

## PORTLAND SCIENTIFIC SESSION – 2014



**Bernard A. Fox, PhD**

The session started with two dynamic keynote speakers.

### *Transforming the practice of oncology*

The practice of oncology is undergoing a transformation! This change is fueled by the clinical success of novel immunotherapies in tumors other than melanoma and the recognition that a strong T cell infiltrate (Immunoscore+) is a good prognostic factor independent of tumor stage. While the strongest data supporting these claims is in a small number of cancers, there are data for an immune infiltrate being a good prognostic factor in 18 cancer histologies and that number is likely to expand as technologies to objectively assess immunity improve. Present efforts are applying advanced digital imaging and objective assessment tools to augment current abilities to quantitate the immune-tumor interplay. But this is just the start.

Alternative lines of investigation are continuing to probe the tumor microenvironment with improved technologies and are examining factors, other than the checkpoint inhibitors, that may prevent or suppress immune activation and the accompanying regression of metastatic deposits. Knowledge of these inhibitors will provide opportunities to tailor combination therapy, to include agents that counteract identified inhibitors in specific patients, and ultimately improve the efficacy of treatment and patient outcome.

In 2014, it is imperative that the field address the following questions:

- 1) What drives different anti-cancer immune responses in patients that appear otherwise similar for disease stage, age, gender?
- 2) What is the pattern or patterns of immune inhibitors expressed in tumors that are the “Bad actors”?
- 3) How can we effectively induce immunity in patients that appear to lack it?

In my opinion it is possible to answer these questions. Given the remarkable success of checkpoint blockade and adoptive immunotherapy with chimeric antigen receptor (CAR) modified T cells, fewer people doubt the potential curative power of an anti-cancer immune response. What we need now are large scale collaborations to address these questions and then the access to appropriate agents so that we can implement tailored/personalized combination therapies in multicenter clinical trials.



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

### *Development of an ACSCOT Verified Level One Trauma Center in a Private Community Hospital*

Most ACSCOT verified Level 1 Trauma Centers are located at University Medical Centers or at county hospitals, staffed by university faculty. The ACSCOT requirements for Level 1 Trauma Centers focus on the education and training of surgical residents in trauma and surgical critical care and trauma related research. The commitment of which separate Level 1 Trauma Centers from Level 2 Trauma Centers.

Many community hospitals with large volume of elective and emergency surgical cases can attract the attention of residency program directors at academic medical centers, seeking to find case volumes for their residents to be able to meet the standards for resident experience,

as defined by the Residency Review Commission. For an approved trauma experience, the general surgical resident must not only acquire surgical experience in trauma, but also learn how to lead a trauma team in the resuscitation areas in the Emergency Department, and also in the Operating Room, the ICU Trauma Team, the care of the trauma patient on the acute care floor, and in the trauma clinic following patient discharge from the trauma center. The trauma leadership training requires a PCY 4 or 5 or higher general surgical resident to be continuously staffing a Level 1 Trauma Service. Most community hospitals cannot meet the commitment to training PGY 4 or 5 surgical residents, or the university won't assign the PGY 4 or 5 surgical residents to a community hospital competing for trauma patients with a university trauma center.

The trauma-related research requirement for Level 1 Trauma Centers places an additional burden on community hospitals, with no laboratory space and staff for basic science research, nor a clinical research program staffed with trained clinical research nurses to gather the data, and a database to store the data. Most community hospitals have few senior administrative executives with a research background to understand the logistics and costs of supporting a clinical research program provided by physicians interested in and capable of doing clinical research, but not having the financial backing outside of incomes from patient care revenues to support the time to do clinical research.

Dr. Long went on to discuss the story of how a private community hospital located in a poor urban neighborhood rose to the level of a tertiary medical center and the first trauma center in the Pacific Northwest to be verified by the ACSCOT.

July 2014

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### AACMFS ADMINISTRATIVE STAFF



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



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



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## 2014 PRESIDENTIAL ADDRESS

by R. Bryan Bell, DDS, MD

Dr. Bell's presentation included the contributions of two outstanding physicians who were instrumental in blazing the Oregon Trail and transforming the specialty. They were Drs. Bryce E. Potter and Eric J. Dierks.



