



Advancing Trauma and Acute Care Surgery through Compassion, Discovery, and Dedication.

Injury Prevention

Unintentional injury is the 4th leading cause of death for Americans

Read more on page 4.



What's Inside

Message from the President.....	1
• Message from Secretary-Treasurer.....	2
• Message from Research & Education Fund Chairman.....	2
• Message from Program Chairman & Recorder	3
• Message from Executive Director	3
Injury Prevention Committee Report.....	4
• Meetings of Interest	5
• Patient Assessment Committee Report.....	5
• Scholarship Winners	6
• 2016/2017 Board of Managers.....	7
• AAST Contacts	7
• Peer-Reviewed and Grading Scale Validation Articles	7
Check out past newsletters in the Member Section on the AAST website!	

Message from the President - Raul Coimbra, M.D., Ph.D.

Dear Members of the AAST,

The year could not have had a better start. After our retreat in December, several working groups, composed by members of several committees, rolled up their sleeves and started working hard to achieve our goals for the year and to set the stage for many more great things for future years.

The goals we agreed on with the aim to have ownership of Acute Care Surgery include:

- Develop Clinical Practice Guidelines in Emergency General Surgery (EGS) and Surgical Critical Care (SCC)
- Create/Develop an Optimal Resource Document for EGS

- Continue working on the development of an EGS grading system and testing/validating it
- Develop a data dictionary and a registry for EGS
- Increase EGS content in the Annual Meeting program
- Continue assessing and improving the ACS fellowship program

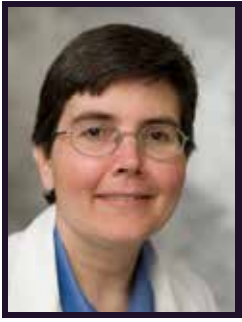
The goals for Research include:

- Continue providing leadership and participating in the Coalition for National Trauma Research (CNTR)
- Use the AAST/CNTR Clinical Trauma Research Agenda, recently published in JTACS, to guide MITC trials and AAST fellowship applications

- Develop a more comprehensive research agenda in Trauma covering the whole continuum of care, as well as injury prevention, and for it to be aligned with the goals of the NASEM report
- Create a monthly announcement of funding mechanism and opportunities in injury research
- Create and develop a robust EGS research agenda
- Create and develop a robust SCC research agenda



continued on page 8



Message from the Secretary-Treasurer - Eileen M. Bulger, M.D.

The AAST Board of Managers held their spring meeting on April 7th. AAST closed 2016 with a small surplus, which will help boost our reserves and allow us to continue to invest in strategic initiatives. The 2017 finances are on target for the first three months of the year. The AAST reserve investments, along with the Research and Education Fund investments, have done well this year due to the performance of the market. The AAST continues to watch the market and make sure

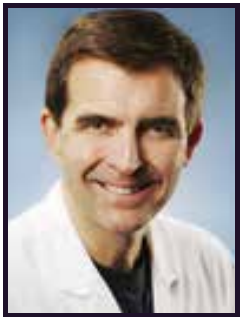
our investments are managed correctly.

We are working to improve our communication with all members, and I want to thank all those that participated in our recent communication survey. Please continue to give us feedback on our electronic newsletters and website, suggestions, comments and concerns can be sent to aast@aast.org. Many people have asked me how to get involved in the AAST. The first step is to volunteer for a committee. A volunteer form can be downloaded from the website and submitted with your CV to the AAST office for consideration by the President for annual appoint-

ments. This form can be found under the Committee section on the website or just type "volunteer" into the search field. Submit the form by August 1st if you want to be considered for a committee this year.

The E-Learning courses on the website also remain very popular and are a great way to earn CME for maintenance of certification, and they are FREE for AAST members.

The AAST Annual Meeting is right around the corner. Registration will open in June, and I encourage you to register early. I look forward to seeing you in Baltimore, MD, in September!



Message from the Research & Education Fund Chairman - Michael J. Sise, M.D.

Friends and Colleagues of the AAST, Many of you have been generous with your contributions to the AAST in support of our association's important initiatives. It time for all of us to make a gift to make us successful in our support of our talented upcoming colleagues. Give a gift to make AAST successful in providing scholarships that invite medical students, residents and in-training fellows to attend our Annual Meeting, research scholarships for young physician scientists, and sponsorship of very important multi-center studies.

