



Maxillofacial News

AMERICAN SOCIETY OF MAXILLOFACIAL SURGEONS

AN ANNUAL MEETING REVOLUTION!

Plastic Surgery 2004 was indeed revolutionary. Over 3,600 plastic surgery professionals and their families attended the annual educational program held in Philadelphia this year. The meeting was truly global with registrants representing 6 different continents.

The ASMS/PSEF pre-conference symposium on Bony, Alloplastic and Autogenous Restoration to the Mid-face, chaired by Gregory R.D. Evans led the top-rate programming. One hundred plus registrants participated in the pre-conference symposium.

The opening ceremony took place Saturday, at 4:30 p.m. in the Philadelphia Convention Center. ASMS President, Dr. Kenneth E. Salyer energized the audience with a riveting speech about the future of

plastic surgery (see sidebar for speech text). Keynote speaker, Michael E. Raynor, DBA, co-author of the book, *The Innovator's Solution: Creating and Sustaining Successful Growth*, shared his approaches to affecting positive change within plastic surgery.

David J. David, MD, President, International Society of Craniofacial Surgeons, presented the Converse lecture on Monday which was followed by the ASMS/Synthes Maxillofacial Research Grant Awards presentation (see page 14). The ASMS Luncheon and Annual Business Meeting took place at Noon. The Society welcomed 34 new members (see list on page 12). It was during the



Dr. Kenneth E. Salyer delivered a riveting speech about the future of plastic surgery at the Opening Ceremony.

Remarks of Kenneth E. Salyer, MD PS2004 Opening Ceremony October 9, 2004 Philadelphia, PA

Thank you. It has been an exciting year for ASMS and for our specialty. I have appreciated the privilege of serving as President. For it has given me a wonderful opportunity to see first-hand the exciting work being done in plastic surgery.

But it is not being done by everyone...and that concerns me. I am concerned for the future of our specialty. In language perhaps odd, for a plastic surgeon...I fear we are cutting off our nose to spite our face. I am talking about the many among us who have abandoned, ceased to perform many reconstructive surgeries.

From cleft lip to breast reconstruction to micro-surgery. I understand the urge to flee to the relative safety, popularity—and yes—profitability of cosmetic procedures. Managed care

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Dr Salyer and wife Luci (left), together with Dr. Sadove and wife Armin at the "Circus di Medicis"

The ASMS: Strengthening Our Ties in Maxillofacial Surgery

For all of us in medicine, our schedules have become increasingly busy. In order not to lose sight of our priorities, it becomes important for each of us to sort out the "busy work" from that work which we would like to remain busy with. Which meetings should we continue to attend? Which functions should we make a priority once we arrive at those meetings? No doubt, many have asked this question of the Annual Meeting of the ASMS: "What new information or experience can we possibly gain that we have not already gained at previous meetings? Certainly, the specialty of maxillofacial surgery has not changed dramatically during the past year. Why, then, should we attend our annual meeting at all?"

One must remember that collectively it is *us* who define the specialty of maxillofacial surgery. Through our North American and International members, the ASMS membership includes those plastic surgeons that represent the practice of maxillofacial surgery worldwide. While research, education, and innovation are essential to the mission of the ASMS, the primary charge of our membership is to provide the most effective care to patients with maxillofacial disorders. The young graduate, schooled in the most current techniques, may have the ability to provide up-to-date care, but may lack the experience by which to judge which technique can treat a specific problem with the greatest efficacy and with the least morbidity. Our more senior members, on the other hand, may offer keen judgment and a wealth of experience, but may be unfamiliar with new techniques or variations in old techniques which may improve treatment outcomes.

This highlights the reason that the



There is no better way to support our organization and its mission than through the participation of each of its members.

ASMS exists. The ASMS provides a network by which maxillofacial surgeons at all levels can share ideas, critique one another's outcomes, and ultimately provide the most effective care to their patients. The ASMS has developed numerous mechanisms by which to promote this mission, including fellowships, research grants, and symposia/courses. However, these mechanisms are only as strong as the network that our organization provides. This network will lose its value unless we meet regularly and continue to build upon it.

The question: "Why attend the Annual meeting?"

The answer: There is no better way to support our organization and its mission than through the participation of each of its members. Whether we feel that any new information has been exchanged is less important than having established a network which can help us to critically assess whether new techniques can provide more effective care for our patients than existing techniques. The annual meeting is a great venue by which to initiate this process. One can then continue to build ties in organized maxillofacial surgery throughout the year.

