

## 2014 AMERICAN ACADEMY OF CRANIOMAXILLOFACIAL SURGEONS ANNUAL MEETING — MAY 30-31, 2014, PORTLAND, OREGON

REGISTRATION OPEN FOR ANNUAL MEETING AT [WWW.PFIEDLERENTERPRISES.COM/AACMFS](http://WWW.PFIEDLERENTERPRISES.COM/AACMFS)

*We are pleased to announce two keynote speakers for the annual meeting:*



**William B. Long, III, MD, FACS**

**Dr. William B. Long, III**, is the father of Oregon's state-wide system of trauma and the ACSCOT-designated level 1 Trauma Center at Legacy Emanuel Medical Center, in Portland, Oregon, where he remains its first and only Medical Director. Dr. Long is an international authority on the mathematics of trauma scores, cardiothoracic trauma resuscitation, and the components of a Level I trauma center. Trained in general and cardiovascular surgery at the University of Maryland and the Royal Infirmary in Edinburgh, Dr. Long used his experience in Maryland and Scotland to establish the infrastructure that would support technically advanced ways of restoring life and function. Dr. Long revolutionized trauma care on the west coast of the United States by organizing a system that consisted of the following components: trauma registry, trauma resuscitation nurse program, direct to operating room policy for unstable trauma patients, anesthesia as part of the trauma resuscitation team, massive transfusion protocol, mobile surgical transport team, outreach to rural communities, recruitment of specialists with interest in trauma care, development of a new trauma physical facility, and the Physician Assistant educational program. Amongst his many surgical innovations, Dr. Long pioneered the use of simplified circuits of cardiopulmonary bypass for the resuscitation of drowning victims, accidental profoundly hypothermic patients and multiple-system trauma patients and the use of extracorporeal membrane oxygenation (ECHMO) in trauma related ARDS. More recently, he and his team developed and translated to the clinic a system of rigid internal fixation for rib fractures that has resulted in improved outcomes for patients with chest injuries. Dr. Long has been a steadfast supporter of oral and maxillofacial surgery as being a critical component of trauma care at Legacy Emanuel Medical Center, where it is the only service credentialed to manage head and neck injuries.



**Bernard A. Fox, PhD**

Since 1994, **Bernard A. Fox, PhD**, has been the Chief of the Laboratory of Molecular and Tumor Immunology at the Earle A. Charles Research Institute, Robert W. Franz Cancer Research Center, at Providence Portland Medical Center in Portland, Oregon, and is the leader of the Tumor Immunology Focus Group at the NCI-designated OHSU Knight Cancer Institute. He is also a member of the External Scientific Advisory Board for the Hollings Cancer Center at the Medical University of South Carolina. Dr. Fox is the immediate past president of the International Society for Biologic Therapy of Cancer and is also a Steering Committee Member of the Society for the Immunotherapy of Cancer (SITC)-FDA Task Force on Immunotherapy Biomarkers in Cancer. Prior to heading SITC, he held a number of leadership roles in the society including SITC President, SITC Vice President, SITC Secretary/Treasurer and SITC Scientific Program Committee Chair. He also serves on the editorial boards for the Journal of Immunotherapy, the Journal of Translational Medicine, Expert Opinion on Biological Therapy, Cellular Immunology and Current Molecular Medicine. Among his many contributions and innovations to cancer immunotherapy, Dr. Fox is co-developer of a novel tumor derived autophagosome vaccine that is currently in clinical trials for the treatment of non-small cell lung cancer. The Oral and Maxillofacial Surgery Foundation recently awarded a research grant to investigate the translation of this vaccine to patients with oral cancer.

### CALL FOR ABSTRACTS:

*The categories for abstract are:*

Education/Training and Research

Trauma

Head and Neck Oncology/Reconstruction

Pediatric Craniomaxillofacial/Orthognathic Surgery

Abstract Deadline: April 15, 2014

A 300 word abstract (standard format) indicating your category should be forwarded to [Julie@aacmfs.org](mailto:Julie@aacmfs.org).

Abstracts will be limited to 5 minutes with 10 minute discussion. This timing will be strictly adhered to in order to accommodate as many abstracts as possible.

