-10TH 2023



east
SCC
PDS



FOR JOB SEEKERS

There will be no charge to participate. The job fair is open to residents, in-training fellows, and junior faculty (within 5 years of finishing residency or fellowship). This will be an opportunity to engage with employers and leadership from respected institutions & universities, while also networking with your peers. Scan QR code to learn more.

FOR HIRING INSTITUTIONS

For the employer, this platform will give you the ability to broaden your reach for qualified candidates to fulfill multiple vacant positions by participating in this 2-day event. After the event, you can get a complete list of candidates who visited the fair along with their contact information and CV.

In addition, your job postings will be hosted on all three association's career sections of their website! We have three package options that employers can choose from.



**SCAN HERE TO
LEARN MORE!**

AAST COMMITTEES 2022-2023

OPERATING COMMITTEES

Acute Care Surgery Committee

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Nancy A. Parks, MD; **Vice Chair**
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David P. Blake, MD, MPH
Reagan Bollig, MD
Thomas Carver, MD
Bruce Chung, MD
Alexander L. Colonna, MSCI, MD
Michael W. Cripps, MD
Michael L. Foreman, MS, MD

Joseph M. Galante, MD, MBA
Peter M. Hammer, MD
Kevin N. Harrell, MD
Angela M. Ingraham, MD
Jeffrey L. Johnson, MD
Jordan Lilienstein, MD
Manuel Lorenzo, MD, MBA
Stephanie Markle, DO, MPH
Niels D. Martin, MD
Sarah A. Moore, MD
Nathan T. Mowery, MD
Patrick Murphy, MD, MSc, MPH

Amy E. Murphy, DO
Timothy Novosel, MD
Neil Parry, MD
Abhijit S. Pathak, MD
Joseph F. Rappold, MD
Peter Rhee, MD
Rodrigo A. Rodriguez Grazioso, MD
Babak Sarani, MD
Nicole A. Stassen, MD
Erik J. Teicher, MD
Ronald B. Tesoriero, MD
Martin D. Zielinski, MD

Acute Care Surgery Committee's Program Directors Sub Committee

Nancy A. Parks, MD; **Chair**
Thomas Carver, MD; **Vice Chair**
Raeanna Adams, MD, MBA
Rita Brintzenhoff, MD
Clay C. Burlew, MD
Alexander L. Colonna, MSCI, MD
Bryan A. Cotton, MD
Jose J. Diaz, MD
Linda A. Dultz, MD, MPH

Mark Falimirski, MD
Jonathan D. Gates, MD
Laura N. Haines (Godat), MD
Luke J. Hofmann, DO
Edward Kelly, MD
Linda L. Maerz, MD
Louis J. Magnotti, MD
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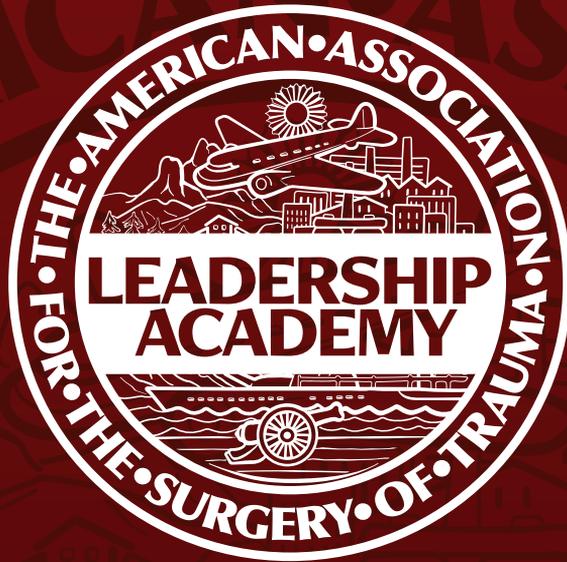
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The AAST Leadership Academy seeks to develop and support the Trauma and Acute Care Surgery leaders of today and the future by providing on-going professional development and networking opportunities for its members.