This spring, we are focusing on our 20forTwenty campaign, and we are asking all members to give in honor of their mentor. Who inspired you to focus on acute care surgery? Who motivated you to join AAST?

Mentors are the key to learning. Think of all

the advice your mentor has given you, even today. Think of the tricks-of-the-trade you did not learn from a textbook, but from a seasoned professional. The insight mentors give is immeasurable: Some things cannot be read. Some things you have to learn by following and observing and recreating. As AAST members, we have all been honored to excel into leadership roles in the field of trauma. With the access and knowledge we have, in part, thanks to our mentors, to not only do well, but also thrive in the field of acute care surgery, it would be a waste not to have as many future AAST members as possible at the Annual Meeting.

We are creating a legacy of excellence in caring for the critically ill and injured. Thanks to your generosity, we were successful in significantly increasing the amount of money we raised last year. Now we need to contribute to make the AAST successful in 2017

by sustaining the goals we made to improve the care of the injured and critically ill and recruit the next generation of trauma surgeons.

Please consider contributing by making a gift of a monthly credit card contribution. As little as \$10 to \$20 per month makes a significant impact on improving the way trauma patients are cared for, now and in the future. we care for our patients.

Monies raised so far in 2017:

20forTwenty Campaign: \$8,600

Goal: \$20,000

General Fund: \$10,000

Goal: \$50,000

I hope you will make this important commitment and invest in the next generation of trauma leaders.

All the best,

Mike Sise

Message from the Program Chairman/Recorder

- David A. Spain, M.D.



Each Program Committee member spent dozens of hours grading the almost 500 abstracts that were submitted for the 2017 Annual Meeting in Baltimore. The committee met at the O'Hare Hilton (a lovely destination) on April 6th. With the help of Sharon Gautschy and Jermica Smith, the Program Committee (listed below) put together an outstanding preliminary program. Podium, Quick Shot, and Invited Discussant invitations are currently being sent out. The poster sessions will be finalized shortly.

- Ben Zarzaur, Jr. (2015 – 2018)
- Eileen Bulger (2016 – 2019)
- John Holcomb (2014 – 2017)
- Karen Brasel (2016 – 2019)
- Kimberly Davis (2015 – 2017)
- Lena Napolitano (2016 – 2019)
- Michael Rotondo (2016 – 2018)
- Raul Coimbra (2015 – 2017)
- Todd Rasmussen (2014 – 2017)
- Ernest Moore (Started 2014)
- Timothy Fabian (Started 2016)

It is impossible to overstate the collective experience, intelligence, and insight that this group possesses. I am especially grateful to Drs. Holcomb, Davis, Coimbra, and Rasmussen who end their terms on the Program Committee this year.

I am very excited about this year's program under the leadership of our president Dr. Coimbra, a long-time colleague and close friend. This will be an outstanding meeting!



Message from the Executive Director - Sharon Gautschy

Spring is here in Chicago and that means the

AAST Program Committee has met. Watch the AAST website for updates in the Annual Meeting section—see the Program page for information on the abstracts and the scientific program.

With the AAST meeting just five months away, it is time to start to think about volunteering for an AAST Committee. The AAST Committee Volunteer Form can be found on the Committee page in the About section of the website. If you have any questions, please contact me at sgautschy@ast.org. To be considered for a committee for the years 2017–2020, forms must be submitted by August 1.

The Annual Meeting will be held in Baltimore, Maryland, at the Baltimore Marriott Waterfront Hotel. The hotel is located in a very vibrant and fun

area with many shops, restaurants, and museums nearby. The city's water taxi is located right outside the hotel's main entrance, which can take you all around the harbor.

Book your room! In addition to the Baltimore Waterfront Marriott, AAST has contracted with three other properties for guest/booking overflow; each property has different price points. Please check out the Annual Meeting hotel page for more information. I encourage you to book your room early, as a citywide conference is also being held in Baltimore on the same days as the AAST Annual Meeting. There will be a very high demand for rooms, so be sure to book yours now.

I look forward to seeing you in Baltimore! Please contact any member of the AAST staff if you have questions or need assistance.

Thank You

To all of our General Fund Donors.
Your generous donations help the
AAST Research and Education Fund provide
scholarships for the research projects listed on page 6.

Committee Spotlight

Injury Prevention Committee Chair - Zara Cooper, M.D.