January 2014

### In This Issue

- 1 Annual Meeting
- 2 Meeting Schedule
- 3 President's Message
- 4 By-Laws

### AACMFS ADMINISTRATIVE STAFF



**John F. Helfrick, DDS, MS**  
Executive Director



**Julie Kneedler, RN, EdD**  
Executive Secretary



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## 2014 AACMFS MEETING SCHEDULE

### CME Sessions:

#### FRIDAY, MAY 30, 2014

8:00 - 8:45 am	Keynote Speaker - <i>Immunotherapy for Cancer: Developments and Future Direction</i> <b>Bernard A. Fox, MD</b>
8:45 - 9:00 am	Discussion
9:00 - 9:45 am	Keynote Speaker - <i>Trauma Systems: Establishing for State and Hospital</i> <b>William B. Long, III, MD, FACS</b>
9:45 - 10:00 am	Discussion
10:00 - 10:30 am	Break
10:00 - 10:45 am	Presidential Address - <i>Oral and Maxillofacial Surgery in the Land of Opportunity</i> <b>R. Bryan Bell, DMD, MD</b>
10:45 - 12:00 noon	Education/Training and Research <b>Moderator: David Kim, DDS, MD</b>
12:00 - 1:00 pm	Lunch
1:00 - 3:00 pm	Pediatric Craniomaxillofacial/Orthognathic Surgery <b>Moderator: Ramon L. Ruiz, DMD, MD</b>
3:00 - 3:30 pm	Break
3:30 - 5:30 pm	Head and Neck Oncology/Reconstruction <b>Moderator: Eric J. Dierks, DMD, MD</b>
6:00 pm	Reception

#### SATURDAY, MAY 31, 2014

8:00 - 12:00 noon	Trauma <b>Moderator: Edward Ellis, III, DDS, MS</b>
12:00 - 1:00 pm	Lunch
1:00 - 3:30 pm	Abstracts Continued
3:00 - 3:30 pm	Break

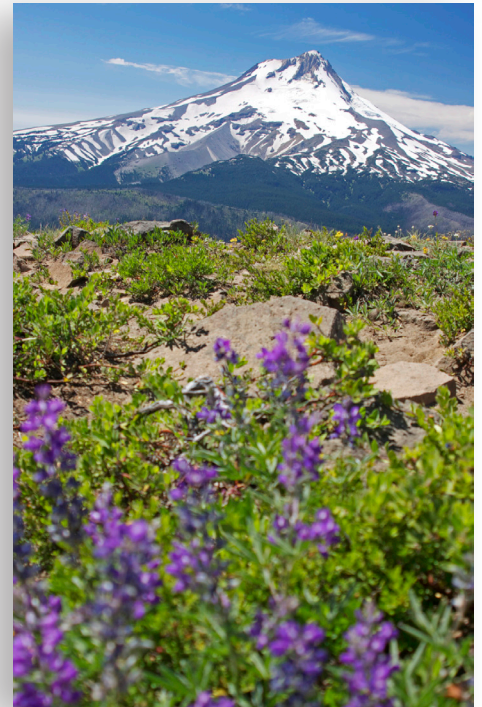
### Business Meeting:

3:30 - 5:00 pm	Business Meeting
6:00 pm	Gala Dinner (black tie)



### 2014 MEETING LOCATION/ ACCOMMODATIONS

**The Nines Hotel**  
525 S. W. Morrison Ave  
Portland, Oregon 97205



REGISTRATION OPEN FOR ANNUAL MEETING AT [WWW.PFIEDLERENTERPRISES.COM/AACMFS](http://WWW.PFIEDLERENTERPRISES.COM/AACMFS)

## PRESIDENTS MESSAGE

### Are we in a “dual degree” bubble market?

There are currently a number of issues surrounding resident education that challenges the “dual degree” training model in oral and maxillofacial surgery and the development of a career in craniomaxillofacial surgery. These include resident work hour restrictions, declining number of cases in core competencies, generational differences in attitudes towards “quality of life”, demands for increases in anesthesia training, faculty recruitment and retention, and notably, the rising cost of medical and dental school.



