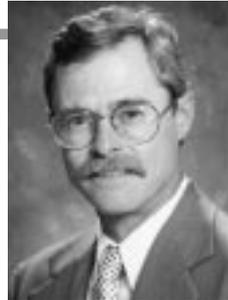


## The Birth of a New Society.... My Two Years as President of ISMICS

(#1999-8899 ... May 4, 1999)



Dr. Emery

The building blocks for the advent of minimally invasive cardiac surgery (MICS) have quietly been laid over several years. Four years ago, in May of 1995, the first full paper on minimally invasive coronary artery surgery was published in the *Journal of Cardiac Surgery* by Robinson et al. The time was right and a revolution was initiated, changing the face of thinking regarding cardiovascular surgery as a whole. Initial efforts in minimally invasive coronary bypass surgery were often met with skepticism and derision by the medical community, and yet there was a great deal of patient support and persistence in those pursuing the field. Rapidly, the idea of minimally invasive coronary bypass surgery spread to other aspects of the cardiovascular surgical field including the treatment of valvular and congenital heart disease. Because minimally invasive surgery requires enabling technology, the medical industries and device companies readily participated in the development of equipment to improve the performance of lesser invasive cardiac surgery. The excitement generated by the rapid introduction of new techniques and technology, the cost benefits of eliminating cardiopulmonary bypass in coronary surgery particularly in patients with significant co-morbid risk factors, and the decrease in tissue trauma of minimally invasive surgery even with the use of cardiopulmonary bypass, generated the scheduling of multiple international meetings. These meetings, often supported by funds contributed by medical industry, were unsupervised and the core curriculum unaudited. Additionally, individual companies held their own symposia in an effort to popularize devices as well as market their own products. Data was scarce and prospective trials relating to the scientific evaluation of the minimally invasive processes were limited, casting a pallor over the development of MICS. The Society of Thoracic Surgeons attempted to deal with some of these issues by forming the New Technology Committee, which for over two years has served to evaluate and publish position statements on several aspects of new innovations in the cardiovascular field, including left ventricular volume reduction and the MIDCAB or LAST

Procedure. However, scientific evaluation and peer review remained lacking in spite of numerous descriptive publications in authoritative journals. In May of 1997 the idea was circulated that a society dedicated to the evaluation and promotion of minimally invasive cardiac surgery should be formed. That month in Paris, a steering committee was formed and an international board of directors (Figure 1) and slate of officers (Figure 2) was elected to form the society. The International Society for Mini-

mally Invasive Cardiac Surgery (ISMICS) was named and incorporated in the state of Minnesota in 1997. The first formal board meeting was held in New Orleans, Louisiana in January of 1998, and with documents formally ratified, founded this society. Plans were begun for annual meetings. The first annual meeting was held in June 1998 in Minneapolis, Minnesota with nearly 200 attendees. The second meeting of this international society was held in Paris in May of 1999, and is scheduled in Atlanta in 2000, and in Munich in 2001. The international venues have allowed for a discourse and exchange of experience and the development of MICS surgery on a global basis. These meetings provide an educational forum for groundbreaking techniques and information to an informed, active audience, allowing a broadening of the horizon of thought in the performance of open-heart surgery.

The goals of the society are to: a) provide a scientific forum and peer review for the development and evaluation of minimally invasive cardiac surgical procedures and techniques, b) provide a dais for partnership of medicine and industry to cooperatively develop minimally invasive cardiac surgery, c) provide a structure of surgeon-scientists for multi-international investigations, d) provide financial and educational support for traveling fellows and scholars to study MICS and e) provide assessment of educational programs and sponsor continuing medical education of superior quality in minimally invasive surgery.

Steadily, the society is accomplishing these goals. The Heart Surgery Forum® was selected as the official journal of the society, and its editor, Mark Levinson, MD, named as an ex-officio board member. The first annual meeting had 100 abstracts submitted for evaluation and the second annual meeting has more than doubled that number. The membership has exceeded 300 individuals and continues to grow. One fellowship has been awarded and a second one is to be awarded. Further educational fellowships are planned as support is generated. The society was initially housed at the Minneapolis Heart Institute for the first two

years of its existence. As the society grew and its membership and responsibilities increased, conversion to professional management was warranted. On July 1, 1999 the transition to professional management by Quantum Management, Inc. will be undertaken with Amanda Rowe being named executive director of the society. Future plans include expansion of the annual meeting to meet the society members needs, continue efforts to increase international and intra-societal communication, and an evaluation process of scientific programs at other meetings to determine value to members interested in educational opportunities in minimally invasive cardiac surgery.

The society will continue to grow under professional management and expert leadership of the newly elected directors and officers (Figure 3). The impact of the society will increase as the structural support and infrastructure of the society continues to be formed over the first several years of its existence. An organization of committees is being put in place to conduct society business and accomplish the ISMICS mission. Over the subsequent decade, as

enabling technology improves, the basic training of surgeons in computer-based video-assisted robotically enabled technology will change and enhance our ability to perform more minimally invasive surgery in a safe and effective fashion. The environs of the operating room will change as voice activation and surgeon control of their own workplace is integrated into the process. I look forward to a rapid growth phase in the society as the organizational structure is established, formal professional management begins, and enthusiastic young surgeons take the helm of the society and begin to integrate this surgical process with other sub-specialties such as anesthesiology and cardiology to further the established goals of the society.

It has been an honor and a pleasure to serve as the president of the International Society of Minimally Invasive Cardiac Surgery during its formative years.

Robert W. Emery, MD  
Minneapolis, Minnesota

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Figure 1

<b><u>International Society for Minimally Invasive Cardiac Surgery</u></b>			
<b><i>Directors</i></b>			
W. Randolph Chitwood, M.D. Greenville, North Carolina	Erik Fosse, M.D. Oslo, Norway	Steven Gundry, M.D. Loma Linda, California	Erik Jansen, M.D. Utrecht, The Netherlands
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Figure 2

<b><u>International Society for Minimally Invasive Cardiac Surgery</u></b>		
<b><i>1999 Elected Officers</i></b>		
<b><u>President</u></b> Patrick Nataf, M.D. Paris, France	<b><u>Vice-President</u></b> Michael Mack, M.D. Dallas, Texas	<b><u>Senior Advisor</u></b> Valavanur Subramanian, M.D. New York City, New York
Jose Navia, M.D. Buenos Aires, Argentina	<b><u>Directors</u></b> Robert Methany, M.D. Atlanta, Georgia	Frederich Mohr, M.D. Leipzig, Germany

Figure 3