Unintentional injury is the 4th leading cause of death for all Americans and the 7th leading cause of

death for older American adults. Unintentional injury is also a major contributor to the global burden of disease and disability. The goal of the Prevention Committee is to help advance and disseminate best evidence and best practices regarding injury prevention to members of the international trauma community. Our primary efforts are focused on educational activities at the Annual Meeting, electronic learning through AAST Grand Rounds and webinars, and through publications. We also work closely with the Trauma Prevention Coalition of the American Trauma Society and the Prevention Committees of the COT and EAST to foster collaboration and synergy across organizations.

This year, we are focusing on two main areas: Violence Prevention, and Distracted Driving and Traffic Safety. We have a number of educational offerings in these areas. We are updating our website to better serve as a resource for all injury prevention, but we are focusing on these areas in particular.

Violence Prevention

Our major initiative this year—lead by Dr. Deborah Kuhls, and in collaboration with

EAST Prevention Committee Chair and AAST Prevention Committee member, Alexander Eastman—is a survey of EAST and AAST members' views about firearms injury. This project builds and expands upon a similar survey of COT members that Dr. Kuhls presented in an oral presentation at last year's AAST Annual Meeting. This new survey should deepen our understanding of attitudes about firearms injury within the trauma community and identify points of consensus for working towards reducing firearms violence. We will distribute the survey electronically this spring, and we plan to have preliminary results ready to share at the Annual Meeting in September.

May is Trauma Prevention Month and this year's focus is violence prevention. In support of this effort, we will host a webinar on May 31—"Guidelines for Developing and Maintaining a Hospital-Based Violence Intervention Program"—featuring Rochelle Dicker. Dr. Dicker is an international leader in violence prevention, and she is widely recognized for her innovative and effective work in San Francisco. She and others on the COT have developed guidelines for violence prevention programs, and these guidelines will be discussed during the webinar. Dr. Sheldon Tepperman will moderate the May webinar. Dr. Tepperman recently highlighted the Youth

Violence Prevention Program at his hospital, the Jacobi Medical Center in Bronx, NY, in AAST's most recent issue of the Cutting Edge.

Distracted Driving and Traffic Safety

Another major focus this year is distracted driving and traffic safety. Distracted driving, defined as any activity that diverts a driver's attention from driving, is a national health epidemic. It contributed to over 431,000 motor vehicle crashes and 3,179 vehicular deaths in 2013.

Spearheaded by Drs. A. Britt Christmas and Mayur Naran, our committee is in the early stages of writing a white paper about distracted driving. We also seek other opportunities to educate trauma clinicians and injury prevention teams about this increasingly important topic. In November, our committee will sponsor a webinar, organized by Dr. Spiros Frangos, entitled "No Deaths Are Acceptable: Vision Zero and Traffic Safety in the 21st Century," which will highlight novel policy efforts and municipal approaches to reducing pedestrian injuries and motor vehicle crashes.

I'd like to thank the members of this committee for their energy, enthusiasm, and commitment in pulling these programs together and for advancing our goals. I would also like to thank Brea Sanders, Sharon Gautschy, and the Board of Managers for their support of our work, which makes these activities possible.



Committee Spotlight



Patient Assessment Committee Chair - Marie Crandall, M.D.

The AAST Patient Assessment Committee has had a very busy and successful year. Our committee has been tasked with developing systems to measure disease severity and patient outcomes for research and quality improvement in acute care surgery. This past year, we have continued to forward the state of knowledge for emergency general surgery, and are beginning to tackle other aspects of patient assessment tools.

One of our largest projects in the past four years has been to define the scope and burden of emergency general surgery (EGS) diseases in the United States and to create an anatomic grading scale for EGS diseases that is intuitive and can be used for both clinical and research purposes. Anatomic severity of illness scales have been described for sixteen of the most common EGS inflammatory conditions, and these scales are now available on the AAST website for member use. Several of these grading scales have been externally validated and at least two more validation studies are currently ongoing. In addition, Dr. Stephanie Savage, from our committee, is heading a multicenter validation study of the AAST necrotizing soft tissue infection score. Finally, anatomic severity scores have been created for bleeding disorders. This data was recently presented at the Academic Surgical Congress, and will be submitted for publication in the next month.

A second major project has been our partnership with the American College of Surgeons NSQIP EGS pilot project. This is a multi-centered pilot to determine the feasibility and reproducibility of an EGS NSQIP evaluation tool. Preliminary data was presented last year at the AAST Annual Meet-

ing; data collection is ongoing, and a manuscript, with preliminary results, has been submitted for publication.

