President’s Message

What an honor it is to serve as President of this special organization, and I feel truly privileged to be elected as the first woman President in the organization’s 87-year history. Following the success of the 2007 Annual Meeting in Coeur d’Alene will not be easy. We had a great meeting and owe our gratitude to our Past President Dr. James May and his Program Chair Dr. Nick Vedder who, along with the Scientific Program Committee, put together an outstanding scientific program. Last year the Association introduced a resident poster session and reception, which was a tremendous success. In spite of the call of the beautiful Pacific Northwest, attendance and participation at the meeting sessions were extraordinary.

As you know, for the first time our Association sponsored a 1½-day aesthetic symposium, “In Depth with the Masters,” preceeding the formal Association meeting. Under the leadership of Dr. Bahman Guyuron, this symposium exceeded everyone’s expectations and I am very pleased to report that Dr. Guyuron has agreed to host a second aesthetic symposium on April 5-6, 2008, immediately preceding the AAPS meeting. I know I speak for all AAPS members in thanking Dr. W. Bradford Rockwell and the Local Host Committee for helping to make the meeting at the Coeur d’Alene resort so memorable. Please take a minute to look at the photos in this issue of the newsletter. These are only a few of the highlights and more photos are available on the AAPS web site, www.aaps1921.org.

We are extremely excited to be coming to Boston for the 2008 annual meeting. The annual meeting will open on Monday, April 7 and will conclude with the gala dinner dance on Tuesday, April 8. Famous for everything from the Red Sox and Paul Revere to Cheers and

(continued on page 9)
Report of the Secretary

Dr. Susan Mackinnon gave the report of the Secretary in the absence of Dr. Stephen Mathes. AAPS membership continues to grow with 20 Distinguished Fellows, 194 Life Fellows and 468 Active Fellows for a total of 682 members.

The following members had left the active practice and requested transfer to Life membership (approved):

- Philip C. Bonanno, MD, Mt. Kisco, NY
- Frederick Finseth, MD, San Francisco, CA
- H. Wolfgang Losken, MB ChB, Cary, NC
- Morton R. Maser, MD, Palo Alto, CA
- Stephen J. Mathes, MD, San Francisco, CA
- William F. Mullis, MD, Charlotte, NC
- Kenneth E. Salyer, MD, Dallas, TX
- Sameer I. Shehadi, MD, Beirut, Lebanon

A moment of silence for the following members who passed away since the last meeting:

- Earl Z. Browne, Jr., Cleveland, OH
- William P. Graham, III, Hershey, PA
- Charles E. Horton, Sr., Norfolk, VA
- Duane L. Larson, Beaumont, TX
- Mar W. McGregor, Howard, CO
- John P. Remensnyder, Chestnut Hill, MA
- Salah M. Shenag, Houston, TX
- Norman E. Shumway, Stanford, CA

Dr. Mackinnon reported from Dr. Rod Rohrich, Chair of the Membership Committee, that there were 46 candidates including ten second-time applicants and four third-time applicants that had completed their applications in a timely manner and fulfilled all the membership qualifications. In accordance with AAPS By-Laws all prospective candidates were presented in the Fall President’s Newsletter as well as in a Candidate book that included a mechanism for members to formally evaluate the prospective members. Based on scoring, Membership Committee review and Board recommendation, the Board had approved a slate of 40 candidates. Dr. Mackinnon noted that this was a very large candidate class which was a result of additional focus on expanding membership. She thanked the members present for their vigorous efforts to continue to seek out the highest and best-qualified candidates for membership in AAPS.

Report of the President

Dr. May thanked the members present for their traveling to Coeur d’Alene for the Annual Meeting, and indicated that he hoped they had been able to enjoy the beauty of Idaho as well as to attend the excellent Aesthetic Symposium organized by Dr. Guyuron as well as the strong scientific sessions organized by Program Chair Dr. Nicholas Vedder.

Dr. May discussed the importance of the Plastic Surgery History Archives, currently housed at the Countway Library in Boston, and thanked Dr. Steve Ariyan, Historian, for his efforts to help ensure a permanent home for the Archives. Dr. May will ask Dr. Robert Goldwyn to address the membership regarding the history of the Archives and the need for a permanent archivist who could oversee the collection and cataloguing of new materials.