THE AAST LEADERSHIP ACADEMY'S MISSION IS TO:

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Rely on **the only antidote** for the reversal of Eliquis® or Xarelto® in patients with acute major bleeding¹

SHUT OFF FXa INHIBITOR ACTIVITY WITH ANDEXXA^{1*}

IMPORTANT SAFETY INFORMATION FOR ANDEXXA® (coagulation factor Xa [recombinant], inactivated-zhzo)

WARNING: THROMBOEMBOLIC RISKS, ISCHEMIC RISKS, CARDIAC ARREST, AND SUDDEN DEATHS

Treatment with ANDEXXA has been associated with serious and life-threatening adverse events, including:

- Arterial and venous thromboembolic events
- Ischemic events, including myocardial infarction and ischemic stroke
- Cardiac arrest
- Sudden deaths

Monitor for thromboembolic events and initiate anticoagulation when medically appropriate. Monitor for symptoms and signs that precede cardiac arrest and provide treatment as needed.

WARNINGS AND PRECAUTIONS

- Arterial and venous thromboembolic events, ischemic events, and cardiac events, including sudden death, have occurred during treatment with ANDEXXA. To reduce thromboembolic risk, resume anticoagulant therapy as soon as medically appropriate following treatment with ANDEXXA. The safety of ANDEXXA has not been evaluated in

subjects who experienced thromboembolic events or disseminated intravascular coagulation within two weeks prior to the life-threatening bleeding event requiring treatment with ANDEXXA. Safety of ANDEXXA also has not been evaluated in subjects who received prothrombin complex concentrates, recombinant factor VIIa, or whole blood products within seven days prior to the bleeding event.

- Re-elevation or incomplete reversal of anticoagulant activity can occur.
- ANDEXXA may interfere with the anticoagulant effect of heparin. If anticoagulation is needed, use an alternative anticoagulant to heparin.

ADVERSE REACTIONS

The most common adverse reactions (≥ 5%) in bleeding subjects receiving ANDEXXA were urinary tract infections and pneumonia. The most common adverse reactions (≥ 3%) in healthy volunteers treated with ANDEXXA were infusion-related reactions.

INDICATION

ANDEXXA® (coagulation factor Xa [recombinant], inactivated-zhzo) is a recombinant modified human factor Xa (FXa) protein indicated for patients treated with rivaroxaban or apixaban, when reversal of anticoagulation is needed due to life-threatening or uncontrolled bleeding.

ANDEXXA is the only reversal agent for Eliquis and Xarelto patients with acute major bleeds with **prospective data** and **confirmatory real-world evidence**¹⁻⁷

Andexxa[®]
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THE ONLY FXa INHIBITOR ANTIDOTE



Change in FXa-inhibitor activity and thrombin generation^{1,2*}



Hemostatic efficacy^{1,5†}



In-hospital and 30-day mortality^{4,7‡§}

55% PRICE REDUCTION^{8||}



Learn more about **ANDEXXA**

An improvement in hemostasis has not been established[¶]

*In ANNEXA-A (N=31) and ANNEXA-R (N=39), randomized, double-blind, placebo-controlled studies in healthy volunteers, ANDEXXA bolus followed by continuous infusion reduced the primary endpoint of mean percent change in anti-FXa activity from baseline to nadir by 92% in Eliquis-treated subjects and 97% in Xarelto-treated subjects receiving low and high dose, respectively ($P < 0.0001$).^{1,2}

†ANNEXA-4 was a phase 3b/4, multicenter, prospective, single-arm, open-label study evaluating ANDEXXA in patients with acute major bleeding within 18 hours of FXa inhibitor administration (N=352). ANDEXXA was administered as a bolus dose followed by a 2-hour infusion as a low- or high-dose regimen depending on the identity, timing, and dose of the last FXa inhibitor received. The low-dose regimen consisted of a bolus dose of 400 mg at a target rate of 30 mg/minute, and an infusion dose of 480 mg at 4 mg/minute for 2 hours. The high-dose regimen consisted of a bolus dose of 800 mg at a target rate of 30 mg/minute, and an infusion dose of 960 mg at 8 mg/minute for 2 hours. Co-primary efficacy endpoints: percent change in anti-FXa activity from baseline to the nadir between 5 minutes after the end of the bolus up until the end of the infusion, and rate of effective hemostasis within 12 hours after infusion.^{1,5,9}

‡Coleman et al 2020 was a multicenter, retrospective analysis that captured electronic medical records for adult patients hospitalized for FXa inhibitor-related bleeding between January 2016 and September 2019. Records from the 45 US-based hospitals that agreed to participate included 3030 FXa inhibitor-related hospitalizations for major bleeds. At baseline, 49% of patients had been treated with Xarelto and 45% of patients had been treated with Eliquis.⁴

§Cohen et al 2022 was a retrospective, indirect, comparative analysis of results from the ANNEXA-4 and ORANGE studies that used propensity score matching to compare all-cause 30-day mortality by overall cohort and by type of bleed: ICH, GI bleed, and other major bleeds as the primary analysis. ORANGE was an observational prospective registry study that collected information from 32 UK hospitals on the presentation and clinical outcomes of patients who were admitted for a FXa inhibitor-related major bleed (N=2192). Only patients on apixaban or rivaroxaban from both studies were included in this analysis.⁷

||Wholesale Acquisition Cost (WAC) as of April 1, 2022.⁸

FXa, factor Xa; GI, gastrointestinal; ICH, intracranial hemorrhage.