I feel the ASMS is the leading vehicle by which we can make our interests in maxillofacial surgery known to others in our specialty. While every group in plastic surgery has its own subspecialty organizations, cross-fertilization between these subspecialty organizations is often lacking. How many general plastic surgeons are aware of the dates for the annual meeting of the American Society for Surgery of the Hand, let alone the latest advances that may have been presented at that meeting? The ASMS, on the other hand is unique, in that it is the only subspecialty organization in plastic surgery that is an equal sponsor of our national meeting. The meeting which we attend is not simply the annual meeting of the ASMS, but rather it is the annual meeting of the ASPS/PSEF/ASMS. This demonstrates the recognition that our leaders give to maxillofacial surgery as a core element of our specialty, and it places the ASMS in the highest profile of any subspecialty organization in plastic surgery. Therefore, to demonstrate support for the ASMS is to demonstrate support for the inherent role that maxillofacial surgery plays in our specialty. Renewing our common fellowship at our annual meeting is a great way to start this process.

In closing I wish to thank all members of the ASMS for giving me the opportunity to serve as Editor of this Newsletter. As my responsibilities with the ASMS have evolved, I have been asked to serve the organization in other capacities. I will turn the Newsletter over to the capable hands of my good friend, Bob Havlik. Under his guidance, I have no doubt that the Newsletter will continue its core mission of strengthening our ties in maxillofacial surgery. **M**

Changes in Organizational Structure Top Priority

As your newly elected President, I'd like to thank you for your vote of confidence. I look forward to serving as your President. I am somewhat humbled having to follow on the heels of my good friend, Ken Salyer. We all owe a great deal of gratitude to Ken for his tireless efforts on behalf of ASMS.

My goals as ASMS President are simple and straightforward, they include: transition to a programmatic budget process; define and implement an organizational structure that more accurately reflects the strategic plan, and create a team approach to management; further assist in financially supporting the strategic plan through a newly created development committee and by strengthening our corporate relations.

The programmatic budget combines three elements: Short Range Strategic Plan, Management by Objective and Zero Based Budgeting. Seth Thaller, immediate past treasurer has created a budget which we will implement Jan. 1, 2005. The programmatic budget will take any mystery out of budget allocation. All expenses/revenue will be tracked by program. This will provide a comparison of income to expense by program. This will allow us to move forward strategically and with fiscal accountability.

During our Strategic Planning session in July, ASMS Leadership reviewed our current organizational structure. We made some changes, eliminated some stagnant committees, combined others, and added new committees. It is my hope that this new streamlined approach will make the Society stronger through a more efficient committee structure and increase member participation. I'm all about



Only by working together
can we achieve excellence
in plastic surgery.

inclusion. I sent each member of the society an invitation to participate on one of our 12 committees. I received 51 responses. All participation is welcome. All committee members are listed on pages 9 and 10. If there is a committee you would like to participate on, please let me know. If you have been assigned a committee but have not heard from the committee chair yet, please let me know. If you requested participation on a committee but are not listed on pages 9 and 10 please let me know. I urge all of you to review and comment on your strategic plan. It is featured on our web site www.maxface.org. (also see Dr. Salyer's review of the strategic planning session on page 7)

Increase membership is another area we need to concentrate on this year. Steve Buchman is heading up the Membership Committee. Question your colleagues. Are they members? What about your residents? Do you know we have a Resident Affiliate category with no annual dues? Encourage participation in the work of the Society.

This year I have created a Development Committee, to partner with corporations and industry. I have asked Ken Salyer to chair this committee. If you have any personal corporate

contacts, corporate sponsorship suggestions, please let Ken know.

And finally, one last way you can help move our Society forward is to pay your membership dues and pay them on time. The annual dues notices will mail later this month. Please be diligent in your payment so that we may continue to offer value to membership.

Thank you for the opportunity to serve you and our profession. Only by working together will we achieve excellence in plastic surgery. **M**

Maxillofacial News

The American Society of Maxillofacial Surgeons, the oldest American organization representing maxillofacial surgeons, is devoted to stimulating interest, advancing knowledge, and providing leadership and direction within the areas of maxillofacial and craniofacial surgery. Its members are dedicated to improving and promoting the highest level of patient care.

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Remarks of Kenneth E. Salyer, MD

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has devastated reconstructive surgery, made a mockery of its fee structure...Making it nearly impossible for today's plastic surgeons to provide such services.