Dr. May also asked Executive Director Aurelie Alger to address locations for future Annual Meetings. Ms. Alger indicated that the growth of the meeting and the expansion of the program to include a front-end Annual Meetings made careful selection of future venues even more important, as not all locations would be large enough to accommodate the meeting and all attendees in one hotel.

Dr. May thanked Dr. Joe Rosen for his excellent leadership of the Strategic Planning Committee, and his facilitation of the November 2006 Strategic Planning Retreat.

Report of the President-Elect

Dr. Susan Mackinnon, President-Elect, encouraged everyone to come to the meeting next year in Boston. She indicated that the Aesthetic Symposium chaired by Dr. Bahman Guyuron prior to the Annual Meeting entitled, “In Depth with the Masters” would continue again next year. This would be a 1-1/2 day symposium (all day Saturday and a half day Sunday) that will include leaders in aesthetic plastic surgery.

She also announced that she would be hosting a women physicians luncheon on Monday and is planning to continue this in Boston and hopefully it would become an annual event.

(left to right, front): W. Thomas Lawrence, James W. May, Jr., Susan E. Mackinnon, Paul N. Manson, Dale C. Birdsell. (left to right, back) Stephan Ariyan, Lawrence L. Ketch, William M. Kuzon, Jr., Raymond F. Morgan.
Report of the Treasurer

Dr. Lawrence Ketch reported that the Association was in good financial position with total assets as of December 31, 2006, of $2,677,414 and liabilities of $35,297. For the first quarter of 2007 total assets were at $3,022,091 and liabilities of $120,350. Total receipts $327,306 and disbursements of $131,013 resulting in a net operating position of $196,293. With investment income of $63,330, net income for the first quarter of 2007 totaled $259,623.

Report of the Historian

Dr. Stephan Ariyan, Historian, and Dr. Robert Goldwyn provided members with a summary of the history of the archives at the Countway Library. They explained that approximately two-thirds of the archival materials belonged to Harvard University so any discussion to move the collection to the ASPS would split the collection. Dr. Goldwyn reported that currently there is not an archivist to oversee the collection and he emphasized the need for a full-time archivist. They recommended that a full-time archivist be hired to oversee the collection at Countway, that the AAPS strongly discourage separation of the archival materials, and that funding would be sought from the National Endowment for Plastic Surgery to support the archivist. If that was not possible, funding would need to be obtained from other sources until a corpus of $1 million could be raised which would yield a sufficient interest rate to support an archivist.

Academic Scholar Committee

Dr. Bahman Guyuron, Chair, thanked Dr. Joseph Losee, the second-year academic scholar, for his presentation of his project, “Adipose Derived Stem Cell Osteogenesis for Reconstruction of the Pediatric Cranial Vault”. Dr. Guyuron reported that it had been possible this year to rest the three current funds, Peer, Hoopes and Furnas, with contributions from KLS Martin and Canfield supporting two new Academic Scholars. In addition, he reported that contributions from the membership had increased significantly, helping to bring the corpus of the three scholarship funds closer to the $600,000 level required to support the award and he thanked the members present for their support.

Constitution and By-Laws

Dr. May presented proposed amendments to the AAPS Constitution and By-Laws that had been recommended by the Constitution & Bylaws Committee and endorsed by the Board. The proposed amendments had then been distributed to the membership 30 days in advance of the Annual Meeting in accordance with the AAPS By-Laws. He noted that the proposed amendments changed the description of “Life Fellow” to a member “not receiving income from clinical activity” and increasing to 3 the number of applicants for membership that a member can sponsor each year.

VOTED to approve the changes to the AAPS Constitution and By-Laws as presented.

Local Arrangements

Dr. Brad Rockwell welcomed everyone to Coeur d’Alene and was happy to report that attendance was significantly higher than anticipated. He thanked Dr. Nelson Goldberg for arranging the tennis tournament.

Research and Education

Dr. Andrew Lee, Chair of the Research and Education Committee, announced the two winners of the Academic Scholar Award this year – Dr. Gregory H. Borschel from Washington University, and Dr. John A. van Aalst from the University of North Carolina. He thanked Dr. Guyuron for obtaining funding from KLS Medical and Canfield to fund these two scholars this year.

Dr. Lee also reported that the committee this year revised the application and review process to include: a more stringent conflict of interest policy for the committee; allow the award to pay salary and/or direct costs; change the time requirement from 50% to a “significant” portion of time; expand the announcement of the award; move the deadline back to November 1 to accommodate the earlier annual meeting dates; and delete the requirement that the applicant cannot have any other grants.