IMPORTANT SAFETY INFORMATION (cont'd)

INDICATION (cont'd)

This indication is approved under accelerated approval based on the change from baseline in anti-FXa activity in healthy volunteers. An improvement in hemostasis has not been established. Continued approval for this indication may be contingent upon the results of studies that demonstrate an improvement in hemostasis in patients.

Limitations of Use

ANDEXXA has not been shown to be effective for, and is not indicated for, the treatment of bleeding related to any FXa inhibitors other than apixaban or rivaroxaban.

You are encouraged to report the negative side effects of prescription drugs to the FDA. Visit www.FDA.gov/medwatch or call 1-800-FDA-1088.

Please see additional Important Safety Information throughout and brief summary, including Boxed WARNING, on the following page.

References: 1. ANDEXXA[®] [coagulation factor Xa [recombinant], inactivated-zhzo] [prescribing information]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; 2023. 2. Siegal DM, Curnutte JT, Connolly SJ, et al. Andexanet alfa for the reversal of factor Xa inhibitor activity. *N Engl J Med*. 2015;373(25):2413-2424. 3. Lu G, Lin J, Bui K, Curnutte JT, Conley PB. Andexanet versus prothrombin complex concentrates: differences in reversal of factor Xa inhibitors in vitro thrombin generation. *Res Pract Thromb Haemost*. 2020;4(8):1282-1294. 4. Coleman CI, Dobesh PP, Danese S, Ulloa J, Lovelace B. Real-world management of oral factor Xa inhibitor-related bleeds with reversal or replacement agents including andexanet alfa and four-factor prothrombin complex concentrate: a multicenter study. *Future Cardiol*. 2021;17(1):127-135. 5. Connolly SJ, Crowther M, Eikelboom JW, et al. Full study report of andexanet alfa for bleeding associated with factor Xa inhibitors. *N Engl J Med*. 2019;380(14):1326-1335. 6. Milling TJ Jr, Middeldorp S, Xu L, et al. Final study report of andexanet alfa for major bleeding with factor Xa inhibitors. *Circulation*. 2023;147(13):1026-1038. 7. Cohen AT, Lewis M, Connor A, et al. Thirty-day mortality with andexanet alfa compared with prothrombin complex concentrate therapy for life-threatening direct oral anticoagulant-related bleeding. *J Am Coll Emerg Physicians Open*. 2022;3(2):e12655. 8. Data on File. US-61922. AstraZeneca Pharmaceuticals LP; 2022. 9. Connolly SJ, Crowther M, Eikelboom JW, et al. Full study report of andexanet alfa for bleeding associated with factor Xa inhibitors. *N Engl J Med*. 2019;380(suppl1):1326-1335.

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AstraZeneca

ANEXXA® (coagulation factor Xa (recombinant), inactivated-zhzo) Lyophilized powder for solution for intravenous injection

Initial U.S. Approval: 2018

Brief Summary of Prescribing Information. For complete prescribing information consult official package insert.

WARNING: THROMBOEMBOLIC RISKS, ISCHEMIC RISKS, CARDIAC ARREST, AND SUDDEN DEATHS

Treatment with ANEXXA has been associated with serious and life-threatening adverse events, including: (5.1)

- Arterial and venous thromboembolic events
- Ischemic events, including myocardial infarction and ischemic stroke
- Cardiac arrest
- Sudden deaths

Monitor for thromboembolic events and initiate anticoagulation when medically appropriate. Monitor for symptoms and signs that precede cardiac arrest and provide treatment as needed.

INDICATIONS AND USAGE

ANEXXA is indicated for patients treated with rivaroxaban or apixaban, when reversal of anticoagulation is needed due to life-threatening or uncontrolled bleeding.

This indication is approved under accelerated approval based on the change from baseline in anti-FXa activity in healthy volunteers [see *Clinical Studies (14)* in the full Prescribing Information]. An improvement in hemostasis has not been established. Continued approval for this indication may be contingent upon the results of studies that demonstrate an improvement in hemostasis in patients.