Ten years ago, for example, my reimbursement for hypertelorism from most carriers was fifteen thousand dollars. Today it is more like four thousand dollars. Ten years ago a cleft lip-nose repair was valued at eight thousand dollars. Today in California, I understand, reimbursement has sunk as low as six hundred dollars. Six hundred dollars...That's not right nor realistic: it's ridiculous.

It also leaves our patients and our profession caught in a dilemma: First, the gaping hole left by our colleagues who abandon reconstructive surgery is being filled by oral surgeons, ENTs and other specialties.

No, I am wrong; the void is not being filled...for these pretenders to the practice of reconstructive plastic surgery fall short. Far short in their attempts and their abilities to fill our shoes.

Sixty percent of my practice is secondary surgeries. More than half...are do-overs! Cases done poorly—by the dabblers, the oral surgeons and—yes, occasionally—even by one of our own. Cases that now have to be done over. I understand “do-overs” in a friendly game of golf. But...in medicine?! It is unforgivable, simply unacceptable.

As a medical student at Kansas University, I will never forget the very gifted Doctor David Robinson. The sight of this enormous man—six-four-over-two-hundred-pounds—standing, towering over a tiny baby deftly performing a cleft lip and palate procedure, the first I'd ever seen. The physical contrast between doctor and patient was startling. But what was

truly remarkable was the fact that in less than two hours this gentle giant, had wrought a delicate miracle that would spare a whole family a lifetime of heartache. I was so electrified by his virtuoso performance that I decided right then to take up a plastic surgery residency.

I know that many of you have had the same life-altering experience. Transfixed and transformed at the sight of a skilled reconstructive surgeon, removing the mask of deformity worn by a young person from its moment of birth.

Reconstructive surgery is the very heart and soul of plastic surgery. We remove the source of their anguish. We practice the surgery of self-esteem. We can not—we must not—allow it to be ripped from our repertoire of services. And we can not stand by idly as our patients and our society continue to be ripped off by the charlatans and the dabblers, posing as practitioners of reconstructive surgery.

Worse, if we continue to stand idly by, if we do not include reconstructive surgery in our specialty, we will not survive as a specialty. We will be slowly but surely fragmented. Greedily absorbed by the hand surgeons, the maxillo-facial and the micro-surgeons.

Worse, in abandoning our roots, we will be cheating our next generation—our sons and daughters—of never knowing the joy of a child gazing into the mirror and for the first time, seeing herself in the flesh as she has always imagined herself from inside.

Like most of you, I trained in general surgery. Only then—with an excellent, broad-based training as my foundation, did I explore plastic surgery. Having that in-depth background and training is what allows me to do what I do today.

So what can we do? Certainly not what we have been doing. Standing around, wringing our hands, abandoning our patients into the hands of those with lesser skills. We must do what we tell our patients to do: never give up. Who among us dares to tell a family their patient's condition is hopeless? Wash our hands of them and walk away? So why should our colleagues, our specialty, our future...be any different or deserve any less?

I don't have all the answers but I think that collectively we can begin to work toward them. Work toward answers and solutions that will guarantee the future of reconstructive surgery to its rightful place as the heart of our specialty. And at the same time insure the future, the viability of our specialty.

Solutions such as liability reform, reimbursement and scope of practice. I think most of us have come to the same conclusion regarding tort reform: it's probably not going to happen on a national level, especially in our current political climate. But state by state, we seem to be making progress. From Texas to Mississippi to Wyoming to Wisconsin...medicine is chipping away. Using California and its pioneering model MICRA that caps pain and suffering at a reasonable rate. We are making incremental progress. But that legislative progress must be matched by vigilance on the part of physicians in our respective states. In an election year, that means studying the field of candidates to see who's with us and who's not. And then acting accordingly as we reach across the most sensitive nerve in our bodies—the one that lies across our wallets. We've got to anti-up, pony up...in support of the candidates who support medicine, who favor reforming a system that currently

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ANNUAL MEETING REVOLUTION

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ASMS Luncheon that the ceremonial passing of the gavel from Dr. Salyer to Dr. Sadove took place.

The Annual ASMS Presidential Reception was a spectacular event. The reception began in the auditorium of the National Constitution Center where a live performer invigorated the audience with historic renditions and thought-provoking descriptions of the birth of our nation, the signing of the U.S. Constitution, and the ramifications and impact this document has on our everyday life.

The reception guests had a chance to view the National Constitution Center exhibit titled *The American Experience* and visit Signer's Hall. The Tony Williams

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Thank you Dr. Salyer for a job well done!