Program Committee

Dr. Nicholas Vedder, Chair of the Program Committee, reported that the Coeur d’Alene meeting set a new attendance record at 372 professional attendees.

He also reviewed changes in the program that had been made this year including: the addition of the 1-1/2 day Aesthetic Symposium; the addition of 15 resident poster presentations; allowing residents to present as long as the senior author was present; shorter presentation times and longer discussion times; and a designated discussant to lead each discussion.

Strategic Planning Committee

Dr. Joseph Rosen, Chair, reported that they had been conducting a series of surveys to the membership and a Strategic Planning Retreat in November 2006. He reported that one theme resonant in the survey responses was that a larger percentage of the members consider AAPS to be a passive honor society rather than an active society focused on change and improvement within the specialty. Many of his recommendations are intended to alter that perception.

Dr. Rosen presented the committee’s recommendations in three stages; short term, intermediate term and long term. The short term would focus on increasing opportunities for participation by members in committees, the annual meeting,
Annual Business Meeting
(continued from previous page)

and other activities, such as simulation training. As the ACS was already working on a "Simulator for Safety" concept based on best practices within surgical specialties, the AAPS had an immediate opportunity to participate in establishing the core procedures which define plastic surgery.

Intermediate goals for the AAPS would include establishing new training programs in Academic Centers around the US where there was a demonstrated need for a plastic surgery training program; Dr. Rosen felt that an opportunity for this was particularly ripe in a potential partnership between an academic center and the military.

Finally, longer term opportunities included additional focus on training, shifting plastic surgery into the information/digital age and generally assisting with the move forward into the 21st century. Potential initiatives might even include a new meeting/training structure based on an entirely different model. The key behind all of the recommendations was to help the AAPS continue to be relevant as it approached its 100th anniversary.

Dr. May thanked Dr. Rosen and his committee for their outstanding work on behalf of the association.

Old Business

It was reported that Dr. David Bowers, of Nashville, Tennessee, had passed away.

Dr. Robert Goldwyn reported that he was planning to do an oral history at the Countway Library and would be conducting interviews during the next year.

Report of the Nominating Committee

Dr. Paul Manson reported that the AAPS Nominating Committee had carefully considered the AAPS slate of officers for the year 2007-2008 and presented the following slate:

**President-Elect** Raymond F. Morgan, MD

(automatically assumes the position of President-Elect)

**Vice President** Bahman Guyuron, MD

**Past President** James W. May, Jr., MD

**Secretary** David L. Larson, MD

**Treasurer** Dr. Lawrence L. Ketch

**Historian** Stephan Ariyan, MD

**Trustees** Michael L. Bentz, MD

Michael A Sadove, MD

**VOTED** to elect Drs. Michael Yaremchuk and Carolyn Kerrigan to serve on the Nominating Committee for 2008.

Dr. Mackinnon thanked Dr. May for his service to AAPS as President and presented a Presidential Plaque to him to commemorate his year as AAPS President. Dr. May thanked the Board and committees for their service and support during the past year.