Limitations of Use

ANEXXA has not been shown to be effective for, and is not indicated for, the treatment of bleeding related to any FXa inhibitors other than apixaban or rivaroxaban.

CONTRAINDICATIONS

None.

WARNINGS AND PRECAUTIONS

Thromboembolic and Ischemic Risks

The thromboembolic and ischemic risks were assessed in 352 bleeding subjects who received ANEXXA. Of the 63 subjects who experienced a thrombotic event, the median time to first event was 7 days, and 21 subjects experienced the event within the first three days. A total of 63 (18%) experienced 88 thromboembolic or ischemic events. Of the 352 subjects who received ANEXXA, 223 received at least one anticoagulation dose within 30 days after treatment. Of these 223, 18 subjects (8%) had a thrombotic event and/or ischemic event after resumption.

Monitor subjects treated with ANEXXA for signs and symptoms of arterial and venous thromboembolic events, ischemic events, and cardiac arrest. To reduce thromboembolic risk, resume anticoagulant therapy as soon as medically appropriate following treatment with ANEXXA.

The safety of ANEXXA has not been evaluated in subjects who experienced thromboembolic events or disseminated intravascular coagulation within two weeks prior to the life-threatening bleeding event requiring treatment with ANEXXA. Safety of ANEXXA also has not been evaluated in subjects who received prothrombin complex concentrates, recombinant factor VIIa, or whole blood products within seven days prior to the bleeding event.

Re-elevation or Incomplete Reversal of Anti-FXa Activity

The time course of anti-FXa activity following ANEXXA administration was consistent among the healthy volunteer studies and the ANEXXA-4 study in bleeding subjects [see *Clinical Studies (14)* in the full Prescribing Information]. Compared to baseline, there was a rapid and substantial decrease in anti-FXa activity corresponding to the ANEXXA bolus. This decrease was sustained through the end of the ANEXXA continuous infusion. The anti-FXa activity returned to the placebo levels approximately two hours after completion of a bolus or continuous infusion. Subsequently, the anti-FXa activity decreased at a rate similar to the clearance of the FXa inhibitors.

Seventy-one subjects were anticoagulated with apixaban and had baseline levels of anti-FXa activity > 150 ng/mL. Nineteen subjects who were anticoagulated with rivaroxaban had elevated baseline anti-FXa activity levels >300 ng/mL. Forty-eight of the 71 apixaban-treated subjects (68%) experienced a > 90% decrease from baseline anti-FXa activity after administration of ANEXXA. Ten of the 19 rivaroxaban subjects (53%) experienced a > 90% decrease from baseline anti-FXa activity after administration of ANEXXA.

Use of Heparin Following Administration of ANEXXA

ANEXXA may interfere with the anticoagulant effect of heparin.

Use of ANEXXA as an antidote for heparin has not been established. Avoid use of ANEXXA for the reversal of direct FXa inhibitors (apixaban and rivaroxaban) prior to heparinization as ANEXXA may cause unresponsiveness to heparin. If anticoagulation is needed, use an alternative anticoagulant to heparin.

ADVERSE REACTIONS

The most common adverse reactions ($\geq 5\%$) in bleeding subjects receiving ANEXXA were urinary tract infections and pneumonia.

The most common adverse reactions ($\geq 3\%$) in healthy subjects treated with ANEXXA were infusion-related reactions.

Clinical Trials Experience

Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be compared directly to rates in the clinical trials of another drug and may not reflect the rates observed in clinical practice.

In the pooled safety analysis of clinical trials of ANEXXA, 223 healthy volunteers received FXa inhibitors, followed by treatment with ANEXXA. The frequency of adverse reactions was similar in the ANEXXA-treated group (120/223; 54%) and in the placebo-treated group (54/94; 57%). Infusion-related adverse reactions occurred in 18% (39/223) of the ANEXXA-treated group and were the only type of adverse reaction that occurred more frequently than in the placebo group. No serious or severe adverse reactions were reported.

The ANEXXA-4 study is an ongoing multinational, prospective, open-label study using ANEXXA in subjects presenting with acute major bleeding and who have recently received an FXa inhibitor.