Kenneth Salyer, MD; Fernando Ortiz-Monasterio, MD; Linton Whitaker, MD; Steve Buchman, MD take a time-out from programming.



The Converse Lecture was delivered by David J. David, MD, current President of the International Society of Craniofacial Surgeons from Australia.



Dr. Mimis Cohen and Dr. Arun Gosain chat during the ASMS Board Dinner.



ASMS Honorary Award Recipient Yu Ray Chen, MD, Taiwan

ANNUAL MEETING REVOLUTION

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Jazz Quartet provided the background music to top off this elegant affair.

“Circus di Medicis” replaced the traditional black-tie dinner dance. The audience was treated to a dining and



Joel Pratt received a special ASMS pin for his personal contribution towards an ASMS education endowment.

entertainment extravaganza. Some of the world’s most renowned performers, contortionists, aerial artists and illusionists performed throughout the evening to the delight and amazement of dinner guests. **M**



Reception guests visit Signer’s Hall

Remarks of Kenneth E. Salyer, MD

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is so unfair to our patients and our profession.

And then there’s reimbursement.

You know, not all payors are bad. Some carriers and some parts of the country are fair and pay decent fees for our services. We need to seek out and encourage those payors that offer favorable rates, reimburse at indemnity levels. We need to finger those who do not. And then, we need to offer our members the tools necessary for negotiating with those payors who do not. We must help insurers understand that a do-over is more costly than a do-right the first time. And we must be more aggressive in standing up for ourselves and our specialty.

And then there’s scope of practice. Again, the operative word is “aggres-

sive.” Becoming more pro-active than our reactive past. Instead of waiting for the optometrists, podiatrists and all the other “ists,” to introduce legislation aimed at fattening up their wallets while watering down medical quality...We must strike first. Introduce our own legislation for them to react to. In Texas where I practice, we’re looking at the model legislation passed in New York, that does not allow dentists to perform cosmetic surgery. In fact, we’re looking at every state to see what’s working, and what we can use to battle those who seem to think if you hang around medicine, you can surely practice medicine.

I think: if you want to be a doctor, go to medical school. That’s my standard of quality and I’m stickin’ to it.

This past year, serving as ASMS’s president has given me such a wonderful opportunity to travel about this country, to visit so many of you in your daily practices on the front lines and in the trenches. From spending time with you, talking with you, I know what’s in your hearts and the skill in your hands. And I know you want only the best for your patients and for our profession. I look forward to working with you to fight the good fight to achieve that best. Thank you for making my year at the helm of ASMS so memorable and so successful. I want to give special thanks to my dedicated Board of Directors who have worked so hard in the past year along with me. I wish you continued success. **M**

What A Ride! Thank You!

I wish to express my sincere appreciation for the time, energy, and dedication of the ASMS Board of Trustees and committee members during my year as President. The true work of our Society is reflected in the many volunteer hours, diligence, and thoughtful labor on the part of our members in leadership roles. Thank you. It has been my privilege to work with you this year.

As I reflect on my year as President, the accomplishments and milestone we achieved, I am struck by a reoccurring theme: Unity. ASMS continues to embrace integration of our sub-specialties under the umbrella of ASPS. We need to continue to support and develop a strategic approach in cooperation with ASPS to assure the future of plastic surgery.

In July, the ASMS leadership revised and updated our strategic plan. The ASMS strategic plan is a collaborative effort. It is the working document from which all programs, committees and task forces are directed. I encourage all members to review the strategic plan and provide input for

discussion during our next planning meeting in July. The strategic plan can be viewed on the members only portion of our Web Site www.maxface.org.

ASMS Leadership identified four key priorities for the immediate future to deliver value to members. These priorities are: achieving increased reimbursement; addressing scope of practice issues within the ASPS coalition; increasing membership, with emphasis on younger physicians and international membership; and strengthening corporate relationships.

The ASMS Board of Trustees met with Jim Bechtold, Senior Vice President, Reimbursement and Government Affairs, EBI, L.P. during the Annual Meeting in Philadelphia. Jim spoke about the importance of a consolidated approach to reimbursement. He shared his unique insights on the issue, how to address the issue as a Society, and he identified specific tools we might consider using to accomplish increased reimbursement. Although the issue of reimbursement is extremely complex, I will personally pursue ASMS participation in a plan to help all

of us achieve increased reimbursement.

The ASMS continues to work with the ASPS Government Affairs group to address Scope of Practice issues at the state level. Our recent collaboration in California has taught us a lot. These lessons will help us become more effective in our grass roots campaigns in other states facing similar legislation.