R. Bryan Bell, MD, DDS, FACS  
President  
American Academy of  
Craniomaxillofacial Surgeons

I recently came across an interesting article in the New England Journal of Medicine that asked the question “are we in a medical education bubble?”<sup>1</sup> The authors of this paper outlined a compelling argument that some healthcare professions have created an unsustainable economic model based upon ever increasing educational costs when compared to consistent declines in lifetime income. This can be best be illustrated by debt-to-income ratios, which reflect what students must borrow rather than what they must pay and, thus, the size of the hole out from which they must dig. Figures 1 and 2 show these ratios for selected professions over the past 15 years and demonstrates that the debt: income ratio for students has become progressively less favorable. This is particularly true for students entering the non-procedural medical subspecialties, such as family medicine and psychiatry, but also for veterinary medicine, optometry, pharmacy, law and... (gulp)...dentistry.

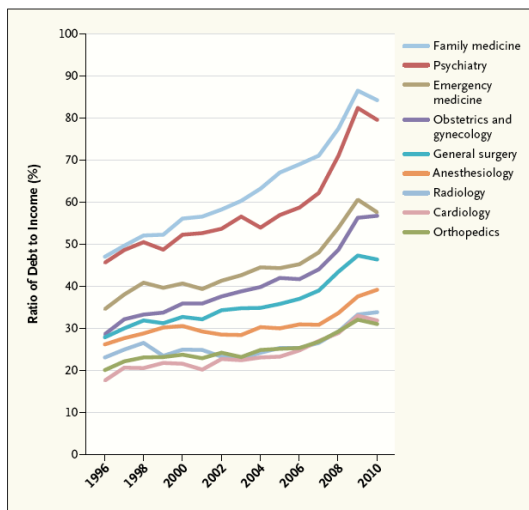


Figure 1. Ratio of Debt to Income, According to Medical Specialty.  
Data on median income are from the Medical Group Management Association. Data on average debt are from surveys conducted by the Association of American Medical Colleges.

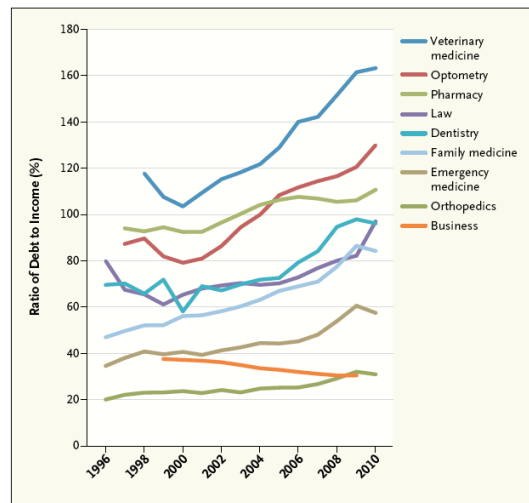


Figure 2. Ratio of Debt to Income, According to Occupation.  
Data on median income are from the Medical Group Management Association (physicians), the American Dental Association (dentists), and the Current Population Survey (other professions). Data on average debt are from surveys conducted by the Association of American Medical Colleges, the American Dental Education Association, the American Bar Association, the American Association of Colleges of Pharmacy, and the National Center for Education Statistics.

Currently, the level of debt that many of our dual degree track residents incur is greater than \$300,000. Fortunately, most OMS’s continue to enjoy healthy reimbursement for outpatient oral surgical procedures and it seems unlikely that we are in a bubble market for oral and maxillofacial surgery education. However, for those graduating residents who aspire to an academic career or even one that emphasizes major hospital based craniomaxillofacial surgery, the threat is clearly evident.

The high costs of medical and dental education are only sustainable if OMS income remains stable. However, there are strong indications that this will not happen, at least in so far as physician payment for medical procedures are concerned. While those of us engaged in, for example, head and neck surgery may be able to offset our losses in treating a large volume of Medicare/Medicaid patients with “shucking a few wisdom teeth”, we would be foolish to think that this model is unassailable.

The take home message is that if we want to continue to foster robust dual degree programs that are attractive to young dental students interested in OMS, we need to keep the cost of creating those OMS’s down by changing the way that their education is delivered. We must seek alternative ways of accessing and paying for medical education after dental school (or vice versa) and we must do a better job of making available to committed students dual degree slots and leading them to a sustainable career in hospital based craniomaxillofacial surgery.

Clearly none of this is without controversy and most of it will foster needed study, debate and planning, which is one of the reasons that our society was formed. The AACMFS is the ideal forum through which to engage in this discourse and many others like it in the future. Please join us in Portland on May 30-31, 2014 for our annual meeting and help shape the future of our great specialty.