To date, safety data are available for 352 subjects. Sixty-three percent of the 352 subjects were 75 years or older. Subjects had received either apixaban (194/352; 55%) or rivaroxaban (128/352; 36%) as anticoagulation treatment for atrial fibrillation (286/352; 81%) or venous thromboembolism (87/352; 25%). In the majority of subjects, ANEXXA was used to reverse anticoagulant therapy following either an intracranial hemorrhage (227; 64%) or a gastrointestinal bleed (90; 26%), with the remaining 35 subjects (10%) experiencing bleeding at other sites. Subjects were assessed at a Day 30 follow-up visit following infusion with ANEXXA.

Deaths

In the ongoing ANEXXA-4 study, of the 352 subjects completing 30-day safety follow-up, there were 54 deaths (15%) occurring prior to the Day 30 visit. The number of cardiovascular deaths, including three with unknown causes and two that were unjudicated, was 42 of 352 (12%), and the number of non-cardiovascular deaths was 12 (3%). Twenty (37%) subjects died within ten days after the ANEXXA infusion. All subjects died prior to Day 45. Of the 54 subjects who died, the bleeding type was intracranial bleeding in 37 (69%), gastrointestinal bleeding in 12 (22%), and other bleeding types in 5 (9%) subjects.

Thromboembolic and Ischemic Events

In the ANEXXA-4 study, 63/352 (18%) subjects experienced one or more of the following overall thromboembolic events: cerebrovascular accident (CVA) (16/63; 25%), deep venous thrombosis (16/63; 25%), acute myocardial infarction (10/63; 16%), pulmonary embolism (5/63; 8%), and transient ischemic attack (1/63; 2%). The median time to event was seven days. A total of 33% of subjects with thromboembolic events (21/63) experienced the thromboembolic event during the first three days. Of the 352 subjects who received ANEXXA, 223 received at least one anticoagulation dose within 30 days after treatment. Of these 223, 18 subjects (8%) had a thrombotic event and/or ischemic event after resumption [see *Warnings and Precautions (5.1)* in the full Prescribing Information].

No thromboembolic events were observed in 223 healthy volunteers who received FXa inhibitors and were treated with ANEXXA.

Infusion-Related Reactions

Infusion-related reactions occurred in 18% (39/223) of ANEXXA-treated healthy volunteers vs. 6% (6/94) of placebo-treated subjects. These reactions were characterized by a range of symptoms, including flushing, feeling hot, cough, dysgeusia, and dyspnea. Symptoms were mild to moderate in severity, and 90% (35/39) did not require treatment. One subject with a history of hives prematurely discontinued ANEXXA after developing mild hives. Two of 352 (0.6%) subjects in the ANEXXA-4 study experienced an infusion-related reaction.

Immunogenicity

As with all therapeutic proteins, there is the potential for immunogenicity. Using an electrochemiluminescence (ECL)-based assay, 145 ANEXXA-treated healthy subjects were tested for antibodies to ANEXXA as well as for antibodies cross-reacting with factor X (FX) and FXa. Low titers of anti-ANEXXA antibodies were observed in 26/145 healthy subjects (17%); 6% (9/145) were first observed at Day 30, with 20 subjects (14%) still having titers at the last time point (Days 44 to 48). To date, the pattern of antibody response in subjects in the ongoing ANEXXA-4 study has been similar to that observed in healthy volunteers. Of the 236 subjects with available samples, 6.8% (16/236) had antibodies against ANEXXA. None of these anti-ANEXXA antibodies were neutralizing. No neutralizing antibodies cross-reacting with FX or FXa were detected in healthy subjects (0/145) or in bleeding subjects (0/209) to date.

Detection of antibody formation is highly dependent on the sensitivity and specificity of the assay. Additionally, the observed incidence of antibody (including neutralizing antibody) positivity in an assay may be influenced by several factors, including assay methodology, sample handling, timing of sample collection, concomitant medications, and underlying disease. For these reasons, comparison of the incidence of antibodies to ANEXXA with the incidence of antibodies to other products may be misleading.

USE IN SPECIFIC POPULATIONS

Pregnancy

Risk Summary

There are no adequate and well-controlled studies of ANEXXA in pregnant women to inform patients of associated risks. Animal reproductive and developmental studies have not been conducted with ANEXXA.

In the U.S. general population, the estimated background risk of major birth defects and miscarriage in clinically recognized pregnancies is 2% to 4% and 15% to 20%, respectively.

Labor or Delivery

The safety and effectiveness of ANEXXA during labor and delivery have not been evaluated.

Lactation

Risk Summary

There is no information regarding the presence of ANEXXA in human milk, the effects on the breastfed child, or the effects on milk production.