Increasing membership must be a priority for all of us. This is an area where all members can help. If every member introduced one new member into the Society, think how productive and more effective we might become. Our new bylaws will also enable international members from developing countries to become members by paying reduced annual dues. I will continue to aggressively pursue uniting, teaching and mentoring in plastic surgery globally.

ASMS is fortunate to enjoy a productive partnership with industry. (See page 12) There are however, many more opportunities for partnership.

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Dr. Salyer acknowledges the generous support of KLS Martin L.P. for sponsorship of the ASMS Basic Course and Board Dinner.



Passing of the Gavel

What A Ride! Thank You!

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Michael Sadove has established a new Development Committee which I will chair. I plan to develop a strategy for ways in which ASMS and corporations may partner together to achieve excellence within our profession.

Improvement and functionality of our web site was one of my goals this year. We have made great strides towards this goal. The ASMS conducted a successful on-line voting process this year. Our ideal of developing a premier web site is ongoing. We will continue to target the educational needs of our members, other medical professionals as well as the general public. The members only portion of the site is a work in progress. We will continue to develop a "case of the month" feature, message board and more.

ASMS has redefined our governance structure. As reported by Michael Sadove, MD, many stagnant or duplicative committees have been eliminated, some committees have been combined and others added. The new



ASMS Past Presidents Breakfast: Standing from Left Victor Lewis, MD; Gregory Borah, MD; Jonathan Jacobs, MD, DDS; Douglas Ousterhout, MD; Kenneth E. Salyer, MD; John Persing, MD; Norman Rappaport, MD, First Row Arthur Ship, MD, DMD; William Crawley, MD, DDS; Bahman Guyuron, MD; Jim Ferraro, MD, DDS




Yu Ray Chen, MD and wife Pauline were honored guests at the ASMS Board Dinner at the Philadelphia Club



Kenneth E. Salyer, MD; Jim Ferraro, MD, DDS; Distinguished Service Award Recipient; Luci-Lara Salyer

committee structure and a list of members is on pages 9-10.

I have enjoyed my year as President of the Society. I thank you for the opportunity to serve our great profession. See page 1 for my speech which I wrote and delivered at the Opening Ceremony of the Plastic Surgery 2004. Look for the live version of the speech on the ASMS website, www.maxface.org. 

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ASMS Board of Trustees Meeting, Friday, October 8. Standing from Left Dr. John Persing, Dr. David Genecov, Dr. Kant Lin, Dr. Henry Vasconez, Dr. Mimis Cohen, Dr. Robert Havlik. ASMS Officers Seated from left Dr. Arun Gosain, Dr. Michael Sadove, Dr. Kenneth Salyer, Dr. Gregory Evans, Dr. Seth Thaller

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<u>Best Paper Award</u> Linda Phillips, MD	<u>Development</u> Kenneth Salyer, MD	<u>Rep. American College of Surgeons</u> Gregory R.D. Evans, MD	<u>Educational Grants</u> Steven Buchman, MD Arun Gosain, MD	<u>CPT/RUC Committee</u> Robert Havlik, MD
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<u>Advisory</u> Kenneth E. Salyer, MD	<u>Liaison to PSEF/CLC</u> Kenneth E. Salyer, MD Bahman Guyuron, MD	<u>Liaison to ACPA</u> Michael Sadove, MD Robert Havlik, ME	<u>CME Representative-PSEF</u> Gregory Evans, MD	<u>Task Force Scope of Practice</u> John Persing, MD
	<u>Ad Hoc Membership Advisory Committee</u> Michael Sadove, MD	<u>Liaison to CPF</u> Louis Argenta, MD Peter Randall, MD	<u>Liaison to PS Research Council</u> Steven Buchman, MD	<u>Gov't Relations Rep. to ASPSA.</u> Kenneth E. Salyer, MD
				<u>Finance</u> Henry Vasconez, MD

ASMS Welcomes the Following Members:

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ASMS Gratefully Acknowledges the Generous Support of the Following Individuals and Corporations

INAMED Aesthetics
\$20,000 ASMS/PSEF Pre-Conference Symposium



KLS-Martin, L.P.
\$3,500 ASMS Board of Trustees Dinner



W. Lorenz Surgical
\$25,000 ASMS International Scholar Program
\$2,500 ASMS/PSEF Pre-Conference Symposium



Osteomed, L.P.
\$5,000 ASMS/PSEF Pre-Conference Symposium



Dr. Douglas Ousterhout
\$10,000 ASMS CRANIO Fellowship

Joel Pratt
\$50,000 Educational Endowment

Synthes Maxillofacial
\$40,000 ASMS Research Grants
\$25,000 ASMS Presidential Reception