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



Leonard B. Kaban, DMD,  
MD, MD

Leonard B. Kaban, DMD, MD lead the **Education/Research/Training** by presenting the challenges in the viability of dual degrees OMFS training in the US. Dr. Roser presented the OMS/MD Program at Emory University; Dr. Edwards, changes and challenges at the Michigan Medical School; and Dr. Wong the integration of OMS/MD programs and the challenges. A lively discussion followed these presentations. Several recommendations were made and will be discussed throughout the year. At the Annual meeting next year there will be a follow up to this program. The four abstracts related to this topic can be found at [www.aacmfs.org](http://www.aacmfs.org).

Fellows presented abstracts that focused on research and education in the areas of trauma, pediatric craniofacial surgery, head and neck oncology and reconstruction. All abstract can be accessed at [www.aacmfs.org](http://www.aacmfs.org).

## 2014 BUSINESS MEETING SUMMARY

The AACMFS Annual Business meeting was conducted by the President, R. Bryan Bell.

**Status of AACMFS:** Dr. Bryan Bell gave a short synopsis of where the AACMFS is today-two years after its inception. Dr. Eric Geist from the AAOMS attended the scientific session as well as the business meeting and presented his positive impression of the AACMFS. Also, he reviewed activities of like interests that the AAOMS is in the process of doing.

**Finances:** Dr. Brent Ward presented the financial status of the organization and ideas for increasing revenue and securing financial stability. The members voted on a dues increase of \$350.00 for the 2014-2015 fiscal year. The members also agreed to increase the number of sponsors and to set the fee at a minimum of \$10,000.

**By-laws Revision:** Dr. John Helfrick presented a by-laws revision that established the dates for applications and the election process. The process was approved by the members and the dates were reconsidered and approved by the Executive Committee.

### Article 3-Members

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 October 1 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 December 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 December BOD meeting no later than January of the following year. The new Fellows will be informed and invited to attend the annual meeting.



## GUIDELINES FOR NOMINATION OF FELLOWS

Eric J. Dierks, Secretary/Membership Chairman

Dear Fellows of the American Academy of Craniomaxillofacial Surgeons:

The annual due date for nominations for the AACMFS is October 1st!

The date for candidate submission was changed at our recent annual meeting in Portland and was recently amended.

Please carefully consider nominating two of your colleagues who are approximately at the mid-career point or later and are at least five years out from completion of their OMFS residency and who have a history of significant contribution to the specialty. Consider also mid-career academicians who are at the associate professor level and who might benefit from mentoring from our senior members within AACMFS.

To nominate, please ask your potential nominee if they would like to be nominated to the Academy. If so, please email Julie ([Julie@aacmfs.org](mailto:Julie@aacmfs.org)) the name and email address of the nominee. Julie Kneedler will take it from there.

## AACMFS PRESIDENT'S MESSAGE

Summer, 2014

Mark E. Wong, DDS



### *“Defining the Identity of the AACMFS”*

In this era of vertical memberships, when a newly minted dentist seeking membership in the American Dental Association needs first to join the local and state dental organizations, or applicants to the AAOMS must be vetted through membership in their component state OMS societies, remaining engaged in the various professional bodies that represent and promote our interests can be both time-consuming and costly. In addition to these general bodies, sub-specialty associations such as the American Cleft Palate-Craniofacial Association, American Society of TMJ Surgeons or American Head and Neck Society are necessary connections for oral and maxillofacial surgeons practicing in these areas. Finally, when you consider membership in those professional bodies that recognize and reward an individual's career accomplishments, such as the American College of Dentists or the American College of Surgeons, those “extra” letters after your name represent more deductions on your annual IRS 1040.

These realizations lead me to the obvious question: do we need yet another organization? The reasons for joining professional organizations (education, representation, networking, shaping the profession etc.) are already being met by a number of associations listed above. So do we need another?

The AACMFS is a little over two years old. It was developed by a small group of surgeons, several of whom participated in the “Timberline meetings”, (surgical get-aways held in the Northwest). The motivation for this new organization was to provide a forum for OMS' with a commitment to major forms of surgery, education and scholarly activity, to meet and share experiences and to become (more) educated in the process. It soon became apparent that the ability to not only identify issues and problems, but to offer suggestions and solutions based on experience was an important role for attendees. The requirement of 5 years of post-residency practice was added to membership qualifications. Interest in new topics was not much of a problem, since most attendees were open to learning and topics such as tissue engineering, development of a state-wide trauma system and new features of head and neck malignant disease were well received. But the varied personal interests of the participants (oncology, trauma, reconstruction, and pediatric surgery) potentially posed difficulties in developing focused programs with significant depth.