The developmental and health benefits of breastfeeding should be considered along with the mother's clinical need for ANEXXA and any potential adverse effects on the breastfed child from ANEXXA or from the underlying maternal condition.

Pediatric Use

The safety and efficacy of ANEXXA in the pediatric population have not been studied.

Geriatric Use

Of the 352 subjects in the ANEXXA-4 study of ANEXXA, 314 were 65 years of age or older, and 231 were 75 years of age or older. No overall differences in safety or efficacy were observed between these subjects and younger subjects, and other reported clinical experience has not identified differences in responses between elderly and younger subjects; however, greater sensitivity of some older individuals cannot be ruled out.

The pharmacokinetics of ANEXXA in healthy older (≥ 65 years; n=10) subjects were not different compared to younger (18-45 years; n=10) subjects.

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The Journal of Trauma and Acute Care Surgery® is designed to provide the scientific basis to optimize care of the severely injured and critically ill surgical patient. Thus, the Journal has a high priority for basic and translation research to fulfill this objectives. Additionally, the Journal is enthusiastic to publish randomized prospective clinical studies to establish care predicated on a mechanistic foundation. Finally, the Journal is seeking systematic reviews, guidelines and algorithms that incorporate the best evidence available.

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For 85 years, AAST has been the **premier** scientific organization focused on advancing trauma care. Over 10 years ago, the AAST defined and developed the specialty of Acute Care Surgery combining trauma, surgical critical care, and emergency general surgery. As a result, the AAST is now the leading organization in the U.S. advancing the field of Acute Care Surgery through education and research.

OUR MISSION

The AAST is dedicated to discovery, dissemination, implementation, and evaluation of knowledge related to acute care surgery (trauma, surgical critical care, and emergency general surgery) by fostering research, education, and professional development in an environment of fellowship, collegiality, inclusion, diversity and equity.

WHAT WE DO

- Multi-institutional Research & Guideline Development
- Cutting Edge Science
- Career Development Scholarships
- Continuing Education
- Professional Development
- National Leadership Opportunities

OUR MEMBERS

Nearly 2,100 members worldwide, representing all 50 states, and over 50 countries:
583 Associate members,
1,400 Fellows,
6 Contributing Scientists,
84 International members

HOW WE DO IT

- Over \$250,000 awarded annually in research, annual meeting and professional development scholarships
- Management of two scientific Journals
 - *Journal of Trauma and Acute Care Surgery*, the oldest journal publishing peer-reviewed trauma, surgical critical care and emergency surgery research (first published 1961)
 - *Trauma Surgery and Acute Care Open*, the new open-access journal from AAST (since 2016)
- Over 20 continuing education programs annually
- Development and management of the Acute Care Surgery Fellowship with over 75 graduates in 32 institutions each academic cycle
- Partnerships with international trauma and acute care surgery organizations including ESTES, IATSIC, World Coalition for Trauma Care, and Panamerican Trauma Society
- Multiple networking opportunities and events
- Virtual and in-person social events centered around interests, hobbies and journal discussions
- Mentorship opportunities for international, early-career, mid—career surgeons covering research, leadership and editorial publications
- A variety of volunteering opportunities for all career levels to fit your desired engagement level, specialty or interest
- Opportunity to participate in multi-institutional research & engage with the Coalition for National Trauma Research

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The deadline for membership application is July 1

Scan the QR Code above for membership application details!

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IN MEMORIAM



Walter F. Pizzi, MD, FACS

Walter F. Pizzi of New York, NY passed away on December 24, 2021 at the age of 89. Walter was born on December 7, 1932 in Newark, NJ, the first son of Francis and Edith Pizzi.

Walter had a passion for helping people and he loved his second family at his practice in Staten Island. He was an accomplished Trauma Surgeon and was Founder and Chm. of the Regional Emergency Med Svcs. Council of NYC, Gov. of the American College of Surgeons, Chm. - Dept. of Surgery - Catholic Med. Ctr. of Brooklyn and Queens, Prof. of Surgery - Weil Cornell Medical College, Hon. Police Surgeon, Cpt. US Army, Med. Board Member of the Teacher's Retirement System and Founder of the American Trauma Society.

Dr. Pizzi is predeceased by his wife Lillian, daughter Laura, granddaughter Chloe and sister Mary Jean and he is survived by his sons Walter and William and his daughter, Elizabeth, son-in-law Drew, brother Francis and sister Carol. Donations can be made to the Walter F. Pizzi Scholarship Fund of the Regional Emergency Med. Svcs. Council of NYC.