Candidates for Membership in 2008

Kaveh Alizadeh, M.D., Garden City, New York
Joel Aronowitz, M.D., Los Angeles, California
Stephen Baker, M.D., D.D.S., Washington, DC
Deborah Bash, M.D., Phoenix, Arizona
Steven Bernard, M.D., Cleveland, Ohio
Loren Broid, M.D., Boston, Massachusetts
David Brown, M.D., Ann Arbor, Michigan
David Bryan, M.D., Burlington, Massachusetts
Richard D’Amico, M.D., Englewood, California
Steven Davison, M.D., Washington, DC
James L. Dolph, M.D., Albany, New York
Gregory H. Dostal, M.D., Juneau, Alaska
David Drake, M.D., Charlottesville, Virginia
Frederick Duffy, Jr., M.D., Dallas, Texas
Raymond Dunn, M.D., Worcester, Massachusetts
Lisa Gould, M.D., Ph.D., Tampa, Florida
Karol Gutowski, M.D., Madison, Wisconsin
Juliana E. Hansen, M.D., Portland, Oregon
Robertson Harrop, M.D., Calgary, AB, Canada
Randy Hauck, M.D., Hershey, Pennsylvania
Mark Hendrickson, M.D., Cleveland, Ohio
Stefan Hofer, M.D., Toronto, ON, Canada
Richard Hopper, M.D., Seattle, Washington
R. Michael Johnson, M.D., Sayton, Ohio
David Kahn, M.D., Palo Alto, California
Ramasamy Kalimuthu, M.D., Oak Lawn, Illinois
Loree Kalliainen, M.D., St. Paul, Minnesota
Bram Kaufman, M.D., Cleveland, Ohio
Paul Kim, M.D., Exton, Pennsylvania
Steven Kronowitz, M.D., Houston, Texas
John R. McGill, M.D., Bangor, Maine
John Meara, M.D., D.M.D., Boston, Massachusetts
Martin Morse, M.D., Great Falls, Virginia
Delora Mount, M.D., Madison, Wisconsin
Kenneth Murray, M.D., Winnipeg, MD, Canada
James Namnourn, M.D., Atlanta, Georgia
Wayne Ozaki, M.D., Westlake Village, California
Zubin Jal Panthaki, M.D., Miami, Florida
Daniel Pyo, M.D., Morristown, New Jersey
Loren Schechter, M.D., Morton Grove, Illinois
Susan Craig Scott, M.D., New York, New York
Rajendra R. Shah, M.D., Oak Lawn, Illinois
Michele Shermack, M.D., Baltimore, Maryland
Maria Siemionow, M.D., Cleveland, Ohio
Paul Smith, M.D., Tampa, Florida
Mitchell Stotland, M.D., Lebanon, New Hampshire
Achilleas Thoma, M.D., Hamilton, ON, Canada
Marcus Walkinshaw, M.D., Jackson, Mississippi
Sean Wolford, M.D., Johnson City, Tennessee
Ronald Worland, M.D., Medford, Oregon
Peirong Yu, M.D., Houston, Texas
PHOTO HIGHLIGHTS
Annual Meeting Panel: Controversies in Breast Surgery

The final panel presentation of the Annual Meeting, “Controversies in Breast Surgery” presented by Scott Spear, M.D., included a survey of the attendees. Below are the results, with the number of those responding in parentheses:

**Case #1: Radiation and Immediate Reconstruction**

Assuming all options are available in a patient likely to receive post-mastectomy radiation, my preference in immediate reconstruction as the 1st step is:

- (20) A. Free or Pedicle Tram
- (3) B. A Tissue Expander and Implant
- (0) C. A Tissue Expander plus Latissimus Flap
- (1) D. A,B & C are all O.K.
- (72) E. Delayed Reconstruction

I believe that autologous breast reconstructions generally tolerate radiation very well.

- (29) Agree
- (66) Disagree

**Case #2: Marginal Defects after Breast Reconstruction**

My preferred technique for addressing an upper breast contour defect or deficiency after implant breast reconstruction is:

- (9) A. A Dermal Fat Graft
- (62) B. Fat injection or Lipoinfiltration
- (5) C. A Latissimus flap
- (1) D. Alloderm grafts
- (0) E. A Tram flap
- (12) F. Do nothing

Contour Defect

Fat injection or Lipoinfiltration as a tool in breast reconstruction is an acceptable technique.

- (78) Agree
- (15) Disagree

Which best describes your opinion regarding fat injection or lipoinfiltration for breast enhancement.

- (5) A. Should never be done
- (44) B. Should not be done except in studies pending further research and publications
- (31) C. Could be done with careful proper informed consent outlining any uncertainties, known and possible risks
- (11) D. Is as safe as other established elective breast cosmetic procedures and should be allowable to properly informed women

**Case: #3: Prophylactic Mastectomy**

For the BRCA 1 gene positive patient with a non-ptotic B-cup breast, I endorse the option of nipple-sparing mastectomy over simple mastectomy

- (49) Agree
- (41) Disagree

**Case # 4: Breast Implant Salvage**

For a patient with exposed breast implant or expander and without clinical signs of infection (fever, purulence, widespread redness), my preference is to:

- (49) A. Remove the implant and only consider replacing it only after the wound is healed
- (39) B. Offer the option of removal or closing the wound with adjacent or flap tissues over a new device after aggressively treating that implant pocket

Which best describes your option regarding attempting to salvage one exposed implant:

- (55) A. It is a reasonable option
- (34) B. It is too risky and not a reasonable option