At the second annual meeting of the Academy in Portland, Oregon, a session on the challenges facing the OMS / MD integrated residency programs generated significant interest and discussion. The value and cost of a medical education was considered as were data on how many dually qualified OMS' secured medical licensure and the impact of additional years of ACGME residency on licensure. Looking around the room, it became apparent that there were a number of more senior surgeons with interests in major oral and maxillofacial surgery. We had also gathered a group of surgeons with strong ties and interest in OMS education. The opportunity to focus the attention of this unique body, with representation, from not only academic centers but also non-academic institutions with fellowship programs, is extremely valuable and should be considered a major purpose of the AACMFS. The small size of our organization promotes active discussion and the ability to arrive at a consensus opinion more easily. The less formal process for selecting topics of interest allows us to develop programs with contemporaneous relevance. And the nice balance of dark-haired, grey-haired and partially-haired individuals in the audience offers experience from different segments of our specialty.

So, do we need another organization? The AACMFS has charged itself with the responsibility for “improving the health and quality of life of patients with congenital and acquired craniomaxillofacial disorders by advancement of the knowledge, science, and art of craniomaxillofacial surgery.” The advancement, or at least modulation of the education and training of those destined to practice the specialty was not included in our original mission statement. Perhaps we should consider this opportunity at our next meeting.



## KEYNOTE SPEAKERS AND TOPIC AREAS FOR AACMFS HOUSTON 2015

MAY 29-30, 2015 • HOUSTON, TEXAS



### 1. Reconstruction

Antonios Mikos, PhD, is the Louis Calder Professor of Bioengineering and Chemical and Biomolecular Engineering at Rice University. He is a distinguished leader and researcher in the field of bioengineering who has been admitted to the National Academy of Engineering and the Institute of Medicine. His eminent credentials in the regenerative medicine field include distinctions such as the founding editor and Editor in Chief of the journals, *Tissue Engineering, Parts, A, B and C* and a founding fellow for the Tissue Engineering and Regenerative Medicine International Society (TERMIS), which is the main body representing regenerative medicine interests both nationally and internationally. The Mikos laboratory focuses on the development of novel scaffolds and regenerative techniques for orthopedic, cardiovascular, ophthalmologic and cranio-maxillofacial applications. Dr. Mikos is the author of over 500 publications and the holder of 25 patents for novel materials and technologies. Recently, he was appointed to co-direct the craniofacial focus group for the Armed Forces Institute of Regenerative Medicine (AFIRM) and is currently involved in projects with direct application to oral and maxillofacial reconstructive surgery. Dr. Mikos will address some of the general challenges in maxillofacial reconstructive surgery and will describe approaches taken to overcome these challenges.



### 2. Trauma

John B. Holcomb, MD, FACS is Vice Chair of the Department of Surgery at the University of Texas Health Science Center at Houston, Chief of the Division of Acute Care Surgery and Director of the Center for Translational Injury Research. He holds the endowed Jack Mayfield MD Chair in Surgery and is acknowledged as one of the leading trauma surgeons in the nation. His research interests focus on the vascular biology of trauma and the development of novel resuscitation protocols, several applications of which were tested during his previous career as a US Army battlefield surgeon. He was recognized for these efforts with the United States Special Operations Command Medal and the Service Award from the American College of Surgeons, Committee on Trauma. Dr. Holcomb will address the management of hypovolemia and shock with novel technologies developed for the care of the acutely injured patient, but with applications to all major forms of surgery where blood loss is a component.



### 3. Oncology

David J. Mooney, PhD, is the Robert P. Pinkas Family Professor in Bioengineering at the School of Engineering and Applied Sciences at Harvard University, where he also serves as Associate Dean for Chemical / Biological Sciences in Engineering. He is recognized as one of the leading researchers in the biological sciences and is a member of both the National Academy of Engineering and the Institute of Medicine. He is a core faculty member of the Wyss Institute for Biologically Inspired Engineering, a cross-disciplinary research institute developed from a donation from the founder of Synthes USA. Dr. Mooney's wide research interests include the way in which different biomaterials can be used to regulate gene expression through chemical or mechanical signals. General areas of research include therapeutic angiogenesis, regeneration of musculoskeletal tissues, and cancer biology including immunotherapy for the treatment of melanoma and oral cancers. For instance, a recent project has identified mechanisms by which physical characteristics of the extra-cellular matrix can cause malignant transformation of mammary epithelial cells. For the AACMFS meeting in Houston, Dr. Mooney will address novel insights into cancer biology and strategies for using the immune system to combat disease.