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82ND ANNUAL MEETING OF AAST AND CLINICAL CONGRESS OF ACUTE CARE SURGERY

SEPTEMBER 20-23, 2023

MON. 9/18/2023	FUNCTION	LOCATION
7:30 AM - 4:00 PM	EMERGENCY SURGERY COURSE (ADDITIONAL FEE)	REDONDO
TUES. 9/19/2023	FUNCTION	LOCATION
7:30 AM - 6:00 PM	REGISTRATION	BALLROOM REG DESK
7:30 AM - 4:00 PM	EMERGENCY SURGERY COURSE (ADDITIONAL FEE)	REDONDO
7:30 AM - 4:30 PM	AAST BOARD OF MANAGERS MEETING	LAGUNA AB
8:00 AM - 5:00 PM	MILITARY SYMPOSIUM (ADDITIONAL FEE)	AVALON A
10:00 AM - 4:00 PM	RESEARCH SYMPOSIUM (ADDITIONAL FEE)	AVILA AB
10:00 AM - 7:00 PM	SPEAKER READY	GREEN ROOM
1:00 PM - 5:00 PM	PRE-SESSIONS	LOCATION ON TICKET
6:30 PM - 8:30 PM	SYMPOSIUM	CAPISTRANO
WED. 9/20/2023	FUNCTION	LOCATION
6:00 AM - 6:00 PM	SPEAKER READY	GREEN ROOM
6:30 AM - 7:45 AM	COMMITTEE MEETINGS I	SEE MEETING APP
6:30 AM - 7:30 AM	STUDENT/RESIDENT/IN-TRAINING BREAKFAST (PRE-REGISTRATION REQUIRED)	HUNTINGTON A-C
6:30 AM - 6:00 PM	REGISTRATION	BALLROOM REG DESK
7:30 AM - 8:30 AM	BREAKFAST	PACIFIC PROMENADE
8:00 AM - 8:30 AM	WELCOME	PACIFIC BR
8:30 AM - 11:10 AM	SESSION I: PLENARY PAPERS 1-8	PACIFIC BR
11:00 AM - 7:00 PM	EXHIBIT HOURS	CALIFORNIA BR
11:00 AM - 7:00 PM	DONOR LOUNGE	CALIFORNIA BR
11:10 AM - 11:40 AM	BREAK	CALIFORNIA BR
11:40 AM - 12:40 PM	SESSION II: PRESIDENTIAL ADDRESS	PACIFIC BALLROOM
12:45 PM - 2:00 PM	LUNCH SESSIONS I	LOCATION ON TICKET
12:45 PM - 2:00 PM	PRODUCT THEATER	CALIFORNIA BR
2:05 PM - 5:45 PM	SESSION IIIA: PAPERS 9-19	PACIFIC BR A-B
2:05 PM - 5:45 PM	SESSION IIIB: PAPERS 20-30	PACIFIC BR C-D
6:00 PM - 7:00 PM	WELCOME RECEPTION	CALIFORNIA BR A-C
THURS. 9/21/2023	FUNCTION	LOCATION
6:00 AM - 6:00 PM	SPEAKER READY	GREEN ROOM
6:15 AM - 7:15 AM	INTERNATIONAL ATTENDEE BREAKFAST (PRE-REGISTRATION REQUIRED)	HUNTINGTON A-C
6:15 AM - 7:15 AM	COMMITTEE MEETINGS II	SEE MEETING APP
7:00 AM - 8:00 AM	BREAKFAST IN EXHIBIT HALL	CALIFORNIA BR
7:00 AM - 2:00 PM	REGISTRATION	BALLROOM REG DESK
7:00 AM - 2:30 PM	EXHIBITS	CALIFORNIA BR
7:00 AM - 2:30 PM	DONOR LOUNGE	CALIFORNIA BR
7:30 AM - 9:30 AM	SESSION IV: PAPERS 31-36	PACIFIC BR
9:30 AM - 10:00 AM	BREAK IN EXHIBIT HALL	CALIFORNIA BR
10:00 AM - 11:00 AM	SESSION V: PANEL I, "COMMUNITY ENGAGEMENT MODELS FOR VIOLENCE PREVENTION"	PACIFIC BR
11:00 AM - 11:30 AM	SESSION VI: SCHOLARSHIP PRESENTATIONS	PACIFIC BR
11:30 AM - 12:30 PM	SESSION VII: FITTS LECTURE	PACIFIC BR
12:30 PM - 12:45 PM	BREAK - HEAD TO POSTER SESSION	CALIFORNIA D
12:45 PM - 1:45 PM	SESSION VIII: POSTER SESSION	CALIFORNIA D
1:40 PM - 3:00 PM	PRODUCT THEATER (HOT LUNCH WILL BE SERVED)	CALIFORNIA BR A-C
1:45 PM - 6:00 PM	ADD-ON SESSIONS	LOCATION ON TICKET
1:45 PM - 6:00 PM	LEADERSHIP ACADEMY (PRE-REGISTRATION REQUIRED)	LAGUNA A-B
2:00 PM - 3:30 PM	SYMPOSIUM	EL CAPITAN
2:30 PM - 5:00 PM	JTACS EDITORIAL BOARD MEETING (INVITE ONLY)	SAN SIMEON AB
4:30 PM - 6:30 PM	SYMPOSIUM	PALOS VERDES
5:00 PM - 6:00 PM	VIRTUAL JOB FAIR SOCIAL HOUR (OPEN TO ALL)	AVALON AB
5:00 PM - 8:00 PM	SCCPDS BOARD OF DIRECTORS MEETING (INVITE ONLY)	MONTEREY
6:00 PM - 7:30 PM	ASSOCIATE MEMBER HAPPY HOUR (AAST ASSOCIATE MEMBERS ONLY)	AVALON AB