Third, we have been working to align coding and billing aspects of EGS with better patient assessment tools. A subcommittee, headed by Dr. Garth Utter, has been working on ICD-9/10 revisions of emergency general surgery diseases. Garth has attended in-person meetings and has participated in conference calls with the NCHS Coordination and Maintenance Committee. Despite a partial freeze on ICD revisions, four of our eleven proposals were adopted in October 2016 (mediastinitis, vascular insufficiency of the intestine, pancreatitis, and breast abscesses) and three more will likely be adopted in this fiscal year (cholecystitis, appendicitis, and surgical site infections). Two more are still under consideration (hernia and colitis). These changes allow for more surgically appropriate billing and coding, and the documentation now more easily aligns with our anatomic grading for risk stratification and research.

Another important project has been the development of an EGS Optimal Resources Document, which would be similar to the trauma optimal resources document. This group is headed by former PAC Chair and ex-officio member, Dr. Shahid Shafi. I am providing editorial and writing support, and several other committee members are participating, along with other AAST members.

Finally, the committee continues to work on interesting and impactful projects. We are currently working with the GeriTraC group and have plans for producing evidence-based reviews, op-eds, and educational materials. We are also finalizing a review of physiologic and other grading scales for risk stratification of EGS patients, and we anticipate that

we'll have a manuscript ready for submission by the end of March.

In summary, I would like to thank all the hard-working members of the Patient Assessment Committee, the Board of Managers, Ms. Sharon Gautschy, and Ms. Brea Sanders for their invaluable support. Thank you for the opportunity to highlight our work!

continued on page 7

Meetings of Interest

June 1 – 2, 2017

10th Annual Trauma Symposium Chattanooga Convention Center
Chattanooga, TN, United States

June 16 – 17, 2017

2017 Creighton Trauma Symposium Hilton Omaha Hotel
Omaha, NE, United States

July 13 – 14, 2017

24th Annual USC National Trauma, Emergency Surgery and Surgical Critical Care Symposium Langham Huntington
Pasadena, CA, United States

August 17-18, 2017

2nd Annual Trauma Conference International Fairmont Royal York
Toronto, Ontario Canada

October 24 – 27, 2017

German Congress of Orthopedics and Trauma Surgery 2017 Messe Berlin
Berlin, Germany

November 2 – 4, 2017

Pediatric Trauma Society 4th Annual Meeting Charleston Marriott
Charleston, SC, United States

November 23 – 24, 2017

1st Cape Town Trauma Conference Vinyard Hotel
Cape Town, South Africa

November 29 – December 01, 2017

Pan-American Congress of Trauma, Critical Care and Emergency Surgery Hotel Crowne Plaza, WTC
Mexico City, Mexico

2017-2018

Research and Education Fund Scholarship Winners

Vanessa Nomellini,
MD, PhD
Assistant Professor
Division of Trauma,
Surgical Critical Care,
and Acute Care Surgery
University of
Cincinnati Medical Center



"The Role of Sphingosine in the Susceptibility of Pneumonia in the Elderly"

Pulmonary infection from bacterial agents is a leading cause of death for the elderly. This high susceptibility to infection is not only the result of increased medical comorbidities, but also from aging itself. With increasing antibiotic resistance, exploiting alternative means to manage infection in this population is therefore crucial. Sphingosine and ceramide are important molecules of infection control within the multiple lines of antibacterial defense in a healthy lung. Data from our group show that sphingosine expression in healthy airways is associated with very efficient killing of *Pseudomonas aeruginosa*. In contrast, sphingosine is significantly decreased in the upper airway epithelial cells of older mice, which is a similar observation in humans with cystic fibrosis. After pulmonary infection, bacterial clearance in the lungs of aged mice is significantly decreased compared to young mice. However, when mice are pre-treated with sphingosine, then infected with *Pseudomonas*, bacterial clearance in the lungs of aged mice is equivalent to that of the young. These data show that sphingosine in the lung is an important component of the antibacterial barrier and a novel mechanism to prevent pulmonary infection, particularly in the elderly. This project further investigates the mechanism of this imbalance between ceramide and sphingosine in the lungs of young and aged mice. We hypothesize that differential activity of the enzymes that catalyze the formation of these sphingolipids is the basis for these observations and that administration of inhaled sphingosine can be an effective therapy for protecting aged mice from pulmonary infection. With the results of this study, we will be able to develop future investigations involving the efficacy of

sphingosine as a therapeutic agent against pulmonary infection in humans.