For a patient with a low grade periprosthetic infection without prolonged fever, widespread redness or purulence, my preference is to:

- (62) A. Remove the implant and only consider replacing it only after the wound is healed
- (24) B. Offer the option of removal closing the wound with adjacent or flap tissues over a new device after aggressively treating that implant pocket

**Case #5: Malposition and Synmastia**

In the patient with severe medial implant malposition/synmastia, my preferred method of treatment is:

- (7) A. Implant removal with delayed reimplantation at least several months later
- (52) B. Immediate repair using suture capsulorrhaphy technique
- (15) C. Immediate repair assisted by Alloderm, synthetic mesh or other material
- (12) D. Site change to a virgin pocket

Regarding Synmastia- Immediate repair is my general preference over removal and reimplantation:

- (76) Agree
- (8) Disagree

**General Questions**

At this moment in time, which best describes your advice to patients regarding implants:

- (4) A. Prefer Saline-filled
- (20) B. Prefer Silicone-filled
- (60) C. Offer both as each has pluses & minuses

Regarding recommending MRI exams after Silicone Breast Implants beginning at year 3 and every 2 years afterward. Which best describes your opinion?

- (6) Agree
- (76) Disagree

Regarding the requirement for automatically recommending removal of Silicone Breast Implants for an MRI report of a rupture, which best describes your opinion?

- (38) Agree
- (44) Disagree
AAPS HONORARY AWARD to STEPHEN MATHES, M.D.

The AAPS honored Stephen Mathes, M.D. by presenting the AAPS Honorary Award to him during the 2007 Annual Meeting. Dr. Mathes was recognized for his contributions to the specialty of plastic surgery and to the American Association of Plastic Surgeons. The following remarks from Dr. Mathes were read by his wife, Dr. Mary McGrath.

The quality of a person’s life is in direct proportion to their commitment to excellence, regardless of their chosen field of endeavor. Vince Lombardi

The American Association of Plastic Surgeons has members with a commitment to excellence. That is why it is an honor to be a member of this Association. I’m sorry to leave the leadership in our Association, but Lou Gehrig’s Disease (ALS), forced me to stay at home since I have lost my voluntary muscles and involuntary respiratory muscles. It is a great honor to receive this award.

Education involves the process of observation as well as contact with teachers, mentors, colleagues, and students, and the plastic surgery literature. Each component is essential to learning a specialty in medicine and maintaining competence in plastic surgery over the course of one’s career.

Each year, the program of the American Association of Plastic Surgeons is filled with innovations in solving problems in deformities in the human body. I presented a talk entitled “What Qualities are Essential to the Successful Innovation” to a panel of the American Association of Chairman of Academic Programs at a past meeting of this Association. I polled former recipients of the James Barrett Brown Award and program directors. Traits that play in the profile for innovation include: intelligence, curiosity, drive, desire, imagination and health. Membership of the AAPS captures new members with these traits. The best publication that exhibits innovation is awarded the James Barrett Brown Award.

Scientists who consider themselves cooperative tend to have more published articles than their competitive colleagues…Not surprisingly, cooperation increased creativity.

As we progress our career, we have the joy of seeing our patients progress through their lives with renewed spirits, in part from the benefit derived from our surgical skills used to correct their congenital or acquired deformity.

Certainly, anatomic research paved the way for the expansion of our understanding of skin, muscle, and fascia circulation, which provided the basis for the development and evolution of current flap concepts and design. As a result, we now have a vast array of restorative solutions, increased by the use of microsurgical techniques.

Innovation is the key to the current success of plastic surgery and we must continue for the future of our specialty. Members of the American Association of Plastic Surgeons are never satisfied with the current solutions. We are continually compelled to use our surgical skills and our imagination to continue to improve the management of congenital and acquired deformities.

Nature herself must be our adviser, the path she chalks must be our walk. For as long as we confer with our own eyes and make our ascent from lesser things to higher, we shall be at length received into her closet-secrets.

William Harvey

A surgeon attempts to alter certain physical relationships within the organism so as to restore or improve function. He may excise diseased or unwanted tissue, he may reorganize and reshape tissue, he may transplant or implant tissues. Whichever of these he is doing, his goal is normality, or perhaps the improvement of function through effective physical relations between the organs, tissues, or cells of the patient.