ASMS Fellowship Awards

We wish to congratulate those who received ASMS Fellowship Awards for 2004-2005. This marks the second year that the ASMS awards these fellowships. Two sets of fellowships are awarded annually. The first is the CRANIO Fellowship, which is generously sponsored by Dr. Douglas Ousterhout, and provides educational funding for individuals who have completed a fellowship in craniofacial or maxillofacial surgery within the past five years. This year's recipients of the CRANIO Fellowship are Drs. John Giroto, from the University of Rochester, and Angela Rodriguez, from the Children's Hospital of Central California. Dr. Giroto completed his fellowship training at the University of Washington. He plans to use his fellowship to visit craniofacial centers in Philadelphia and Dallas. His goal is to experience the diversity of pediatric practice at these centers, to expand his knowledge of minimally invasive synostosis surgery, and to better understand how multiple craniofacial centers in one large metropolitan area (Dallas) work towards integration, practice expansion, and multidisciplinary reimbursement. Dr. Rodriguez completed her fellowship training at Stanford University. She plans to use her fellowship to visit craniofacial centers in Seattle, San Diego, and Mexico City. Her goal is to expand her perspective in endoscopic techniques for release of craniosynostosis, pediatric maxillofacial trauma, and distraction osteogenesis.

The International Scholar Award is generously sponsored by Walter Lorenz, Inc., and provides funding for two individuals from developing coun-

tries whose goal is to improve maxillofacial care in their native region. This year's recipients are Tserendorjinn Altannamar of Mongolia, and Jacqueline Benavides of Peru. Dr. Altannamar is presently the head of the maxillofacial surgery department at the Health Sciences University in Mongolia. She has helped to establish and develop a service of pediatric maxillofacial surgery in Mongolia. Her goal is to further her study of cleft lip and palate so as to further develop centers of care for affected children in Mongolia. Dr. Benavides is presently a plastic surgeon at the Congenital Deformities Unit of the Guillermo Almenara National Hospital in Peru. Her goal during the fellowship is to study mandibular distraction. She wishes to apply this technique to the care of children with craniofacial microsomia, for whom such techniques are not widely available in Peru.

These individuals illustrate the value of the ASMS Fellowships in furthering excellence in maxillofacial care



The ASMS International Scholar Award is made possible through the sponsorship of W. Lorenz, Surgical. Posing for the photo is Joel Pratt, President of W. Lorenz Surgical, and Kenneth Salyer, MD

provided throughout the world. We wish to maintain the quality of these fellowship, and we welcome applications for both fellowships for 2005-2006. The deadline for completion of these applications is August 1, 2005. **M**



Dr. Douglas Ousterhout generously sponsors the CRANIO Fellowship

2004 ASMS Synthes Maxillofacial Grant Recipients

Grant winners were acknowledged during ASMS Day at the ASPSP/PSEF/ASMS Annual Meeting in Philadelphia. ASMS wishes to thank Synthes Maxillofacial for their continued support of the ASMS research project.

Bernd Spiessel Recipient

Artur M. Gevorgyan, MD

Awarded \$7,000

Radiation-induced craniofacial bone growth retardation: Relationship between p53 expression, apoptosis and cell cycle arrest following radiation and cytoprotection *in vitro*

Best Paper Awards

Category: Clinical

Xing Wang, MD, PhD; Xia-Xiao Wang, PhD, DDS; Cheng Liang, DDS, MS; Biao, Yi, MD, DDS; Ye Lin, PhD, DDS; Zi-Li Li, MD, DDS

Awarded \$500

Distraction Osteogenesis in Correction of Micrognathia Accompanying Obstructive Sleep Apnea Syndrome

Category: Research

Arun Gosain, MD, Medical College of Wisconsin, Plastic Surgery; Timothy D. Santoro, MD; Lian-Sheng Song, DDS; Christopher C. Capel, MD; P.V.M.S. Sudhakar, M.Ch, DNB; Hani S. Matloub, MD

Awarded \$500

Osteogenesis in Calvarial Defects: Contribution of the Dura, the Pericranium, and the Surrounding Bone in Adult versus Infant Animals

Research Grant Recipients

Robert D. Galiano, MD

Awarded \$7,000

Inductive Therapy of Tissue Engineered Constructs to Assist Healing of Irradiated Tissue Beds