1. Asch DA, Nicholson S, Vujcic M. Are we in a medical education bubble market? N Engl J Med 369:21, 2013.

**BY-LAWS FOR DISCUSSION AND RATIFICATION AT ANNUAL MEETING**

Current By-laws: Article 3 Section 3.4 and 3.5

- 3.4 Applications. A completed application for membership, including a letter of nomination by the sponsor of the individual(s) proposed for membership, must be submitted to the principal office of the Academy by December 31st of any year for consideration at the annual meeting of members for the following year. A membership committee appointed by the Board will review all applications for completeness and compliance with the Bylaws and will evaluate qualifications for membership. The President will distribute to the membership, in a spring newsletter, a list of received applications. The membership committee will also make appropriate inquiries about the suitability of a candidate for membership. At meetings of the Board, the membership committee chair may report the decisions of the Committee to the Board.
- 3.5 Slate of Applicants for Fellowship. The Board shall prepare a slate of proposed candidates for membership based upon information obtained from the membership committee. The Board must approve the slate of new members prior to consideration by the membership. The Board may, subsequently, delete from the slate names of candidates for membership, but the Board cannot add candidate names. The Secretary shall submit the slate of candidates for voting by the membership at the annual meeting of members. No discussion from the floor will be permitted at the meeting concerning membership candidates. A simple majority affirmative vote of the members present at the meeting is necessary for election to membership. The Secretary shall inform each member of the Academy and the newly elected members of the results of all membership elections.

Proposed changes: Article 3 Section 3.4 and 3.5

- 3.4 Applications and Election Process. A completed application for membership, including a letter of nomination by the sponsor of the individual(s) proposed for membership, must be submitted to the principal office of the Academy by December 31st of any year for consideration by the Executive Committee and Board of Directors. The Executive Committee reviews all applications and forwards their recommendations to the Board of Directors for their review and approval prior to the January BOD meeting. The President will distribute to the general membership a list of received applications for their comments prior to the Board meeting. The decision of the Board shall be final.
- 3.5 Notification of Fellowship. The Secretary shall inform each member of the Academy and the newly elected members of the results of the Board's decision following the January BOD meeting and no later than February 15. The new Fellows will be informed and invited to attend the annual meeting.

**NEW MEMBER INITIATIVE-WE NEED NEW FELLOWS!**

Have you nominated your 2 new members? In total we have received 45 nominations and have 14 applications completed. We would like to encourage each fellow to submit your nominees as soon as possible if you want them eligible for membership this year. It is very important that you refer to the criteria guidelines outlined in the AACMFS By-Law and know if your nominee will meet the criteria.

- 3.3.1 *Active Fellows. Candidates for Active Fellowship must be certified by the American Board of Oral and Maxillofacial Surgery or by the Canadian equivalent. Active Fellows shall have engaged in the practice of oral and maxillofacial surgery for five or more years following the completion of residency. A substantial component of this practice shall have been major hospital-based craniomaxillofacial surgery as interpreted by the Membership Committee. The Candidate will electronically submit a case log of all cases operated within the 12 months preceding consideration of their application, in an Excel document in the format of the case log requirement of the American College of Surgeons. The Candidate's CV and application should document significant scholarly activity that may include:*

- *Participation in clinical and/or basic research particularly in projects funded following peer review;*
- *Publication of the results of innovative thought, data gathering research projects, and thorough reviews of controversial issues in peer-reviewed scientific media;*
- *Presentation at scientific meetings and/or continuing education courses at the local, regional, or national level.*
- *Active involvement in the education and training of residents and fellows in CMFS.*

*Active Fellows must attend meetings at least once every three years in order to maintain fellowship. New Fellows are encouraged to present abstracts at the annual AACMFS meeting. Fellows have the full rights of membership including the right to vote and hold office.*

Please submit nominees to [Julie@AACMFS.org](mailto:Julie@AACMFS.org). Julie will send the application to the nominee and copy the sponsor. We would really appreciate you following up with your nominee and urge them to get their application in as soon as possible. Once we receive the application in the corporate office it is forwarded to the Executive Committee for review and then to the Board of Directors for approval. At that point the nominee receives a letter stating that their application has been approved and they are invited to attend the Annual Meeting. The list of approved nominees is presented to the membership for ratified at that meeting. New Fellows will receive a certificate indicating they are a Fellow of the AACMFS.