H. Bently Glass
Get Involved

The AAPS encourages all members to get involved by participating on an AAPS committee. We need both younger and older surgeons, as well as academic and private practice physicians. If you are interested in participation on an AAPS committee, please contact the Administrative Offices, (978) 927-8330 or volunteer online at www.aaps1921.org.
October 2007

American Association of Plastic Surgeons Academic Scholar Program

The American Association of Plastic Surgeons Academic Scholar Program has been extremely successful in providing support for young surgical faculty investigators over the past eight years.

AAPS encourages all members to identify the most promising young surgical investigators in your department and have them apply for this Academic Scholarship. The Academic Scholarship provides salary support of $30,000 per year which can be renewed by the AAPS Board for a second year.

The program is designed for junior faculty members to enable them to launch a career in academic medicine. Surgeons eligible for the Academic Scholar Award are individuals who have completed their residency in plastic surgery not longer than five (5) years prior to the initiation of the award on July 1 of a given calendar year. For the full application contact the American Association of Plastic Surgeons, 978-927-8330; or www.aaps1921.org.

The decision regarding the recipient of the award will be made by March 1, with funding to begin July 1, 2008. During the first year of the scholarship, recipients are expected to present a summary report to the Board and in the second year it is expected that the scholar will present his/her work during the scientific session at the annual meeting.

Deadline for Submission: November 1, 2007

From the President (continued from page one)

the Big Dig, Boston will provide a historical backdrop for our meeting and we will be surrounded by history and current culture. The city truly offers something for everyone—the Freedom Trail, Boston Common and the Public Garden, the Charles River and Esplanade, the gold-domed State House, Faneuil Hall, “Old Ironsides”, Fenway Park, world-class museums, and great local neighborhoods like the North End, Beacon Hill, and the Back Bay - all in close proximity to our headquarters hotel, the Fairmont Copley Plaza. I am pleased to report that based on the success of last year’s Women Surgeons Luncheon in Coeur d’Alene, we will again be hosting this event in Boston. Watch your mail and the AAPS website for specific details.

Dr. Sumner Slavin, Chair of the Local Host Committee, has secured Fenway Park for our opening reception. A personal visit to the country’s oldest ballpark will be an exciting experience for all of us. Dr. Bill Kuzon and the Scientific Program Committee are developing another superb program. I remind you that the deadline for submitting abstracts is December 3, 2007, and I urge you to submit your work and encourage your colleagues to submit as well. Because of the success of last year’s resident poster session and reception, we will host this again in Boston. We encourage our best and brightest residents to present their finest work and compete for Resident Prize Awards.

For three years the administrative activities of our Association have been ably supplied by our management company, PRRI. The AAPS administrative staff stands ready to assist you if you have any queries. Aurelie Alger, JD, is our Executive Director. Rebecca Bonsaint is our Assistant Executive Director and handles everyday concerns admirably. April Conti will be our Meeting Manager and if you have any specific meeting-related issues, please feel free to contact her. Our staff is available at 978-927-8330.

The AAPS encourages all members to get involved by serving on an AAPS committee. Please take a look at the committee list for 2007-2008 on page 8 and decide where you can lend your expertise. If you are interested in participation on an AAPS committee, please click on the volunteer link on the website and your name will be forwarded to our President Elect, Dr. Raymond Morgan.

This newsletter continues in the style of an electronic communication, so please be sure that Becky has your current e-mail address. And mark your calendar for our 2008 Annual Meeting in Boston; it is sure to be a memorable meeting!
AAPS Announces the John D. Constable International Traveling Fellowship

As announced at the Annual Meeting in Coeur d’Alene, the American Association of Plastic Surgeons is pleased to establish the John D. Constable International Traveling Fellowship in Plastic Surgery. Dr. Constable has made significant contributions to plastic surgery education in India, Egypt, Vietnam and Newfoundland, and the Association is proud to establish an endowment supporting an international plastic surgery fellowship in his honor.

The fellowship is intended to provide an opportunity for international plastic surgeons to come to America under the auspices of the American Association of Plastic Surgeons. The goal of the fellowship is to improve the fellow’s understanding of American plastic surgery, and to promote good will and academic interchange among surgeons of the international and American surgical communities. The chosen fellow will be in the United States as an observer under the sponsorship of members of the American Association of Plastic Surgeons.