### 4. Education and Professional Development

Kenneth L. Mattox, MD, FACS is a Distinguished Service Professor at Baylor College of Medicine and Chief of Staff and Surgeon-in-Chief at Ben Taub Hospital, a Level One trauma center in Houston, Texas. Dr. Mattox is an internationally acclaimed medical leader and surgical pioneer whose contributions to the management of trauma, vascular injuries, transfusion and multi-system trauma are evident through 600 articles and several major surgical textbooks including his textbook *Trauma*, which is in its 7th Edition, *Top Knife: The Art and Craft of Trauma Surgery* and as co-editor of *Sabiston Textbook of Surgery: The Biological Basis of Modern Surgical Practice*, in its 19th Edition. In December, 2013, Dr. Mattox was elected Second Vice-President Elect of the American College of Surgeons. As a long-standing local, state and national leader in medicine, Dr. Mattox is very familiar with the idiosyncrasies and challenges of our specialty. As a keynote speaker, Dr. Mattox will address the recognition of oral and maxillofacial surgery as a surgical specialty by existing medical institutions, such as the American College of Surgeons.

**AACMFS BOARD OF DIRECTORS**

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**Members at Large:**

Timothy A. Turvey, DDS  
 Steven Roser, DMD, MD



**AACMFS 2014-2015 DUES NOTICE**

**Current Fellows:** The member dues for this year has been set at \$350. A dues notice will be sent to all members by August 1, 2014. Dues should be mailed to the AACMFS at 2101 S. Blackhawk Street, Suite 250, Aurora, Colorado 80014 by December 1, 2014. Dues may be paid by credit card, just ask for an authorization form and we will forward it to you. Note: The AACMFS does not have a merchant account for credit card payments. Your statement will show a Pfiedler Enterprises charge for dues.

**Nominees for Membership:** All nominees submitting application for membership must submit \$350 with their application. If for some reason a nominee does not meet criteria for membership their application fee will be refunded.



*Salute to our Partners in Progress*



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*The AACMFS sincerely appreciates the dedication, commitment and support provided by our corporate colleagues. We thank you!!*



**AACMFS FELLOWS**

*Shelly Abramowicz  
 Brian Alpert  
 KevinArce  
 Leon Assael  
 Shahid Aziz  
 Shahrokh Bagheri  
 Jonathan Bailey  
 Brian Bast  
 Dale Baur  
 R. Bryan Bell  
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 Larry Cunningham  
 Alessandro Cusano  
 Angelo Cuzalina  
 Nagi Demian*

*Eric Dierks  
 Jasjit Dillon  
 Thomas Dodson  
 Bruce Donoff  
 Sean Edwards  
 Edward Ellis III  
 Mark Engelstad  
 Tirbod Fattahi  
 Rui Fernandes  
 Phillip Freeman  
 Jamie Gateno  
 Walter Guralnick  
 John Helfrick  
 Joseph Helman  
 Alan Herford  
 David Hirsch  
 Jon Holmes  
 Bruce Horswell  
 James Hupp  
 Michael Jaskolka  
 Leonard Kaban  
 Deepak Kademani  
 Steven Kaltman  
 Gerard Kearns  
 John Kelly  
 David Kim*

*Antonia Kolokythas  
 Deepak Krishnan  
 George Kushner  
 Edward Lahey  
 Paul Lambert  
 Janice Lee  
 Patrick Louis  
 Joshua Lubek  
 Robert Marx  
 Joseph McCain  
 Shawn McClure  
 Daniel J. Meara  
 Pushkar Mehra  
 Roger Meyer  
 Brett Miles  
 Michael Miloro  
 David Montes  
 Robert Ord  
 Timothy Osborn  
 Bonnie Padwa  
 Zachary Peacock  
 Daniel Perez Osorio  
 David Perrott  
 Joseph Piecuch  
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 Steven Roser  
 Ramon Ruiz  
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*Gary Warburton  
 Brent Ward  
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**Honorary  
 Fellows:**  
*William H. Bell  
 Walter Guralnick*



**Group photo taken at the 2014 Annual Meeting in Portland, OR**