Serhat Totan, MD

Awarded \$7,000

Improving Distraction Osteogenesis in Three Directions: Anti-inflammatory, Matrix Relaxation, and Osteogenic Effects of Rho Kinase Inhibition

C. Suzanne Cutter, MD

Awarded \$7,000

Prefabrication of Vascularized Bone Constructs Using Stem Cells and Gene Therapy

Jonathan M. Winograd, MD

Awarded \$4,000

Motor Neuron Transplantation to Enhance Outcome Following Facial Nerve Paralysis

Joseph E. Losee, MD

Awarded \$4,000

Rescue of Premature Suture Fusion Using Noggin Cytokine Therapy in Craniosynostotic Rabbits

Reza Jarrahy, MD

Awarded \$4,000

The impact of three-dimensional culture upon the differentiation of primary osteoprogenitor cell lines



Steve Murray, President of Synthes Maxillofacial, Joseph Losee, MD, Research Grant Recipient, Steve Buchman, MD, Chair, ASMS Research Grant Committee



Steve Murray President of Synthes Maxillofacial, Serhat Totan, MD, Research Grant Recipient, Steve Buchman, MD, Chair, ASMS Research Grant Committee

Plastic Surgery Leadership Encouraged to Send Residents to the ASMS Maxillofacial Course

On January 7-9, 2005 we will be having our next ASMS Basic Maxillofacial Course at the University of Miami. Seth Thaller will serve as the local host and has organized a fabulous program with support from KLS and various other corporate sponsors. The curriculum has been revised to convert this course to a weekend program. We have included new faculty and have enlisted more faculty than we have ever had for the Miami course.

The ASMS course is a unique program to introduce both plastic surgery residents and craniofacial fellows to maxillofacial surgery with a special emphasis on dentition, occlusion, facial trauma, cephalometric analysis, and other aspects of craniofacial surgery. It is a unique symposium that stresses 'hands on' labs with an opportunity to perform dental impressions, construction and mounting of dental models, and the making of dental splints.

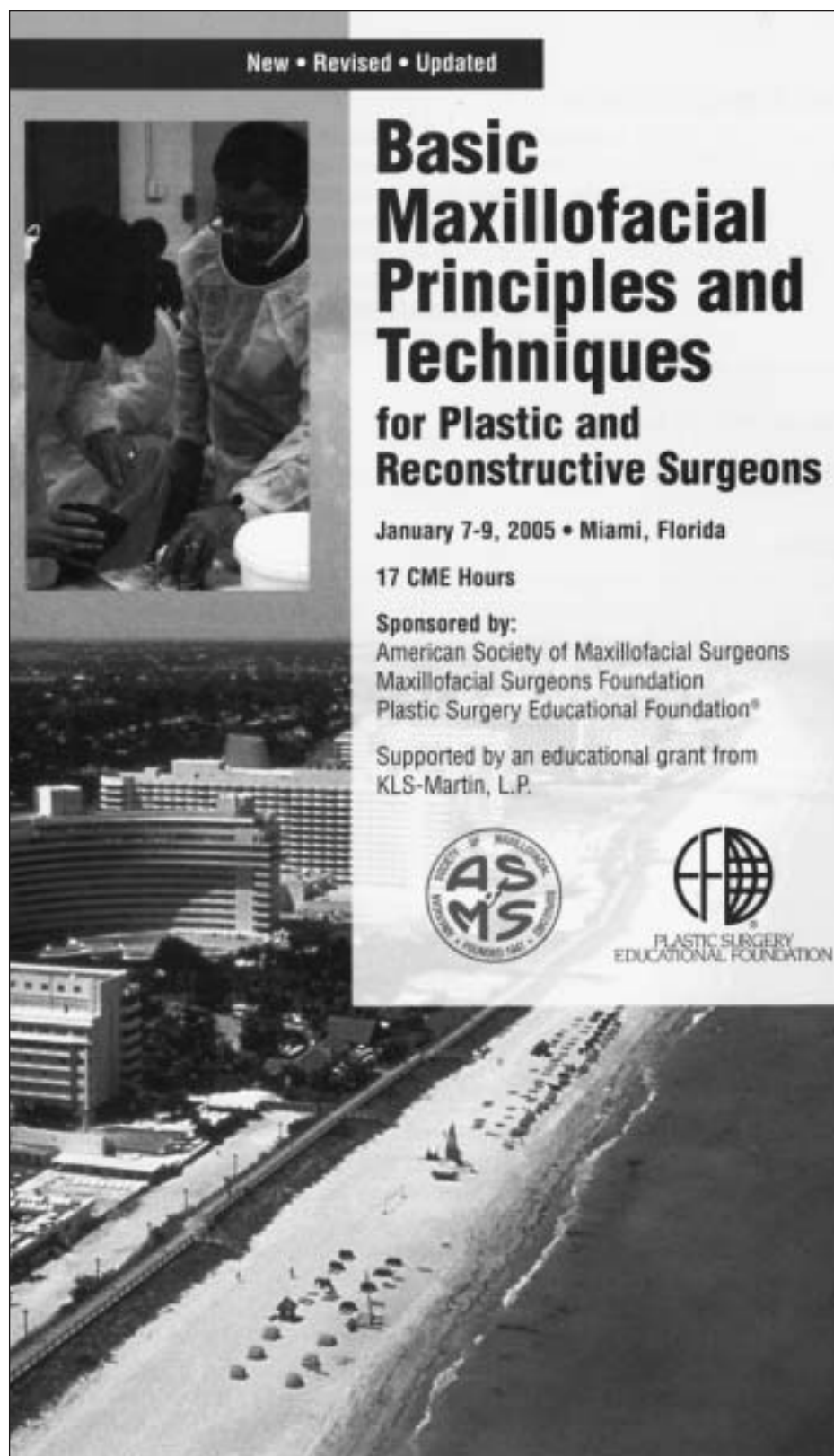
The course is an opportunity for plastic surgery residents to learn maxillofacial principles. It is also a unique opportunity for residents and surgeons beginning their practice to review the dental aspects of maxillofacial surgery which are not emphasized in many residency programs.