One fellowship in the amount of $7,500 per year will be awarded. The funds provided are intended to cover the international and national transportation obligations for a successful fellowship. The Chair of the Constable Committee will make notification of acceptance of the fellowship to the applicant and to the host institutions.

The recipient will be required to provide a written report at the conclusion of the fellowship that will be submitted to the Board of the American Association of Plastic Surgeons. The content of this report will not only outline the details of the learning process and content but also suggestions to the committee as to how to better the educational and social opportunity for the future fellows.

ELIGIBILITY

Candidates must be fully trained in their respective country in plastic surgery, a member in good standing of their national society, and have been in practice in their country for a minimum of 5 years. They must be able to communicate well in both written and spoken English and must be sponsored by two members of their national society where appropriate.

CANDIDATE APPLICATION

All candidates will be required to submit:
1. A letter from the candidate describing their proposed program and academic/educational interests
2. A current Curriculum Vitae
3. Two letters of recommendation from surgeons in the candidate’s national society

APPLICATION FROM HOST INSTITUTIONS

Institutions interested in hosting a Constable International Traveling Fellow will be required to submit:
1. A planned curriculum for the visiting fellow
2. Availability of personal support (housing/food) during the visit

JOHN D. CONSTABLE FELLOWSHIP COMMITTEE

Bryant A. Toth, M.D., Chairman
San Francisco, California

John D. Constable, M.D.
Sherborn, Massachusetts

James W. May, Jr., M.D.
Boston, Massachusetts

Scott Bartlett, M.D.
Philadelphia, Pennsylvania

Michael Moses, M.D.
New Orleans, Louisiana

Riccardo Mazzola, M.D.
Milan, Italy
New Members Elected in 2007

Jillian E. Banbury, M.D.
James P. Bradley, M.D.
Bernard W. Chang, M.D.
Christine C. Cheng, M.D.
Pierre-Yves M. Chevray, M.D.
Julia F. Corcoran, M.D.
Douglas Courtemanche, M.D.
Tancredi F. D’Amore, M.D.
Lisa R. David, M.D.
Lloyd B. Gayle, M.D.
Mary K. Gingrass, M.D.
Gayle M. Gordillo, M.D.
Robert T. Grant, M.D.
Subhas C. Gupta, M.D.
Larry H. Hollier, M.D.
Ronald J. Johnson, M.D.
Steven J. Kasten, M.D.
Richard M. Kline, Jr., M.D.
David C. Leber, M.D.
Joseph E. Losee, M.D.
Cleveland, Ohio
Los Angeles, California
Baltimore, Maryland
St. Louis, Missouri
Houston, Texas
Chicago, Illinois
Vancouver, B.C., Canada
Corte Madera, California
Winston-Salem, No. Carolina
New York, New York
Nashville, Tennessee
Columbus, Ohio
New York, New York
Loma Linda, California
Houston, Texas
Germantown, Tennessee
Ann Arbor, Michigan
Mt. Pleasant, South Carolina
Harrisburg, Pennsylvania
Pittsburgh, Pennsylvania
James B. Lowe, III, M.D.
Robert M. Menard, M.D.
Amitabha Mitra, M.D.
Thomas F. Mitts, M.D.
John B. Moore, IV, M.D.
Thomas S. Moore, M.D.
Lee Li-Qun Pu, M.D., Ph.D.
Larry E. Reaves, M.D.
John H. Robinson, M.D.
Christian E. Sampson, M.D.
Ronald P. Silverman, M.D.
Navin K. Singh, M.D.
David A. Staffenberg, M.D.
Kayvan Taghipour-Khiabani, M.D.
Nho Van Tran, M.D.
Anthony P. Tufaro, M.D.
Thomas H-H Tung, M.D.
Darl K. Vandevender, M.D.
Braden J. Wilhelmi, M.D.
Granger B. Wong, M.D.
St. Louis, Missouri
Santa Clara, California
Philadelphia, Pennsylvania
Visalia, California
Olathe, Kansas
Lexington, Kentucky
Sacramento, California
Ft. Worth, Texas
Charleston, So. Carolina
Boston, Massachusetts
Baltimore, Maryland
Baltimore, Maryland
Bronx, New York
Las Vegas, Nevada
Rochester, Minnesota
Baltimore, Maryland
St. Louis, Missouri
Maywood, Illinois
Springfield, Illinois
Sacramento, California