Jonathan Wisler,
MD, MS
Department of Surgery,
Division of Trauma,
Critical Care, and Burns



The Ohio State
University Medical Center

"Target Aberrant Epigenetic Events in the Treatment of Sepsis"

Each year, sepsis affects over 750,000 individuals with a high mortality rate of 30-40 percent. Despite advances in care, therapeutic options are limited. Key to improved outcomes is understanding the critical mechanistic events underlying the syndrome. The immune response to sepsis involves pro- and anti-inflammatory components, and the magnitude of each component can negatively affect outcomes in sepsis. The regulation of these opposing immune responses is not well understood, but recent evidence suggests epigenetic changes occur that may be responsible for some of the changes seen. Interestingly, sepsis plasma microvesicles (MVs) produced from different cell types are key mediators of the immune response, having procoagulant activity and causing endothelial cell damage in vitro. Our preliminary data identified that DNA Methyltransferase (DNMT) mRNA is present in MVs of patients with sepsis which when transferred to naïve monocytes results in decreased TNF- α production ex vivo due to promoter methylation. These DNMT mRNAs are not present in the circulating MVs of healthy individuals. Our intent for this application is to transform the current paradigm for sepsis treatment. We hypothesize that in sepsis, circulating MVs deliver a cargo of epigenetic modifiers, specifically DNMTs that regulate the methylation of genes important to the inflammatory response. Thus, our long-term goals of this proposal are to understand the role of plasma MVs, epigenetic factors, and how modulation of these factors during sepsis alters outcomes. The overall objective is to use plasma MVs and the contained DNA methyltransferases as a diagnostic tool

and therapeutic target in the management of sepsis and post-sepsis immunosuppression. We will also examine the novel and innovative use of MVs derived from healthy individuals as replenishment therapy for sepsis. Using the pre-clinical models we have designed in this study, we anticipate that our studies will identify novel therapies and targets for treating sepsis.

Samuel Pierce Mandell,
MD, MPH
Assistant Professor of
Surgery



University of
Washington, Harborview
Medical Center

"Optical Coherence Tomography to Predict Burn Wound Healing"

The objective measurement of tissue injury in burns remains elusive. Predictions of wound healing remain in the realm of subjective "expert opinion." Clinical assessment is the most common method of evaluating burns in the United States, but it is only 60-75 percent accurate. It is particularly inaccurate for "indeterminate" burns that are neither clearly superficial nor full thickness. It is thought that most commonly, clinicians overestimate the depth of the burn resulting in early excision and grafting of tissue that might have healed on its own. Other patients may go weeks with painful wound care only to find that they require an operation. Optical coherence tomography (OCT) is a real-time, non-invasive imaging technique that produces cross-sectional morphological images of tissue microstructures in vivo with a micron-level imaging resolution analogous to histology. In addition, by analyzing OCT spectral interferograms, ultrahigh-sensitive optical micro angiography (OMAG) provides a 3-D blood perfusion map that allows imaging of an intact microvasculature network down to the capillary level. Our goal is to evaluate the use of this technology to predict burn wound healing. This has the potential to prevent unnecessary surgery as well as prolonged painful wound care.

2016-2017 AAST BOARD OF MANAGERS

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Pediatric Trauma Surgery Committee

Military Liaison Committee

Patient Assessment Committee

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Program Directors Sub Committee

Education Development/MOC Committee

Miguel Gutierrez - AAST Intern

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Committee Spotlight: Patient Assessment — continued from page 5

Committee-Authored Peer-Reviewed Articles in the Past 12 Months:

Shafi S., E. Priest, C. Klekar, M. Crandall, M. Aboutanos, S. Agarwal, et al. "Multicenter Validation Of American Association for the Surgery of Trauma Grading System for Acute Colonic Diverticulitis and Its Use for Emergency General Surgery Quality Improvement Program," *Journal of Trauma and Acute Care Surgery* 80, no. 3 (2016): 405–11.