FRI. 9/22/2023	FUNCTION	LOCATION
6:00 AM - 6:00 PM	SPEAKER READY	GREEN ROOM
6:15 AM - 7:15 AM	COMMITTEE MEETINGS III	SEE MEETING APP
7:00 AM - 8:00 AM	BREAKFAST IN EXHIBIT HALL	CALIFORNIA BR
7:00 AM - 1:30 PM	EXHIBITS	CALIFORNIA BR
7:00 AM - 1:30 PM	DONOR LOUNGE	CALIFORNIA BR
7:00 AM - 3:30 PM	REGISTRATION	BALLROOM REG DESK
7:30 AM - 10:30 AM	SESSION IX: PAPERS 37-44	PACIFIC BR
10:10 AM - 10:30 AM	BREAK IN EXHIBIT HALL	CALIFORNIA BR
10:30 AM - 11:00 AM	SESSION X: EXPERT SURGEON LECTURE	PACIFIC BR
11:00 AM - 12:00 PM	SESSION XI: PANEL II, "INNOVATIVE APPROACHES TO RESEARCH IN ACUTE CARE SURGERY"	PACIFIC BR
12:00 PM - 1:15 PM	LUNCH SESSIONS II	LOCATION ON TICKET
12:00 PM - 1:15 PM	LUNCH WITH EXHIBITORS (PAST SPONSORED)	CALIFORNIA A-C
12:00 PM - 1:30 PM	TSACO EDITORIAL MEETING (INVITE ONLY)	LAGUNA
12:00 PM - 1:15 PM	PRODUCT THEATER (HOT LUNCH WILL BE SERVED)	CALIFORNIA BR A-C
1:15 PM - 4:55 PM	SESSION XIIA: PAPERS 45-55	PACIFIC BR A-B
1:15 PM - 4:55 PM	SESSION XIIIB: PAPERS 56-66	PACIFIC BR C-D
5:00 PM - 6:30 PM	BUSINESS MEETING (AAST MEMBERS ONLY)	PACIFIC BR AB
7:00 PM - 7:30 PM	RECEPTION	CALIFORNIA D FOYER
7:30 PM - 11:00 PM	EXPERIENCE THE AAST AUCTION & BANQUET	CALIFORNIA D
SAT. 9/23/2023	FUNCTION	LOCATION
7:00 AM - 8:00 AM	NEW MEMBER BREAKFAST	PACIFIC BALLROOM PROMENADE
7:30 AM - 8:30 AM	BREAKFAST	PACIFIC BR
8:00 AM - 9:18 AM	SESSION XIII: QUICKSHOT SESSION I 1-13	PACIFIC BR A-B
9:18 AM - 9:40 AM	BREAK	CALIFORNIA BR
9:40 AM - 10:58 AM	SESSION XIV: QUICKSHOT SESSION II 14-26	PACIFIC BR A-B
11:00 AM	MEETING ADJOURNED	PACIFIC BR