We would like to strongly encourage surgeons involved in academic programs to send their residents to the ASMS course.

Information regarding registration can be obtained from Peggy O'Carroll who coordinates our ASMS office in Chicago (847-228-3338, po@plasticsurgery.org).

For those who will not be able to make it to the Miami course in January, our next program will be offered in Chicago, August 19-21, 2005, at Northwestern University with Victor Lewis serving as the local host.

Warren Schubert, MD, FACS 



New • Revised • Updated

Basic Maxillofacial Principles and Techniques



for Plastic and Reconstructive Surgeons

January 7-9, 2005 • Miami, Florida

17 CME Hours

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American Society of Maxillofacial Surgeons
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PLASTIC SURGERY EDUCATIONAL FOUNDATION

The poster features a collage of images: a top-left photo of a surgeon in an operating room, a middle-left photo of a city skyline, and a bottom-left photo of a beach with people. The text is arranged on the right side of the poster.

ASMS CALENDAR OF UPCOMING MEETINGS AND EVENTS

January 7-9, 2005

ASMS Basic Maxillofacial Principles
and Techniques for Plastic and
Reconstructive Surgeons
University of Miami
School of Medicine
Miami, Florida
Host: Seth R. Thaller, MD, DMD

February 22-27, 2005

Advances in Aesthetic and
Reconstructive Facial Surgery
Cliff Lodge
Snowbird, UT
Co- Chairs: Dr. Louis Morales
Dr. Rick Anderson
Dr. Kenneth E. Salyer

April 4-9, 2005

American Cleft
Palate-Craniofacial Association
Annual Meeting
Myrtle Beach, SC

May 20-22, 2005

Achieving Excellence in Cleft Lip and Palate:
Senior Surgeons' Experience and Protocols
Oslo, Norway

August 19-21, 2005

Basic Maxillofacial Principles And Techniques
for Plastic and Reconstructive Surgeons
Northwestern University
Chicago, IL
Host: Victor Lewis, MD

September 4-8, 2005

Cleft 2005 Meeting
Durban, South Africa
(www.cleft2005.co.za)

September 9-18, 2005

International Society
of Craniofacial Surgeons
Gold Coast Australia

September 23, 2005

Functional: Aesthetic and Reconstructive
Surgery of the Nose:
A Team Approach
Chicago, IL
Program Chair: Seth Thaller, MD, DMD

September 23-28, 2005

Plastic Surgery 2005
ASPS/PSEF/ASMS Annual Meeting
Chicago, IL

January/February, 2006

Basic Maxillofacial
Principles & Techniques
for Plastic and Reconstructive Surgeons
Dallas, Texas
Host: Kenneth E. Salyer, MD

April 1-8, 2006

American Cleft-Palate Craniofacial
Association Annual Meeting
Vancouver, BC