Tominaga G., S. Shafi, K. Schuster, S. Savage, S. Ross, P. Miller, P. Muskat, N. Mowery, M. Cohen, D. Ciesla, K. Inaba, C. Brown, S. Agarwal, M. Aboutanos, and M. Crandall. "The American Association for the Surgery of Trauma Grading Scales for Sixteen Emergency General Surgery Conditions: Disease-Specific Criteria Characterizing Anatomic Severity," *Journal of Trauma and Acute Care Surgery* 81, no. 3 (2016): 593–602.

AAST Grading Scale Validation Articles in the Past 12 Months:

Shafi S., E. Priest, C. Klekar, M. Crandall, M. Aboutanos, S. Agarwal, et al. "Multicenter Validation Of American Association for the Surgery of Trauma Grading System for Acute Colonic Diverticulitis and Its Use for Emergency General Surgery Quality Improvement Program," *Journal of Trauma and Acute Care Surgery* 80, no. 3 (2016): 405–11.

Hernandez, M.C., et al. "Increased Anatomic Severity Predicts Outcomes: Validation of the AAST Emergency General Surgery Score in Appendicitis," *Journal of Trauma and Acute Care Surgery* 82, no. 1 (2017): 73–0.

Baghdadi, et al. "Validation of the Anatomic Severity Score Developed by the AAST in Small Bowel Obstruction." *J Surg Res* 204, no. 2 (2016): 428–34.

President's Message — continued from page 1

- Create an EGS and SCC Research Network of centers interested in participating in multi-institutional trials
- Develop educational programs in Outcomes Research, Clinical Trials, Big Data Mining, Health Care Economics, etc.
- Produce good quality studies in EGS
- Produce good quality studies in SCC

The goals for Member Services include:

- Improve communications: the member survey was sent out already
- Improve members' access to increase membership participation in the strategic plan and on committees
- Change the program in the Annual Meeting to include more EGS content
- Support both journals to improve access, transparency, and opportunities for publications

In addition to the strategic planning, we have been working very hard to maintain the work flow and quality of the JTACS editorial process. Dr. Ernest Moore, our editor-in-chief, and the associated editors have done a great job improving the quality of the publications, which will ultimately pay dividends as the impact factor increases and other metrics improve. Unfortunately, in late February, Jennifer Crebbs, the editorial manager of JTACS, informed us that she had the intent to leave JTACS and explore other professional opportunities as a freelancer. We hired a consultant to perform a very detailed assessment of the editorial process, human resources, and work flow in the JTACS office. We decide then to follow other high-impact science and medical journals and signed a contract with a company specialized in peer-review management and edi-

torial processes to support the Editor-in-Chief and the associated editors. This is a significant change in the way we conduct the editorial process of JTACS, but it is aligned with what is becoming the standard in the industry. We are obviously interested in your input; be sure to let us know if you notice any difference or any negative impact to the review and editorial process of your manuscripts.

Our second journal, TSACO, had a great launch last year and continues to thrive. Dr. Timothy Fabian, the TSACO editor-in-chief, has done a phenomenal job in making TSACO an international journal. When we celebrate the first anniversary of TSACO in May, we will have reached the initial goal of 50 publications, which is quite remarkable for an open-access journal. I ask all of you to consider sending your manuscripts that fit into the scope to TSACO for consideration for publication. Some of you have expressed to me concern about the fact that TSACO is not yet indexed in MEDLINE. It turns out that once it becomes indexed in MEDLINE, all manuscripts published prior to the indexation date will be listed and accessible for searches in PUBMED.

I thank you for your interest in the AAST and want to encourage you to get involved in one of the working groups listed above. Please register for the Annual Meeting in Baltimore. A fantastic scientific program was created with you in mind. Once again, I want to express my gratitude for the opportunity to serve as your president.

Raul Coimbra, MD, PhD, FACS
AAST President

AAST NEEDS YOU!

Committees and the work they do are vital to the AAST. Members that volunteer to serve on committees help us complete our strategic goals and keep our organization moving forward.

Would you like to volunteer for an AAST Committee?

If you are interested in volunteering for an AAST committee, please visit the Committees page in the About section of the AAST website (<http://www.aast.org/About/Committees.aspx>), download the volunteer form and email it along with your CV to Sharon Gautschy at sgautschy@aast.org.

Committee requests must be received via email by August 1st each year as committee appointments are announced during the Annual Business Meeting, held on Friday afternoon during the Annual Meeting. Committee requests are ONLY accepted by email with the Volunteer Form and CV included.

